

MEMORANDUM

TO: Committee on Academic Programs

FROM: Steering Committee

RE: Masters in Public Health Proposal

DATE: April 4, 2017

Background:

The School of Nursing, Health, and Exercise Science has developed the attached proposal for a new degree program, a Masters in Public Health. This proposal has been unanimously endorsed by GPC. The next step in the program approval process for consideration of this program is a review by CAP.

Charge:

CAP should consider whether there are any units that might be affected by the proposal that have not been consulted and whether the proposal is consistent with the College's mission. If CAP determines that additional testimony is required, then CAP should solicit this testimony from the appropriate units. If CAP agrees that all affected units have been consulted and that the new program is consistent with the College's mission, it may prepare a final recommendation without seeking further testimony.

Timeline:

CAP should complete its work on this charge by the end of Spring, 2017.

TCNJ Governance Processes

Step #1 -- Identifying and reporting the problem: When a Standing Committee receives a charge from the Steering Committee, the first responsibility is to clearly articulate and report the problem to the campus community. The problem may have been set out clearly in the charge received from the Steering Committee, or it may be necessary for the Standing Committee to frame a problem statement. The problem statement should indicate the difficulties or uncertainties that need to be addressed through new or revised policy, procedure, or program. The problem statement should be broadly stated and should include a context such as existing policy or practice. Problem statements may include solution parameters but should not suggest any specific solutions. Clearly stated problems will lead to better recommendations.

Step #2 -- Preparing a preliminary recommendation: Once the campus community has received the problem statement, committees can begin to collect data needed to make a preliminary recommendation. Committees should receive input from affected individuals and all relevant stakeholder groups prior to making a preliminary recommendation. For issues that have broad implications or that affect a large number of individuals, initial testimony should be solicited from the campus community at large. For some issues, sufficient initial testimony may come from input through committee membership or solicitation from targeted constituent groups.

When, in the best judgment of the committee, adequate clarity of the principles contributing to the problem are known, a preliminary recommendation should be drafted and disseminated to the campus community through regular updates and the Governance website. At this point, committees typically receive input or testimony through committee membership, formal testimony, and open comment from affected individuals and all stakeholder groups. Committees must be proactive in inviting stakeholder groups (including Student Government, Staff Senate and Faculty Senate) to provide formal testimony. In cases where testimony results in significant and substantive changes to the preliminary recommendation, the new recommendation will be considered to be in step #2.

Step #3 -- Making a final recommendation: Committees must use sound judgment to give the campus adequate time to review the preliminary recommendation before making their final recommendation. Again, committees are expected to be proactive in receiving feedback on the preliminary recommendation. If a full calendar year has passed since the formal announcement of the preliminary recommendation, the committee must resubmit a preliminary recommendation to the campus community. When, in the best judgment of the committee, the campus community has responded to the proposed resolution of the issue, the committee shall send its final recommendation (with documentation) to the Steering Committee. That final recommendation should include a suggested implementation date. Accompanying the final recommendation shall be a report of how testimony was gathered, the nature of that testimony, and how the Committee responded to that testimony, including a description of how the preliminary recommendation evolved as a result of testimony.

Testimony

The presenting of testimony, prior to both the preliminary and final recommendations, is central to the concept of shared governance. All stakeholder groups will have an opportunity to provide input into governance issues through direct membership as well as invited testimony. Individuals appointed or elected to the governance system are expected to take a broad institutional perspective relative to issues being considered. In contrast, invited testimony will reflect the stakeholder perspective on the issue being considered. Committees are expected to be proactive in inviting stakeholder groups to provide testimony at both steps # 2 and #3 of the process. Committees need to identify stakeholder groups that are interested in each particular issue and invite their testimony at scheduled Committee meetings or hearings. Committees should report in their transmittal memos which groups were targeted as stakeholders, how testimony was invited, the form of the testimony (written, oral, etc.), and the substantive content of the testimony.

To see the Steering Committee's guidelines for gathering testimony and making a final recommendation, see the "Governance Toolbox" at <http://academicaffairs.pages.tcnj.edu/college-governance/a-governance-toolbox/>



School of Nursing, Health, and Exercise Science
Carole Kenner, PhD, RN, FAAN, FNAP, ANEF Carol Kuser Loser Dean and Professor

April 3, 2017

To: Jacqueline Taylor, PhD, Provost and Vice President for Academic Affairs, Co-Chair Steering Committee
Cynthia Curtis, PhD, Professor and Co-Chair Steering Committee, The College of New Jersey

From: Carole Kenner, PhD, RN, FAAN, FNAP, ANEF, Dean/Professor School of Nursing, Health, and Exercise Science

Carole Kenner

On behalf of the School of Nursing, Health, and Exercise Science and the Public Health Program I am submitting this proposal for the Masters of Public Health (MPH) program for your consideration. Attached please find the signature pages of the Deans and affected units designating their approval of the proposal and agreement to involvement in the courses and of the faculty from the departments. We are excited about this program and see it as a wonderful addition to our thriving undergraduate public health major.

Thank you in advance for your consideration of this proposal. Please let me know if you need further information.

MPH PROPOSAL

APPROVAL OF THE DEANS

School of Arts & Communication

By: James Day
James Day, Interim Dean

Date: 12/19/16

School of Business

By: William W. Keep
William Keep, Dean
Date: February 3, 2017

School of Education

By: Jeff Passe
Jeff Passe, Dean
Date: 2/2/17

School of Engineering

By: Steve Schreiner
Steven Schreiner, Dean
Date: February 6, 2017

School of Humanities & Social Sciences

By: Jane R. Wong
Jane Wong, Dean
Date: Feb. 6, 2017

School of Nursing, Health, & Exercise Science

By: Carole Kenner
Carole Kenner, Dean

Date: 12-19-16

School of Science

By: Jeffrey Osborn
Jeffrey Osborn, Dean
Date: 2-5-2017

MPH PROPOSAL

Approval of the Chairs

By: Eileen M. Alexy
Eileen M. Alexy, Nursing

Date: 12/21/2016

By: Sharon Byrne
Sharon Byrne, Nursing

Date: 12/21/16

By: Paul D'Angelo
Paul D'Angelo, Communication Studies

Date: January 24, 2017

By: Anne Farrell
Anne Farrell, Health and Exercise Science

Date: 12/22/16

By: Tom Hagedorn
Tom Hagedorn, Mathematics

Date: 2/3/2017

By: John H. McCarty
John McCarty, Management

Date: 1/27/2017

By: Subarna Samanta
Subarna Samanta, Economics

Date: 2/3/17

By: Atsuko Seto
Atsuko Seto, Counselor Education

Date: 1/4/2017

Master of Public Health (MPH)

The College of New Jersey

School of Nursing, Health, and Exercise Science

3/3/2017

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The College of New Jersey
School of Nursing, Health, and Exercise Science

Master of Public Health (MPH)

In response to national, state, and regional needs for an adequate and well-prepared public health workforce, the School of Nursing, Health, and Exercise Science (SNHES) with input from TCNJ's six other schools, has developed and offered a bachelor's degree in public health and most recently a post-baccalaureate certificate program in public health. A minor in public health is also available. With this proposal, we request approval for the next step in meeting public health workforce needs in our region – that of a MPH degree program. Once again we have used a broad-based multidisciplinary approach to developing this degree with faculty expertise from the natural sciences, the social sciences, health and risk communication, social media, computer science, nursing, health and exercise science as well as significant input from community leaders in public and community health. With this approach we brought key partners and assets together for a strong collective impact in creating programs to address public health workforce needs. We believe that the broad-based approach enacted by the Public Health Task Force has enabled us to develop an innovative public health degree sequence (B.S. and MPH) along with a post-baccalaureate certificate program that will draw students from across the region and surrounding states and prepare the public health workforce needed in the rapidly changing and increasingly global healthcare arena.

This narrative describes the MPH which is a forty five credits (14 courses) program of study with three tracks. The tracks are: Health Communication, Precision Health, and Global Health. In addition there are two options for completion of the MPH – a 4 + 1 option for students who have a B.S. or B.A. in a relevant discipline and have taken up to 4 classes that may count towards the pre-requisites for the MPH, and a traditional MPH program, two years in length.

I. Program Goals and Objectives

The mission, vision, and core values that support the public health programs of the School of Nursing, Health and Exercise Science reflect the mission, vision and values of the School of Nursing, Health, and Exercise Science as well as TCNJ and are presented next.

Mission Statement: to prepare graduates to advance the public's health through education, health promotion, and the improvement of health outcomes of populations and individuals domestically and globally by fostering the critical thinking, leadership, and decision-making of our students.

Vision Statement: to offer premier interdisciplinary education, research, and policy development to respond to emerging areas of public health, health promotion, public health systems, population, and personalized health.

Core Values on which the programs are based:

- Excellence in teaching/learning including mentorship of students,
- Excellence in recruitment of the highest quality faculty, staff, and students,
- Engagement in interdisciplinary education both on campus and in the community,
- Integrity-treating each other with respect and consideration of cultural differences,
- Inclusivity-recognition of the uniqueness of individuals-domestically and globally,
- Self-reflection-nurturing dialogs across the campus, community, and globe.

The MPH curriculum was developed with the following program goals guiding the development:

1. Implement a competency-based curriculum and systematic evaluation plan to ensure that graduates are prepared with the knowledge, values, and skills to assume beginning leadership roles in public health.
2. Integrate experiential inter-professional teamwork with social and global perspectives into coursework, internships, and capstone projects designed to foster the development of core public health competencies and a commitment to achieving health equity in community service in diverse communities.
3. Link public health and health communication theory, research and practice by engaging faculty, students, public health professionals and the community in conducting public health scholarly projects and applied research designed to advance the field.

II. Evaluation and Learning Outcomes Assessment Plan

Academic programs offered through the School of Nursing, Health, and Exercise Science conduct systematic planning and evaluation of their programs. Assessment data are collected annually, reviewed by appropriate committees and faculty during end of academic year faculty meetings. These data are used in decision-making and support revisions to curriculum, strategic planning, procedures and policies with the aim of fostering student learning and success. Accredited programs conduct the periodic self-study and external review required by their respective accrediting bodies. A strategic plan for public health was developed in spring 2016 and approved in fall 2016 and is being implemented. The plan appears in Appendix A.

The following outcomes for the Master of Public Health degree were approved in fall 2016. They are based in the recommendations of the Council on Education for Public Health (CEPH), the accrediting body for Public Health, and the expressed needs and recommendations of the key partners of the SNHES Public Health Task Force. They also reflect the core public health competencies identified by the Association of Schools and Programs of Public Health (ASPPH) and a team of national public health experts.

MPH Program Outcomes:

Upon completion of the MPH (Tracks of Health Communication, Global Health, or Precision Health), graduates will be prepared to:

1. Function with competency in the five pillars of public health (Social & Behavioral Sciences, Biostatistics, Epidemiology, Environmental Health, and Health Policy and Management) as well as other functional competency areas identified by CEPH (Goal 1).
2. Collaborate with community-based health care professionals on public health initiatives (Goals 2 & 3).
3. Assume beginning leadership roles in public health (specific to tracks) and in organizations and coalitions that advance public health (Goal 1).
4. Critically analyze research evidence and relevant data (e.g. big data) to determine health care trends and develop appropriate public health interventions (Goals 1 & 3).

5. Manage public health intervention projects through phases of assessment, planning, implementation, evaluation and sustainability to realize best practices (Goal 2 & 3).

6. Use communication modalities effectively and efficiently to advance collaboration, teamwork, and achievement of communication and health outcomes for improved wellness, quality of life and optimal treatment (Goal 2).

Program Curriculum Matrix

	Program Outcomes					
Courses	1	2	3	4	5	6
CORE & CAPSTONE						
PBHG 504 Environmental Health & Occupational	X		X		X	X
PBHG 521 Health Systems and Policy	X		X	X	X	X
PBHG 540 Advanced Epidemiology	X			X	X	
PBHG 652 Biostatistics for Public Health	X			X		
PBHG 685/NURS 685 Health Promotion for Individuals, Families, and Communities	X	X	X	X	X	X
PBHG 705 Graduate Capstone Internship		X	X	X	X	X
TRACK REQUIRED						
PBHG 502 Health Analytics		X		X		
PBHG 503 Health Informatics		X		X		
PBHG/COM 515 International Communication	X	X	X	X		X
PBHG 551/COUN551 Substance Abuse and Addiction: Individual, Family, and Society			X	X		X
PBHG 560/COUN/560 Counseling Girls and Women	X		X		X	X
PBHG 561/COUN 561 Counseling Boys and Men			X	X		X
PBHG 572 Global Health	X	X	X	X	X	
PBHG 573 Public Health and Social Policy	X		X	X	X	X

PBHG 603/COM 403 Health & Risk Communication Campaigns: A Social Marketing Approach	X		X	X	X	X
PBHG 620/ECO 320 Health Economics			X	X		
PBHG 652 Biostatistics for Public Health	X			X		
PBHG 660/COM 460 Global Health Communication and Social Change		X	X			X
PBHG 667 Public Health Genomics	X		X	X	X	

The following matrix presents the program learning outcomes, the assessment methods used to measure attainment and the core and track required courses in which the assessments methods will be implemented.

Program Outcomes Assessment Matrix

Outcomes	Assessment Method	Courses (Core & Track Required)
1. Function with competency in the five pillars of public health (Social & Behavioral Sciences, Biostatistics, Epidemiology, Environmental Health, and Health Policy and Management) as well as other functional competency areas identified by CEPH (Goal 1).	<p>Course assessments (tests, quizzes, presentations, projects, papers)</p> <p>Portfolio analysis of scholarly papers</p> <p>Capstone Projects</p> <p>Internship preceptors evaluation</p> <p>Course Evaluations analysis</p> <p>Student self-evaluation (end of program survey)</p> <p>Graduate, Alumni and employer surveys</p>	<p>PBHG 504 Environmental & Occupational Health</p> <p>PBHG 515 International Communication</p> <p>PBHG 521 Health Systems and Policy</p> <p>PBHG 540 Advanced Epidemiology</p> <p>PBHG 551/COUN 551 Substance Abuse and Addiction: Individual, Family, and Society</p> <p>PBHG 560/COUN 560 Counseling Girls and Women</p> <p>PBHG 561/COUN 561 Counseling Boys and Men</p> <p>PBHG 603 Health and Risk Communication Campaigns: A Social Marketing Approach</p> <p>PBHG 652 Biostatistics for Public Health</p> <p>PBHG 685 Health Promotion</p> <p>PBHG 667 Public Health Genomics</p>

		PBHG 705 Graduate Capstone Internship
2. Collaborate with community-based health care professionals on public health initiatives (Goals 2 & 3).	Course assessments (tests, quizzes, class graded presentations, group projects, papers) Internship & faculty preceptors' evaluation, Internship site evaluation Student self-evaluation (end of program survey) Graduate, Alumni and employer surveys	PBHG 685 Health Promotion for Individuals, Families, and Communities PBHG 502 Health Analytics PBHG 572 Global Health PBHG 603: Health and Risk Communication Campaigns: A Social Marketing Approach PBHG 705 Graduate Capstone Internship
3. Assume beginning leadership roles in public health (specific to tracks) and in organizations and coalitions that advance public health (Goal 1).	Course assessments (tests, quizzes, graded presentations, group projects, papers) Capstone Project Internship & faculty preceptors' evaluation Internship site evaluations Student self-evaluation (end of internship) Graduate, alumni and employer surveys	PBHG 620 Health Economics PBHG 521 Health Systems and Policy PBHG 540 Advanced Epidemiology PBHG 573 Public Health and Social Policy PBHG 685 Health Promotion PBHG 705 Graduate Capstone Internship
4. Critically analyze research evidence and relevant data (e.g. big data) to determine health care trends and develop appropriate public health interventions (Goals 1 & 3).	Course assessments (tests, quizzes, presentations, projects, papers) Portfolio analysis of scholarly papers	PBHG 603 Health and Risk Communication Campaigns: A Social Marketing Approach PBHG 515 International Communication PBHG 502 Health Analytics PBHG 620 Health Economics PBHG 667 Public Health Genomics PBHG 540 Advanced Epidemiology PBHG 652 Biostatistics for Public Health PBHG 705 Graduate Capstone Internship
5. Manage public health intervention projects through phases of assessment, planning, implementation, evaluation and sustainability to realize	Course assessments (tests, quizzes, presentations, projects, papers) Portfolio analysis of capstone projects	PBHG 685 Health Promotion for Individuals, Families, and Communities PBHG 540 Advanced Epidemiology PBHG 603: Health and Risk Communication Campaigns: A Social Marketing Approach

best practices (Goal 2 & 3).		PBHG 705 Graduate Capstone Internship
6. Use communication modalities effectively and efficiently to advance collaboration, teamwork, and achievement of communication and health outcomes for improved wellness, quality of life and optimal treatment (Goal 2).	Course assessments (tests, quizzes, presentations, projects, papers) Portfolio analysis of scholarly papers Group project evaluation	PBHG 503 Health Informatics PBHG 603: Health and Risk Communication Campaigns: A Social Marketing Approach PBHG 660 Global Health Communication and Social Change PBHG 685 Health Promotion for Individuals, Families, and Communities PBHG 705 Graduate Capstone Internship

III. Relationship of the Program to TCNJ's Institutional Strategic Plan

In 2016, the TCNJ School of Nursing, Health, and Exercise Science developed a strategic plan for the Public Health programs outlining its goals and priorities. (Appendix A). This plan is consistent with the TCNJ Institutional Strategic Plan and embraces its commitment to living “a culture of diversity and inclusion” as well as an emphasis on distinctive signature experiences that focus on a personalized, collaborative, and rigorous education, field experiences, community engaged learning, global engagement, and leadership development.

IV. Need

Drehobl, Roush, Stover, and Koo, (2012) cite data from The Association of Schools of Public Health (ASPH) that projected a shortfall of 250,000 public health workers by 2020 if steps are not taken to increase the supply. Including all public health care workers, not just public health professionals, these projected shortages will directly affect the ability of federal, state and local public health agencies to protect the public health. In 2008 the Association of Schools of Public Health identified that there had been a decrease of 50,000 in public health workers over the past twenty years (ASPH, 2008) with workforce shortages to be exacerbated through attrition, retirement and economic downturn with estimates of the current workforce eligibility to retire as high as 50% by 2012 (Association of State and Territorial Health Officers, 2008).

The Patient Portability and Affordable Care Act (PPACA) commonly called the Affordable Care Act (ACA) passed in 2010 provided increased access to the traditional health care system (through insurance), and for the first time, expanded access to primary and secondary prevention services. The ACA was designed to realign and encourage collaboration between the public health and health care systems and a shift in emphasis from disease management to health promotion and disease prevention. Notably for Public Health the ACA called for two initiatives to promote prevention and public health: the Prevention and Public Health Fund which established a funding source for public health and the National Prevention Strategy (Jordan & Duckett, 2014). The National Prevention Strategy established national strategies and priorities to increase the number of Americans who are healthy at every stage of life. Thus the ACA expands the position and role of public health and population-based health services in improving the health of the entire US population. The need for a sufficient in number and adequately prepared public health workforce has never been greater.

Frenk and colleagues, as part of the Education of Health professionals for the 21st Century: A Global Independent Commission (2010) released a panel report *“Health Professionals for a New Century: Transforming Education to Strengthen Health Systems in an Interdependent World.”* that called for transformation of the healthcare workforce for the 21st century in order to meet population needs globally. Part of this report acknowledged two previous reports by the Institute of Medicine (IOM) in 2002 and 2003 that focused on public health and reiterated that public health concepts and competencies were needed by all health professionals (Frenk et. al., 2010). The IOM in 2002 called for all undergraduate students need an understanding of public health. Community engagement by health professionals to address local, state, national, and global healthcare needs was declared essential to health, and the incorporation of this engagement in health professions education was called for to prepare a new workforce (Frenk et. al., 2010).

Due to the ever-changing landscape of health, common competencies are needed for all health professionals, and an understanding of population and public health is essential for all providing care and a commitment to lifelong learning (Frenk, et.al. 2010). This change moves towards patient focused versus institution or discipline focused health. More care is in the community and not in acute care hospital settings. While community based care and needs is not new, the emphasis on health promotion and prevention has significantly increased since the ACA passed in 2010. TCNJ and its seven schools have a strong commitment to education in Public Health. Even though the programs and certificates are located within the School of Nursing, Health, and Exercise Science, they were envisioned, developed and are taught by an interdisciplinary faculty and administrative team from across the College as well as stakeholders from a broad range of public health and community health agencies. As part of this assessment of need for an MPH program at TCNJ, three letters of support have been forthcoming in support of this proposal. Specifically we have letters from: 1) Mercer County Health Officer Association;

2) Greater Mercer Partnership; and 3) Capital Health. In each of these letters, the need for an MPH program is detailed that would enhance the skills of current health staff and to provide a well trained workforce for new hires (See Appendix B).

During the planning for the proposed program an important step was to examine the programs that already exist in the region. We examined programs from the following colleges and universities offering the MPH degree:

Montclair State University, Montclair NJ

Rutgers University – New Brunswick and Newark, NJ

Temple University, Philadelphia, PA

Drexel University, Philadelphia, PA

Johns Hopkins University, Baltimore, MD

New York University, NYC, NY

Hunter College, CUNY, NYC, NY

Graduate master's programs in Public Health in New Jersey (2 institutions, 3 campuses) award the MPH or and MS in Health Administration and range in length from 39 to 45 credits and are located 27-71 miles away from TCNJ. An additional 5 institutions in surrounding states offering the MPH are located anywhere from 36 to 139 miles away from TCNJ with credits ranging from 45 to 80 and in one instance a requirement for full time study. Three institutions, Rutgers – New Brunswick, Newark, Drexel, and Temple University, seem most comparable to TCNJ. Since comparable MPH programs are guided by the same accrediting body and national standards, several similarities are seen in, e.g., required core courses in epidemiology, biostatistics, environmental health, health policy, health administration and internship hours. A successful program in Public Health should be based on an interdisciplinary approach that goes beyond the theoretical articulation of disciplines and courses stated on curricula. One of the strengths of our MPH, and what makes it unique, is that all 7 schools of The College of New Jersey have been actively involved in the project since its conceptualization to its operationalization. We already have evidences of success from our current Public Health bachelor degree and post-bachelor certificate programs that have used this same inter-school approach. Beyond these comparable programs, TCNJ is already creating online classes (e.g. Advanced Epidemiology) and blended online/in-class courses to be competitive with online programs and schools like Drexel and Rutgers that have online courses.

The major differences lie in the track options or areas of concentration offered. Our tracks, particularly the Precision Health and the Health Communication tracks, are a distinguishing feature of the proposed MPH. The Precision Health track elucidates our commitment in providing our students training in an emerging, trendy, and growing area of expertise. NIH (2017) is leading the initiative into Precision Health by initiating the “All of Us” research program with the goal of using new technology to create some of the largest and most diverse longitudinal cohorts in history. Dr. Minor (2016), the Dean of Stanford School of Medicine, highlighted the importance of diving into Precision Health as a way to foster new integrations between health and other fields such as engineering, computer science, and business innovation to achieve our biggest common end: making people healthy. The Health Communication track is one of the fastest growing areas of specialization in leading US graduate programs both in communication studies and public health. Health communication experts are testing

innovative ways to motivate healthy behavior and reduce health risk at institutions and agencies throughout the nation including the Centers for Disease Control & Prevention, the US Agency for International Development (USAID), the World Health Organization and state and local health departments, as well as at leading advertising agencies.

V. Students

Students that may be interested in the MPH degree are students with a BA or BS degree from an accredited institution with a cumulative GPA of 3.0 in their major or higher including: 1) Current TCNJ students from Public Health, Biology, Education, Business and from majors with concentrations in health (Health and Exercise Science, Nursing, Sociology, Anthropology, Communication).; 2) Students from other academic institutions with a wide range of backgrounds who are interested in expanding their career options in public health particularly current employees from local Departments of Health and health agencies like hospitals; and 3) Currently employees such as School Nurses or professionals working in hospitals, insurance companies, pharmaceuticals and other areas seeking to improve their skills and be eligible for a wider range of career options.

Consistent with our strategic plan for public health, we have recruited students aggressively for our undergraduate public health degree program as well as the certificate program recently offered for the first time. Currently we have 80 students enrolled in the B.S program and 2 in the certificate program. Students also have the option to enroll in a minor in Public Health where there are currently 46. In our assessment of the need for an MPH program, current TCNJ students taking Public Health classes were asked about their interest in a 4+1 MPH program as well as a 2 year MPH program. The response was overwhelmingly positive with 32 students saying they would be interested in the program as early as fall, 2017. Thus we expect that the B.S. and certificate programs will be an important but not the only source of students for the MPH. We anticipate that the MPH program will begin in fall 2018 with a relatively small enrollment and steadily grow over time. Specifically we project the following:

MPH 4 + 1 Projected Admissions

YEAR 01	
New Admits	Continuing
15	0
YEAR 02	
New Admits	Continuing
20	5
YEAR 03	
New Admits	Continuing
25	8
YEAR 04	
New Admits	Continuing
30	10
YEAR 05	
New Admits	Continuing
40	15
Total New Admits	Total Continuing
130	38

2-Year MPH Projected Admissions

YEAR 01	
New Admits	Continuing
10	0
YEAR 02	
New Admits	Continuing
15	8
YEAR 03	
New Admits	Continuing
20	14
YEAR 04	
New Admits	Continuing
22	18
YEAR 05	
New Admits	Continuing
25	15
Total New Admits	Total Continuing
92	55

VI. Program Resources

Faculty and Support of Instruction: The proposed MPH program will utilize or adapt existing courses where appropriate and will add 4 new courses to the core curriculum. Existing courses are currently taught by full time faculty or adjunct faculty from all seven schools across TCNJ. Drs. Brenda Seals and Carolina Borges are full-time Public Health faculty and have extensive backgrounds in teaching, administration and research in Public Health. Drs. Lynn Gazley, Jessica Barnack-Tavlaris and Rachel Adler from the social sciences also have Public Health degrees and diverse backgrounds in Public Health. Dr. John Pollock from health communication has an extensive history of work in public health and public policy at national and global levels. Dr. Tracy Perron from nursing has been teaching Wellness for the past two years. These faculty members are a part of the Public Health Task Force and currently teach in the undergraduate program as well as the graduate certificate in public health program. Additionally, we are currently conducting a nationwide search for another full time faculty for the Public Health Program and a 0.5 FTE Public Health position has been hired for fall, 2017 housed in Communications.

A list of the Public Health Task Force and community members that have developed these programs as well as the new courses for the MPH appear in Appendix C.

Library Resources: The library resources are deemed adequate to support the MPH because the existing public health minor, nursing, and health and exercise science have been adding resources over time. Please see Appendix D.

Equipment, Laboratory Support, and Computer Support: MPH Students will have access to computer labs, smart classrooms, and technology support through TCNJ Information Technology Department. We do not anticipate additional equipment, laboratory or computer support at this time.

Facilities: No additional facilities will be required. The School of Nursing, Health, and Exercise Science, houses a computer lab, a state-of-the-art simulation center, and other existing classrooms. Since these programs are interdisciplinary and for the most part use existing courses, the classroom spaces currently used for these courses will be available for these students. Many of the MPH classes will be offered at night, off-site (such as at Capital Health), and with online or blended (part on-line and part in-class) options. Office space for new faculty will come from existing space.

Student Support: Information Technology and academic support are available to MPH students through TCNJ tutoring center (for writing and basic statistics). On admittance to the program, students will be assessed to evaluate their writing and quantitative skills. For students identified as needing support, their academic advisor will recommend, as needed, additional coursework, mentored experiences, and available resources and monitor students' academic progress. Online programs and periodic group study sessions will be recommended for statistics, epidemiology and biostatistics.

Administrative Costs (including Accreditation Costs): To date, two full time public health faculty (one tenure track and one visiting) are providing leadership and teaching in the Public Health program. An additional full time tenure track position has been approved for the 2017-18 academic year and recruitment is underway to fill this position. In addition, a joint request for one additional tenure track FTE between the Schools of Nursing, Health, and Exercise Science (.5 FTE) and Arts & Communication (.5 FTE) was approved for 2017-18, and John Leustek who will complete his PhD from Rutgers University in Communications in 2017 has accepted this position. Additional requests have been made to support student advisement, teaching, and assistance in coordination of the proposed program. Moreover, the Assistant Dean for Student Affairs and a program assistant in SNHES have been designated to provide administrative support for the Public Health program. In order to market the MPH program and TCNJ, an additional \$10,000 is requested.

The proposed MPH program is designed to meet the accreditation requirements of the Council for Education in Public Health (CEPH, <http://ceph.org/>) and to be consistent with the Public Health Accreditation Board (www.phaboard.org) that accredits local, state and tribal Departments of Health. Several benefits of accreditation can be advanced. CEPH accreditation provides guidelines, benchmarks and mentorship to stand alone baccalaureate and MPH programs including detailed student competencies. CEPH serves as a bridge between Public Health Programs and the Associated Schools of Public Health supporting articulation agreements and partnerships. In general, specialized accreditation attests to the quality of an educational program that prepares students for entry into a recognized profession and is an asset for recruitment of both faculty and students. The pathway to accreditation includes a year for the program to be established, two years of self-study, and a 1-2 probationary year where site visits and program data are reviewed. Once standards are met, accreditation applies to the initial year of the program. The costs associated with accreditation will be budgeted through the normal accreditation allocation process from the Provost's office.

Degree Requirements

Themes: The courses of the core and tracks were selected or developed to reflect the themes supported by the association of Schools of Public Health (ASPH) (2012) *Framing the Future: The Second 100 years of Education for Public Health.* This document outlines the knowledge, skills, and outcomes expected in Public Health programs. These themes are:

1. **Overview of Public Health:** History and Philosophy of Public Health
2. **Roles and Importance of Data in Public Health:** Methods and tools of Public Health

3. **Identifying and Addressing Population Health Challenges:** Interventions to identify health risks
4. **Human Health:** Health promotion across the lifespan
5. **Determinants of Health:** Socio-economic, behavioral, biological, and environmental factors affecting health and health communication
6. **Project Implementation:** Project management-assessment, planning, and implementation
7. **Overview of the Health System:** U.S. Health care delivery systems
8. **Health Policy, Law, Ethics, and Economics:** Basic legal, ethical, economic, and regulatory facets of health care and public policy
9. **Health Communication:** Communication including technical and professional writing and the use of social media, mass media, and technology (ASPA, 2012).

2-year and 4 + 1 Course Sequences: A traditional MPH degree requires 12-15 courses and is usually completed within 2 academic years including one summer. Of these requirements, 4 courses are designated as prerequisites. This proposal is based on that model. Concurrently, this proposal includes a “4 + 1” program that counts up to four classes that can be counted toward the 3 elective requirements and 1 that can be counted towards a track requirement. For TCNJ undergraduate students who elect to complete the graduate level requirements in hybrid courses, they can request that their work in up to five prerequisites be reviewed as satisfying Graduate courses including a Global Health class (PBHG 572), a Policy class (PBHG 573), a Health Economics Class (PBHG 620) and 1 Communications class (either PBHG 603 or PBHG 515). Students transferring to TCNJ from other programs would submit syllabi and evidence of graduate level performance in similar prerequisite courses for proof of satisfactory completion of such pre-requisites. The 4 + 1 curriculum would be completed as follows: 1) 4 prerequisite courses; 2) enrollment in the summer and taking 1 course; 3) 4 courses (8 total) in both fall and spring semesters; and 4) completing the second part of the capstone and 1 other course in their final summer for a total of 14 courses (45 credits). This allows for completing the baccalaureate and MPH degree in a total of 5 years. A similar program exists at Rutgers’ University where both a 2-year and 4 +1 BA/MPH or BS/MPH degrees are offered. Offering such programs attract traditional students as well as students who commit to taking hybrid or other graduate level courses while undergraduates. For current TCNJ students, the main advantage is that they may have satisfactorily completed up to 5 courses towards MPH electives and/or 1 track courses, leaving 30-33 credits to complete for the MPH degree. The traditional MPH degree would include completing 4 courses in 3 concurrent fall and spring semesters (total 12 courses) and 2 courses in addition to the second part of the capstone course in the last semester (14 courses and 45 credits total). All proposed core courses are graduate level courses either currently offered in the School of Education or School of Nursing, Health and Exercise Science or are newly developed courses only available to graduate students.

Core Courses: The proposed MPH sequence of core courses reflects five areas identified by ASPH and the Public Health Task Force as critical for public health workers in the US and globally. These include basic courses in health education and wellness, environmental and occupational health, epidemiology and biostatistics and health systems and policy. Together these courses give a basic foundation covering all areas identified by the ASPA (2012). The core courses are:

PBHG 540: Advanced Epidemiology (NEW COURSE)

PBHG 521: Health Systems and Policy (NEW COURSE)

PBHG 504: Environmental & Occupational Health (NEW COURSE)

PBHG 652: Biostatistics for Public Health (NEW COURSE)

PBHG 685/NURS 685 Health Promotion for Individuals, Families, and Communities

PBHG 705: Graduate Capstone Internship (6 credits over 1 or 2 semesters)

Field Experiences: An important feature of the proposed programs will be the incorporation of experiential and internship experiences. The graduate level capstone course requires an internship of at least 120 hours that meets or exceeds CEPH requirements (<http://ceph.org/assets/2016.Criteria.pdf>). In addition to the required graduate capstone internship, other courses will require a community engaged project/paper where students spend at least 30 hours on-site at health agencies or community based, health related organizations as volunteers.

Specialization Tracks: There are three tracks with the MPH. These are Health Communication, Precision Health and Global Health. Each specialization has a requirement of five courses. However, students may choose their courses from among 8 courses. The following table depicts the course number options. Specific courses for these tracks are found in Appendix E along with course descriptions.

MAJOR COURSE REQUIREMENTS

Core and Capstone Courses (6 Courses – 21 credits)	Specialization Track Courses (5 courses needed in each Track or 15 credits)	Electives (3 courses needed or 9 credits)
PBHG 685/NURS 685 Health Promotion for Individuals, Families, and Communities	Health Communication Track Choose from PBHG 515/551/560/561/603/605/660/685	PBHG 501/591/ 601/606/665/671
PBHG 540 Advanced Epidemiology (NEW COURSE)	Precision Health Track Choose from PBHG 502/ 503/551/560/561/620/660/667	PBHG 501/591/ 601/606/665/671
PBHG 521 Health Systems and Policy (NEW COURSE)		
PBHG 504 Environmental Health & Occupational (NEW COURSE)	Global Health Track Choose from PBHG 515/572/573/603/620/660	PBHG 501/591/ 601/606/665/671
PBHG 652 Biostatistics for Public Health (NEW COURSE)		
PBHG 705 Graduate Capstone Internship (6 credits over 1 or two semesters)		

Electives: Students will have three elective courses. To ensure the MPH in public health students gain a broad perspective in public health, the ASPH (2012) framework as outlined under the themes section of this document was followed in identifying elective courses for the students. The potential elective courses include two courses that will increase general skill sets (e.g. research methods and grant writing), courses addressing health concerns specifically identified as priority areas in the Trenton area (e.g., dental health, violence and injury), and courses offered in specialization tracks that can be selected

with the approval of the students' advisors. Additional graduate level courses offered through the School of Education, Department of Counselor Education and the School of Nursing, Health and Exercise Science, Department of Nursing will be added to the list of electives. Course descriptions for the currently designated elective courses also can be found in Appendix E.

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Appendix A

Strategic Plan for

The College of New Jersey School of Nursing, Health, and Exercise Science's Public Health Program

Approved December 2016

MISSION STATEMENT

The mission of the bachelor's and post baccalaureate/post master's certificate in Public Health offered by TCNJ's School of Nursing, Health, and Exercise Science is to prepare graduates to advance the public's health through education, health promotion, disease prevention, and the improvement of health outcomes of populations and individuals domestically and globally.

VISION STATEMENT

The TCNJ School of Nursing, Health, and Exercise Science's Public Health Program will offer premier interdisciplinary education, research, and policy development to respond to emerging areas of public health, health promotion, public health systems, population and personalized health.

VALUES STATEMENT

The TCNJ School of Nursing, Health, and Exercise Science's Public Health core values are:

- Excellence in teaching/learning including mentorship of students
- Excellence in recruitment of the highest quality faculty, staff, and students
- Engagement in interdisciplinary education both on campus and in the community
- Integrity-treating each other with respect and consideration of cultural differences
- Inclusivity-recognition of the uniqueness of individuals-domestically and globally
- Self-reflection-nurturing dialogs across the campus, community, and globe

STRATEGIC INITIATIVES

The School of Nursing, Health, and Exercise Science organizes its strategic plan by initiatives as described below. The initiatives listed here come from the TCNJ 2021: Bolder, Better, Brighter Strategic Plan.

Program Objectives

Prepare graduates to meet the complex health needs of populations and individuals by:

1. Assessing the social and political determinants of health.
2. Using data to develop public health interventions.
3. Discussing policy implications of public health and health care delivery.
4. Employing health risk communication strategies to improve health campaign effectiveness.
5. Evaluating current health practices and making recommendations for improvement.

STRATEGIC INITIATIVES

The School of Nursing, Health, and Exercise Science's Public Health Program organizes its strategic plan by initiatives as described below. The initiatives listed here come from the School of Nursing, Health, and Exercise Science and TCNJ's 2021: Bolder, Better Brighter, Strategic Plan.

PRIORITY I: ATTRACT AND RETAIN EXCEPTION STUDENTS, FACULTY, AND STAFF INTO A DIVERSE, INCLUSIVE PUBLIC HEALTH COMMUNITY

GOAL 1: Become a national leader in attracting, recruiting, and hiring underrepresented groups in order to diversity public health faculty, staff, and student populations.

GOAL 2: Retention of faculty, staff, and students

PRIORITY II: DEVELOP STUDENT ENGAGEMENT

GOAL 1: Broadening participation in student research, internships, capstones, and student/community/academic clubs.

GOAL 2: Deepen student-faculty engagement through advising and mentoring.

PRIORITY III: PROMOTE THE PUBLIC HEALTH PROGRAM'S DISTINCTIVE FOCUS TO CREATE STATE AND NATIONAL RECOGNITION

GOAL 1: Develop a shared understanding and ownership of the importance of participating in communicating the college's identity.

GOAL 2: Communicate consistent and resonating core messages that serve all audiences, augmented by messaging for specific audiences.

GOAL 3: Develop and implement specific programmatic strategies for reaching target audiences.

PRIORITY IV: ENHANCE THE TEACHING AND RESEARCH INFRASTRUCTURE

GOAL 1: Attain/Maintain needed infrastructure: Facilities, Technology, Equipment and Support of Technological Needs to Meet the Educational Needs for faculty, staff, and students.

GOAL 2: Anticipate, prioritize, coordinate, and address the instructional technology needs of the Public Health Program.

PRIORITY V: EXPAND AND DIVERSIFY FINANCIAL RESOURCES

GOAL 1: Explore/expand creative program/community offerings and partnerships to advance professional education.

GOAL 2: Secure grants for teaching, research, and service.

Mercer County Health Officers Association

2207 Lawrence Road

Lawrence, New Jersey 08648

December 8, 2016

Carole Kenner, PhD, RN, FAAN, FNAP, ANEF
Carol Kuser Loser Dean & Professor
School of Nursing, Health, and Exercise Science
The College of New Jersey
2000 Pennington Road
Mailing address: P.O. Box 7718
Ewing, NJ 08628-0718

Dear Dean Kenner,

The Mercer County Health Officers Association recognizes the need for more individuals with public health experiences in the workforce. Public health is at the forefront of local to global health with the recent Ebola outbreak and the current Zika outbreak. We are very supportive of your proposal to develop a Master's of Public Health program at The College of New Jersey. We are very much interested in the concentrations in Personalized Health/Precision Medicine, Health Communications, and Global Health. Our organization will benefit from this program by hosting student interns, supporting school programs and involvement in community partnership programs and events.

This proposal presents an opportunity where highly trained new professionals are a ready pool for new hires throughout the New Jersey area. In addition, this program is a resource for our staff to seek additional training towards graduate certificates and the MPH.

We look forward to working with you in the future through the Master's of Public Health program and fully support this initiative.

Sincerely,



Jeffrey C. Grosser
President

GMPHP Greater Mercer
Public Health
Partnership

December 7, 2016

Carole Kenner, PhD, RN, FAAN, FNAP, ANEF
Carol Kuser Loser Dean & Professor
School of Nursing, Health, and Exercise Science
The College of New Jersey
2000 Pennington Road
Mailing address: P.O. Box 7718
Ewing, NJ 08628-0718

Dear Dean Kenner,

The Greater Mercer Public Health Partnership recognizes the need for more individuals with public health experiences in the workforce. Given the outbreak of Zika and other health trends, public health is at the forefront of local to global health. We are very supportive of your proposal to develop a Master's of Public Health program at TCNJ. We are excited about the concentrations in Personalized Health/Precision Medicine, Health Communications, and Global Health. Our organization will benefit from this program by hosting student interns, supporting school programs and involvement in community partnership programs and events.

This proposal presents an opportunity where highly trained new professionals are a ready pool for new hires throughout the New Jersey area. In addition, this program is a resource for our staff to seek additional training towards graduate certificates and the MPH.

Sincerely,



Debra Birkenstamm, RN, MBA
President
GMPHP



capitahealth

capitalhealth.org

Carole Kenner, PhD, RN, FAAN, FNAP, ANEF
Carol Kuser Loser Dean & Professor
School of Nursing, Health, and Exercise Science
The College of New Jersey
2000 Pennington Road
Mailing address: P.O. Box 7718
Ewing, NJ 08628-0718

Dear Dean Kenner,

Capital Health strongly supports the development of a Master's of Public Health program at The College of New Jersey. Our organization recognizes the need for more individuals with expertise and advanced education in public health in the workforce. Whether it is a health crisis such as the Zika Virus, or developing cogent responses to the challenges of health care reform persons with an MPH degree are a critical resource.

As a regional leader in population health, Capital is very excited about the concentrations in Personalized Health/Precision Medicine, Health Communications, and Global Health. Our organization will benefit from this program by hosting student interns, supporting school programs and involvement in community partnership programs and events.

This proposal presents an opportunity where highly trained new professionals are a ready pool for new hires throughout the New Jersey area. In addition, this program is a resource for our staff to seek additional training towards graduate certificates and the MPH.

Sincerely,

Robert Remstein, DO, MBA
Vice President, Accountable Care

Appendix C

TCNJ Public Health Task Force and Community Members

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Appendix D

Records added to TCNJ Library catalog between January 1, 2010, and February 5, 2015, for titles classified in RA

(RA: Library of Congress class for "Public aspects of medicine"), Databases and Other Resources

Titles

1. Howard Dean's prescription for real healthcare reform : how we can achieve affordable medical care for every American
2. and make our jobs safer / Howard Dean ; with Igor Volsky and Faiz Shakir.
3. Dead on arrival : the politics of health care in twentieth-century America / Colin Gordon.
4. Handbook of home health care administration / [edited by] Marilyn D. Harris.
5. Health care for us all : getting more for our investment / Earl L. Grinols, James W. Henderson.
6. Wellbeing : a cultural history of healthy living / Klaus Bergdolt ; translated by Jane Dewhurst.
7. Will to live : AIDS therapies and the politics of survival / Joaño Biehl ; photographs by Torben Eskerod.
8. Bacterial infections of humans : epidemiology and control / edited by Philip S. Brachman and Elias Abrutyn ; formerly edited by Alfred S. Evans and Philip S. Brachman.
9. Toward the healthy city : people, places, and the politics of urban planning / Jason Corburn.
10. Body in medical culture / edited by Elizabeth Klaver.
11. Fat economics : nutrition, health, and economic policy / Mario Mazzocchi, W. Bruce Traill, Jason F. Shogren.
12. Checklist manifesto : how to get things right / Atul Gawande.
13. Infectious ideas : U.S. political responses to the AIDS crisis / Jennifer Brier.
14. Medical uses of statistics / edited by John C. Bailar III, David C. Hoaglin.
15. Fat studies reader / edited by Esther Rothblum and Sondra Solovay ; foreword by Marilyn Wann.
16. Health and wellness for life / Human Kinetics.
17. Dread : how fear and fantasy have fueled epidemics from the Black Death to avian flu / Philip Alcabes.
18. Boundaries of contagion : how ethnic politics have shaped government responses to AIDS / Evan S. Lieberman.
19. Body in medical culture / edited by Elizabeth Klaver.
20. History of infectious diseases and the microbial world / Lois N. Magner.
21. Just caring : health care rationing and democratic deliberation / Leonard M. Fleck.
22. Changing the course of AIDS : peer education in South Africa and its lessons for the global crisis / David Dickinson ; foreword by Charles Deutsch.
23. Smallpox : the death of a disease : the inside story of eradicating a worldwide killer / D.A. Henderson ; foreword by Richard Preston.
24. Mental health aspects of women's reproductive health : a global review of the literature.
25. Principles of health care management : foundations for a changing health care system / Seth B. Goldsmith.
26. Price of perfection : individualism and society in the era of biomedical enhancement / Maxwell J. Mehlman.
27. Dynamic health and human movement / Human Kinetics.
28. Contagion and chaos : disease, ecology, and national security in the era of globalization / Andrew T. Price-Smith.
29. American public opinion and health care / Robert J. Blendon ... [et al.].
30. Bodies and language : health, ailments, disabilities / Vaidehi Ramanathan.
31. Fluoride deception / by Christopher Bryson.

32. Health issues in Latino males : a social and structural approach / edited by Marilyn Aguirre-Molina, Luisa Borrell, and William Vega.
33. Health disparities in the United States : social class, race, ethnicity, and health / Donald A. Barr.
34. Hyping health risks : environmental hazards in daily life and the science of epidemiology / Geoffrey C. Kabat.
35. Prescribed norms : women and health in Canada and the United States since 1800 / Cheryl Krasnick Warsh.
36. Conflicts of interest and the future of medicine : the United States, France, and Japan / Marc A. Rodwin.
37. Healing traditions : African medicine, cultural exchange, and competition in South Africa, 1820-1948 / Karen E. Flint.
38. Doubt is their product : how industry's assault on science threatens your health / David Michaels.
39. Healing the body politic : El Salvador's popular struggle for health rights--from civil war to neoliberal peace / Sandy Smith-Nonini.
40. Panic virus : a true story of medicine, science, and fear / Seth Mnookin.
41. Miraculous plagues : an epidemiology of early New England narrative / Cristobal Silva.
42. Miraculous plagues : an epidemiology of early New England narrative / Cristobal Silva.
43. Mental health and development : targeting people with mental health conditions as a vulnerable group.
44. Pox : an American history / Michael Willrich.
45. NIH vs. NSF : special report : a comparison & guide for biomedical researchers seeking grants.
46. Surviving HIV/AIDS in the inner city : how resourceful Latinas beat the odds / Sabrina Marie Chase.
47. Aids : science and society / Hung Y. Fan, Ross F. Conner, Luis P. Villarreal.
48. Cambridge handbook of forensic psychology / edited by Jennifer M. Brown and Elizabeth A. Campbell.
49. Casarett and Doull's toxicology : the basic science of poisons / editor, Curtis D. Klaassen.
50. Saturday is for funerals / Unity Dow & Max Essex.
51. Nation's health.
52. Twenty-four hour mind : the role of sleep and dreaming in our emotional lives / Rosalind D. Cartwright.
53. Yoga body : the origins of modern posture practice / Mark Singleton.
54. Integrative women's health / edited by Victoria Maizes, Tieraona Low Dog.
55. Practice under pressure : primary care physicians and their medicine in the twenty-first century / Timothy Hoff.
56. War machine and global health : a critical medical anthropological examination of the human costs of armed conflict and the international violence industry / edited by Merrill Singer and G. Derrick Hodge.
57. Ancient bodies, modern lives : how evolution has shaped women's health / Wenda Trevathan.
58. Fitness for life / Charles B. Corbin, Ruth Lindsey.
59. Women's health research : progress, pitfalls, and promise / Committee on Women's Health Research, Board on Population Health and Public Health Practice, Institute of Medicine of the National Academies.
60. Women's health research : progress, pitfalls, and promise / Committee on Women's Health Research, Board on Population Health and Public Health Practice, Institute of Medicine of the National Academies.
61. HIV/AIDS, health, and the media in China : imagined immunity through racialized disease / Johanna Hood.
62. Men's health : body, identity and social context / edited by Alex Broom, Philip Tovey.
63. Counselor educator's survival guide : designing and teaching outstanding courses in community mental health counseling and school counseling / Dilani M. Perera-Diltz, Kathryn C. MacCluskie, editors.
64. Women and health : today's evidence, tomorrow's agenda.
65. Rethinking aging : growing old and living well in an overtreated society / Nortin M. Hadler.
66. Sexually transmitted infections : diagnosis, management, and treatment / edited by Jonathan M. Zenilman, Mohsen Shahmanesh.
67. Neoliberalism, globalization, and inequalities : consequences for health and quality of life / edited by Vicente Navarro.

68. Health literacy from A to Z : practical ways to communicate your health message / Helen Osborne.
69. Epidemiology for advanced nursing practice / edited by Kiran Macha, John P. McDonough.
70. Revolutionary doctors : how Venezuela and Cuba are changing the world's conception of health care / by Steve Brouwer.
71. Origins of AIDS / Jacques Pepin.
72. Disease eradication in the 21st century : implications for global health / edited by Stephen L. Cochi and Walter R. Dowdle ; program advisory committee, R. Bruce Alyward ... [et al.].
73. Global health 101 / Richard Skolnik.
74. Changing planet, changing health : how the climate crisis threatens our health and what we can do about it / Paul R. Epstein and Dan Ferber ; foreword by Jeffrey Sachs.
75. Challenging operations : medical reform and resistance in surgery / Katherine C. Kellogg.
76. Inside national health reform / John E. McDonough.
77. Health care in Canada : a citizen's guide to policy and politics / Katherine Fierlbeck.
78. Health policy : the decade ahead / James M. Brasfield.
79. Imagining illness : public health and visual culture / David Serlin, editor.
80. Why calories count : from science to politics / Marion Nestle and Malden Nesheim.
81. Weighing in : obesity, food justice, and the limits of capitalism / Julie Guthman.
82. Sick from freedom : African-American illness and suffering during the Civil War and Reconstruction / Jim Downs.
83. Doctoring freedom : the politics of African American medical care in slavery and emancipation / Gretchen Long.
84. AIDS at 30 : a history / Victoria A. Harden.
85. AIDS conspiracy : science fights back / Nicoli Nattrass.
86. Women, poverty, and AIDS : sex, drugs, and structural violence / edited by Paul Farmer, Margaret Connors, Janie Simmons.
87. AIDS, behavior, and culture : understanding evidence-based prevention / Edward C. Green and Allison Herling Ruark.
88. Obesity and the economics of prevention : fit not fat / Franco Sassi.
89. Paradox of hope : journeys through a clinical borderland / Cheryl Mattingly.
90. Africa in the time of cholera : a history of pandemics from 1817 to the present / Myron Echenberg.
91. Oxford handbook of stress, health, and coping / edited by Susan Folkman.
92. Oxford handbook of the social science of obesity / edited by John Cawley.
93. Fighting for our health : the epic battle to make health care a right in the United States / Richard Kirsch.
94. Beyond humanity? : the ethics of biomedical enhancement / Allen Buchanan.
95. Forensic psychiatry / Nigel Eastman ... [et al.].
96. Dose makes the poison : a plain-language guide to toxicology / Patricia Frank, M. Alice Ottoboni.
97. Caring self : the work experiences of home care aides / Clare L. Stacey.
98. Dementia care with Black and Latino families : a social work problem-solving approach / Delia Gonzaléz • lez Sanders, Richard H. Fortinsky.
99. Battle over health care : what Obama's reform means for America's future / Rosemary Gibson and Janardan Prasad Singh.
100. Complete guide to core stability / Matt Lawrence.
101. Community psychology and the socio-economics of mental distress : international perspectives / edited by Carl Walker, Katherine Johnson and Liz Cunningham.
102. Anatomy of stretching : your illustrated guide to flexibility and injury rehabilitation / Brad Walker.
103. Development and public health communication / edited by K. Tomaselli and C. Chasi.
104. Bending the aging curve : the complete exercise guide for older adults / Joseph F. Signorile.

105. Bending the aging curve : the complete exercise guide for older adults / Joseph F. Signorile.
106. Health and social justice / Jennifer Prah Ruger.
107. Measurement in sport and exercise psychology / editors, Gershon Tenenbaum, Robert C. Eklund, Akihito Kamata.
108. Global health : an introduction to current and future trends / Kevin McCracken and David R. Phillips.
109. Physical activity guidelines for Americans and a review of scientific literature used / editor, Hailey A. Cowell.
110. Physical activity guidelines for Americans and a review of scientific literature used / editor, Hailey A. Cowell.
111. Population mental health : evidence, policy, and public health practice / edited by Neal Cohen and Sandro Galea.
112. U.S. health policy and politics : a documentary history / Kevin Hillstrom.
113. Leveraging consumer psychology for effective health communications : the obesity challenge / edited by Rajeev Batra, Punam Anand Keller, and Victor J. Strecher.
114. Medicine and social justice : essays on the distribution of health care / edited by Rosamond Rhodes, Margaret P. Battin, Anita Silvers.
115. Salt, sugar, fat : how the food giants hooked us / Michael Moss.
116. Growing global public health crisis and how to address it / David H. Stone ; foreword by Michael Marmot.
117. Intervention research : designing, conducting, analyzing, and funding / Bernadette Mazurek Melnyk, Dianne Morrison-Beedy, editors.
118. Public health for an aging society / edited by Thomas R. Prohaska, Lynda A. Anderson, and Robert H. Binstock.
119. Addressing the social determinants of health : the urban dimension and the role of local government.
120. Gay, lesbian, bisexual, & transgender aging : challenges in research, practice, and policy / edited by Tarynn M. Witten and A. Evan Eyler.
121. Pick Your Poison : How Our Mad Dash to Chemical Utopia is Making Lab Rats of Us All / Monona Rossol.
122. Science of yoga : the risks and the rewards / William J. Broad ; illustrations by Bobby Clennell.
123. Our unsystematic health care system / Grace Budrys.
124. Black and blue : the origins and consequences of medical racism / John Hoberman.
125. Cultural fault lines in healthcare : reflections on cultural competency / Michael C. Brannigan.
126. Global public health : ecological foundations / Franklin White, Lorann Stallones, John Last.
127. American pandemic : the lost worlds of the 1918 influenza epidemic / Nancy K. Bristow.
128. Affordable excellence : the Singapore healthcare story : how to create and manage sustainable healthcare systems / William A. Haseltine.
129. Deluxe Jim Crow : civil rights and American health policy, 1935-1954 / Karen Kruse Thomas.
130. Disease maps : epidemics on the ground / Tom Koch.
131. Something to chew on : challenging controversies in food and health / Mike Gibney.
132. Health care reform and disparities : history, hype, and hope / Toni P. Miles.
133. Long shot : vaccines for national defense / Kendall Hoyt.
134. Human right to health / Jonathan Wolff.
135. Ugly beauty : Helena Rubinstein, L'Oreal, and the blemished history of looking good / Ruth Brandon.
136. Behavioral health response to disasters / edited by Julie Framingham, Martell L. Teasley.
137. Cultural diversity in health and illness / Rachel E. Spector.
138. Affordable excellence : the Singapore healthcare story : how to create and manage sustainable healthcare systems / William A. Haseltine.
139. Environmental health ethics / David B. Resnik.
140. Health care for some : rights and rationing in the United States since 1930 / Beatrix Hoffman.
141. New directions in conservation medicine : applied cases of ecological health / edited by A. Alonso Aguirre, Richard S. Ostfeld, and Peter Daszak.
142. Spillover : animal infections and the next human pandemic / David Quammen.
143. Transcultural health care : a culturally competent approach / [edited by] Larry D. Purnell.

144. Taking improvement from the assembly line to healthcare : the application of lean within the healthcare industry / Ronald Bercaw.
145. World's health care crisis : from the laboratory bench to the patient's bedside / by Ibis Sañchez-Serrano.
146. Therapeutic stretching / Jane Johnson.
147. Women's health : a primary care clinical guide / [edited by] Ellis Quinn Youngkin ... [et al.].
148. Predictive health : how we can reinvent medicine to extend our best years / Kenneth Brigham and Michael M.E. Johns.
149. Community organizing and community building for health and welfare / [edited by] Meredith Minkler.
150. Forensic nursing : a handbook for practice / edited by Rita M. Hammer, Barbara Moynihan, Elaine M. Pagliaro.
151. Food rules : an eater's manual / Michael Pollan.
152. Fat / Deborah Lupton.
153. Comparative health policy / Robert H. Blank and Viola Burau.
154. Statistics in medicine / R.H. Riffenburgh, Clinical Investigation Department, Naval Medical Center San Diego, San Diego, California, USA.
155. Tapping into The Wire : the real urban crisis / Peter L. Beilenson and Patrick A. McGuire ; featuring a conversation with David Simon.
156. In the kingdom of the sick : a social history of chronic illness in America / Laurie Edwards.
157. Sex work politics : from protest to service provision / Samantha Majic.
158. Health care "safety net" in a post-reform world / edited by Mark A. Hall and Sara Rosenbaum.
159. Health care reform and American politics : what everyone needs to know / Lawrence R. Jacobs and Theda Skocpol.
160. Governing health : the politics of health policy / William G. Weissert and Carol S. Weissert.
161. When people come first : critical studies in global health / edited by Joaño Biehl & Adriana Petryna.
162. Our bodies, ourselves and the work of writing / Susan Wells.
163. It's enough to make you sick : the failure of American health care and a prescription for the cure / Jeffrey M. Lobosky.
164. Teaching in counselor education : engaging students in learning / edited by John D. West, Ed. D., Donald L. Bubenzer, Ph. D., Jane A. Cox, Ph. D., Jason M. McGlothlin, Ph. D.
165. Managing madness in the community : the challenge of contemporary mental health care / Kerry Michael Dobransky.
166. Reimagining global health : an introduction / [edited by] Paul Farmer, Jim Yong Kim, Arthur Kleinman, Matthew Basilio.
167. Women's global health : norms and state policies / edited by Lyn Boyd-Judson and Patrick James.
168. Vulnerable empowered woman : feminism, postfeminism, and women's health / Tasha N. Dubriwny.
169. Precarious prescriptions : contested histories of race and health in North America / Laurie B. Green, John Mckiernan-Gonzalez, and Martin Summers, editors.
170. Casarett and Doull's toxicology : the basic science of poisons / editor, Curtis D. Klaassen, PhD.
171. Casarett and Doull's toxicology : the basic science of poisons / editor, Curtis D. Klaassen, PhD.
172. Fragile wisdom : an evolutionary view on women's biology and health / Grazyna Jasienska.
173. Handbook of home health care administration / [edited by] Marilyn D. Harris.
174. Doctors without borders : humanitarian quests, impossible dreams of Meñdecins sans frontièes / Renè e C. Fox.
175. Death before dying / Gary S. Belkin.
176. Virus hunt : the search for the origin of HIV / Dorothy H. Crawford.
177. Affordable Care Act : a missed opportunity, a better way forward / Guy B. Faguet.
178. Lead wars : the politics of science and the fate of America's children / Gerald Markowitz and David Rosner.
179. Comparative effectiveness research : evidence, medicine, and policy / Carol M. Ashton, Nelda P. Wray.

180. Best evidence structural interventions for HIV prevention / Rachel E. Golden, Charles B. Collins, Shayna D. Cunningham, Emily N. Newman, Josefina J. Card.
181. Ship of death : a voyage that changed the Atlantic world / Billy G. Smith.
182. Whole : rethinking the science of nutrition / T. Colin Campbell, PhD ; with Howard Jacobson, PhD.
183. Social movements and the transformation of American health care / Jane C. Banaszak-Holl, Sandra R. Levitsky, Mayer N. Zald.
184. What's wrong with fat? / Abigail C. Saguy.
185. Me medicine vs. we medicine : reclaiming biotechnology for the common good / Donna Dickenson.
186. Financing Medicaid : federalism and the growth of America's health care safety net / Shanna Rose.
187. Challenges of mental health caregiving : research, practice, policy / Ronda C. Talley, Gregory L. Fricchione, Benjamin G. Druss, editors.
188. Caring for America : home health workers in the shadow of the welfare state / Eileen Boris and Jennifer Klein.
189. Lethal but legal : corporations, consumption, and protecting public health / Nicholas Freudenberg.
190. Mother of invention : how the government created free-market health care / Robert I. Field.
191. Contagion : how commerce has spread disease / Mark Harrison.
192. Evaluation of PEPFAR / Committee on the Outcome and Impact Evaluation of Global HIV/AIDS Programs Implemented under the Lantos-Hyde Act of 2008, Board on Global Health, Board on Children, Youth, and Families, Institute of Medicine of the National Academies
193. Vaccine nation : America's changing relationship with immunization / Elena Conis.
194. Of medicines and markets : intellectual property and human rights in the free trade era / Angelina Snodgrass Godoy.
195. Selling our souls : the commodification of hospital care in the United States / Adam D. Reich.
196. Free clinics : local responses to health care needs / edited by Virginia M. Brennan.
197. Noncommunicable diseases in the developing world : addressing gaps in global policy and research / edited by Louis Galambos and Jeffrey L. Sturchio with Rachel Calvin Whitehead.
198. Violence of care : rape victims, forensic nurses, and sexual assault intervention / Sameena Mulla.
199. Food police : a well-fed manifesto about the politics of your plate / Jayson Lusk.
200. Unmanageable care : an ethnography of health care privatization in Puerto Rico / Jessica M. Mulligan.

DATABASES

[Applied Social Sciences Index and Abstracts \(ASSIA\)](#)

[CINAHL \(Cumulative Index to Nursing and Allied Health\)](#)

[EconLit](#)

[ICPSR Data Archive](#)

[Nursing Resource Center with Nursing & Allied Health Collection](#)

[PAIS International](#)

[ProQuest Congressional](#)

[ProQuest Statistical Insight](#)

[PsycINFO](#)

[PubMed](#)

[Social Services Abstracts](#)

[Sociological Abstracts](#)

[WestLaw Campus](#)

TCNJ Journal Subscriptions

These are titles to which TCNJ directly subscribes and whose records include the Library of Congress Subject heading “public health.” The Journal of the American Medical Association & New England Journal of Medicine seemed like such basic sources that they should be included as well.

[American Journal of Epidemiology](#)

[American Journal of Public Health](#)

[Annual Review of Public Health](#)

[Canadian Journal of Public Health](#)

[Epidemiologic Reviews](#)

[Journal of the American Medical Association](#)

[Morbidity & Mortality Weekly Report](#)

[Nation’s Health](#)

[New England Journal of Medicine](#)

[Social Science & Medicine](#)

Serials Solutions of TCNJ access subject listing

Serials Solutions is the service the TCNJ Library uses to consolidate access to journals to which we directly subscribe or which are included in databases to which we subscribe. The subject break-down and titles included in each category are generated by Serials Solutions.

- Public Health
 - [Adolescent & Adult Public Health \(2\)](#)
 - [Aged Public Health \(3\)](#)
 - [Communicable Diseases \(30\)](#)
 - [Emergency Medical Services \(8\)](#)
 - [Environmental Health \(19\)](#)
 - [Epidemiology & Epidemics \(29\)](#)
 - [Ethnic Minorities & Public Health \(6\)](#)
 - [Gender Specific Public Health \(32\)](#)
 - [Government Health Agencies, U.S. \(14\)](#)
 - [Home Health Care Services \(3\)](#)
 - [Hospitals & Medical Centers \(99\)](#)
 - [Legal & Forensic Medicine \(17\)](#)
 - [Long-Term Care Facilities \(6\)](#)
 - [Medical Care Plans \(8\)](#)
 - [Medical Economics \(32\)](#)
 - [Medical Geography \(4\)](#)

- [Medical Statistics \(16\)](#)
- [Mental Illness Prevention \(36\)](#)
- [Public Health - General \(304\)](#)
- [Regulation of Health Care \(3\)](#)
- [Social Medicine \(16\)](#)
- [Toxicology & Public Health \(51\)](#)
- [Transmission of Disease \(3\)](#)
- [World Health \(53\)](#)

Government documents

TCNJ Library's subscription to MARCIVE's Documents Without Shelves Service provides records which are added monthly to the TCNJ catalog with links for electronic federal government documents issued by agencies including divisions and agencies of the US Health & Human Services, US Senate, US House, Executive Office of the President, etc. Tens of thousands of records are in the catalog.

Book collection

The Library of Congress class RA is defined as "Public aspects of medicine." To give a sense of the kinds of material added to the library's collection in the past 5 years, the accompanying spreadsheet shows the book titles added to our catalog between January 1, 2010, and February 5, 2015 (file name: *Class RA - added 01-01-2010 thru 02-04-2015.xlsx*). There are additional titles of potential support to the study of public health scattered in other parts of the collection. For example, a very simplistic search on the keywords "public health" and "2014" brings up titles classified outside the "public health" area, such as the following:

Health inequalities and people with intellectual disabilities / Eric Emerson, Chris Hatton. Cambridge; New York: Cambridge University Press, 2014. Call number: RC570 .E54 2014 (psychiatry)

Childhood obesity in America: biography of an epidemic / Laura Dawes. Cambridge, MA; London, England: Harvard University Press, 2014. In cataloging for RJ399 (pediatrics)

Media and the well-being of children and adolescents / edited by Amy B. Jordan and Daniel Romer. New York, NY: Oxford University Press, 2014. Call number: HQ784.M3 M4193 2014 (family studies)

Global health law / Lawrence O. Gostin. Cambridge, MA: Harvard University Press, 2014. Call number: K3570 .G67 2014 (Law)

Schools and public health: past, present, future / Michael Gard and Carolyn Pluim. Lanham, MD: Lexington Books, 2014. In cataloging for LB3409 (education)

Titles from this discipline are being purchased both for the print collection and as e-books, primarily on a title-by-title basis but in FY14 a bundle of public health e-book titles was purchased. The 34 titles in the

bundle, published between 2012 and 2014, are shown in the table below. These e-books are included in the library's catalog and are accessed through the EbscoHost platform.

Introduction to Public Health	Churchill Livingstone Australia
What Makes Health Public?	Cambridge University Press
Essential Public Health	Cambridge University Press
Environmental Noise Pollution	Elsevier
Social Injustice and Public Health	Oxford University Press
Sprawling Cities and Our Endangered Public Health	Routledge
International Perspectives on Public Health and Palliative Care	Routledge
Healthy Cities	Edward Elgar
The Essential Guide to Public Health and Health Promotion	Routledge
European Union Public Health Policy	Routledge
Structural Approaches in Public Health	Routledge
Environmental Tracking for Public Health Surveillance	CRC Press
An Introduction to Global Health Ethics	Routledge
Ethics in Public Health and Health Policy	Springer
Introduction to Health Policy	Health Administration Press
Public Health Entomology	CRC Press
Environmental Policy and Public Health	Jossey-Bass
Building American Public Health	Palgrave Macmillan
Race, Ethnicity, and Health	Jossey-Bass
Public Health and Social Justice	Jossey-Bass/John Wiley & Sons
Transdisciplinary Public Health	Jossey-Bass

Public Health Policy	Jossey-Bass
Animals and Public Health	Palgrave Macmillan
Epidemiological Criminology	Jossey-Bass
Governing How We Care	Temple University Press
Public Health Practice	Oxford University Press
The Built Environment and Public Health	Jossey-Bass
When People Come First	Princeton University Press
Community Engagement, Organization, and Development for Public Health Practice	Springer Pub.
Handbook for Public Health Social Work	Springer Pub.
Lethal but Legal	Oxford University Press
Negotiating Public Health in a Globalized World	Springer
Public Health and Epidemiology at a Glance	Wiley-Blackwell
Contemporary Public Health	The University Press of Kentucky

Appendix E

Master of Public Health

Proposed Course Tracks

The proposed program consists of the following courses and tracks. Students take the core courses, the courses required in their track selection, and three courses in electives that support their interests.

Graduate and Hybrid Classes for MPH Degree, 2 year and 4+ 1 sequences	Core	Health Communi- -cation Track	Precision Health Track	Global Health Track	Elec- tives
PBHG 501 Research Methods for Public Health (Hybrid with PBH 401)					X
PBHG 502 Health Analytics			X		
PBHG 503 Health Informatics (Hybrid with PBH 403)			X		
PBHG 504 Environmental Health & Occupational (NEW COURSE)	X				
PBHG/COM 515 International Communication (Hybrid with COM 415)		X		X	
PBHG 521 Health Systems and Policy (NEW COURSE)	X				
PBHG 560/COUN 560 Counseling Girls and Women		X		X	
PBHG 540 Advanced Epidemiology (NEW COURSE)	X				
PBHG 551/COUN 551 Substance Abuse and Addiction: Individual, Family, and Society		X	X		
PBHG 561/COUN 561 Counseling Boys and Men		X		X	
PBHG 572 Global Health (Hybrid with PBH/SOC/ANT 372)			X	X	
PBHG 573 Public Health and Social Policy (Hybrid with PBH/SOC/ANT 373)			X	X	
PBHG 591 Graduate Independent Study					X
PBHG 603: Health and Risk Communication Campaigns: A Social Marketing Approach (Hybrid with COM 403)			X	X	
PBHG 606 Grant Writing in Public Health (Hybrid with PBH 406)					X
PBHG 620 Health Economics (hybrid ECO 320)			X	X	
PBHG 652 Biostatistics for Public Health (NEW COURSE)	X				
PBHG 660 Global Health Communication and Social Change (Hybrid with COM 460)		X	X	X	
PBHG 665 Dental Public Health (NEW COURSE)					X
PBHG 667 Public Health Genomics (NEW COURSE)			X		

PBHG 671 Public Health Approaches to Violence and Injury (NEW COURSE)					X
PBHG 685/NURS 685 Health Promotion for Individuals, Families, and Communities	X				
PBHG 705 Graduate Capstone Internship (Hybrid with PBH 405) – 6 credits taken over 1 or 2 semesters	X				
Total Number of courses required for completing core/concentration--Total of 15 Courses).	6	5	5	5	3

Course Descriptions for MPH Degree, 2 year and 4+1 sequences

PBHG 501 Research Methods for Public Health (Hybrid with PBH 401)

Evidence-based public health practice relies on systematic collection and analysis of data, including population health surveys, clinical trials, comparative effectiveness research, and social science research. In this course, students will learn to critically analyze public health research, including study designs, generalizability of findings, and ethics. Students will then conduct independent research by formulating and testing hypotheses using a quantitative data set such as Add Health, and will develop a research proposal for original data collection.

Proposed Faculty: Brenda Seals

PBHG 502 Health Analytics

How has the “big data revolution” affected the practice of public health? How do healthcare organizations, community groups, researchers and others find, collect, analyze, and use data to understand and improve population health? In this course, students will become familiar with key big data sources and analytic techniques, understand the differences between big data approaches and traditional statistics, and apply these techniques in various arenas including policy, health systems, and community health. Through case studies and examples, students will evaluate the application, ethics, and effectiveness of big data strategies.

Proposed Faculty: Katie Hooven

PBHG 503 Health Informatics (Hybrid with PBH 403)

Contemporary health organizations require sophisticated analysis of “big data” to improve operations, understand changing patterns of community health, and inform policy. In this course, students will gain facility with key tools used to analyze data found in electronic medical records, health systems, and other sources. Students will work with community partners to execute an informatics project such as identifying data needs, developing data strategies, and/or creating tools such as quality metrics.

Proposed Faculty: Katie Hooven

PBHG 504 Environmental & Occupational Health (New Course)

Environmental and Occupational health acquaints students with epidemiological, health risk and research areas linked to the physical and social environment. Students will look at risk and exposure methodologies and investigate health effects related to environmental and occupational exposures. Students will analyze, evaluate, summarize and present studies on specific diseases linked to such exposures.

Proposed Faculty: Brenda Seals

PBHG/COM 515 International Communication (Hybrid with COM 415)

Prerequisite: COM 103 or 172 This course examines contemporary issues in international communication with special emphasis on methods for comparing cross-national media coverage of critical issues, along

with explanatory explorations in areas such as structural/demographic measures (GDP, literacy rate, infant mortality rate, etc.) and media systems (relatively free, relatively closed).

Proposed Faculty: John Pollock

PBHG 521 Health Systems & Policy (New Course)

This course is designed to introduce students from multiple disciplines to the fundamental characteristics of health care systems; the organization, financing, and delivery of services in the US health care system; the role of prevention and other non-medical factors in population health outcomes; key management and policy issues in contemporary health systems; and the process of public policy development and its impact on the prospects for health system improvement.

Proposed Faculty: TBN (Options include faculty in business management and/or sociology)

PBHG 540 Advanced Epidemiology (New Course)

Epidemiology investigates the distribution and trends of health-disease conditions, causes, and risks for populations. Epidemiology is dynamic, considered one of the core pillars of Public Health. The overall goal of this course is provide graduate students a foundation of theory and tools to apply as a Public Health professional in research and practice settings. Students apply descriptive Epidemiology, calculate health indicators, and write Epidemiological reports for situational analyses; describe, propose, and apply appropriate study designs, and analyze health disparities. Calculation and interpretation of standard measures of frequency and association, and logistic and multiple regression are used to estimate the extent and impact of disease and injury on individuals' lives. Students will deeply comprehend key issues in Social Determinants of Health and propose interventions to solve real life Public Health problems.

Proposed Faculty: Carolina Borges

PBHG 551/COUN 551 Substance Abuse and Addiction: Individual, Family, and Society

The effects of alcohol and other drugs, as well as the effects of addiction in general, on the individual, family, and society are presented. Individual, familial, and societal attitudes, and the reinforcement of drinking and drug use, are examined. Basic knowledge and attitudes that are prerequisite to the development of competency in the professional treatment of substance use disorders are stressed.

Proposed Faculty: Cassandra Gibson

PBHG 560/COUN 560 Counseling Girls and Women

This course is focused on providing students with the opportunity to gain a greater understanding of the female experience from childhood throughout adulthood. Particular emphasis will be placed on the crucial years during adolescence. Students will be challenged to analyze both societal and personal beliefs, assumptions, and expectations regarding girls and women. In this interactive class, there will be an overview of the many counseling issues presented by female clients and the special needs of diverse populations. Lecture, discussion, readings, presentations, and experiential activities will combine to offer students greater insight into what their female clients bring into the therapeutic setting. Effective strategies and techniques for counselors working with woman and girls will also be discussed throughout the course.

Proposed Faculty: Jill Schwarz

PBHG 561 /COUN 560 Counseling Boys and Men

The purposes of this course are to provide students with accurate information about the emotional lives of boys and men and suggest effective strategies for counseling these populations in school and agency settings. Students will explore their implicit assumptions about boys and men and how those assumptions might impact their work as counselors. Myths about boys and men will be dispelled, and some of the common problems of boys and men will be described. Cultural variations in masculinity and diverse types of male sexual orientation will be reviewed. Important therapeutic challenges (e.g., using a strength-based approach to counseling and addressing problems such as misogyny and homophobia in males) will be discussed. The contributions of fraternal humanitarian clubs, men's support groups, and profeminist organizations will be highlighted. Students will identify ways to adjust the traditional process counseling to match the relational styles and needs of boys and men and the cultural background of the client. Strategies for establishing rapport and intervening with special populations of boys and men (e.g., aggressive males, boys and men who have been sexually abused, depressed and suicidal males) will be recommended.

Proposed Faculty: Mark Woodford

PBHG 572 Global Health (Hybrid with PBH/SOC/ANT 372)

This course introduces students to the field and disciplines of public health from across cultural perspectives, looking at both local and global public health issues. Course material and Sociology and assignments focus on public health initiatives in Western and non-Western societies with particular attention to core concepts of public health, responses to bio-terrorism and war, prevention of infectious diseases, alternative medical and healing practices, health of school age children and public health personnel. The course emphasizes the impact of culture, social structure, economics and politics on the health and illness and public health policies in both the developing and developed world. War, genocide, terrorism, guerrilla insurgencies, the global economy and international travel are viewed as public health issues.

Proposed Faculty: TBA in association with Sociology

PBHG 573 Public Health and Social Policy (Hybrid with PBH/SOC/ANT 373)

This course covers material in the area of U.S. public health and social policy at both the macro and micro level. The course emphasizes conceptual approaches as well as the significant health care policy changes that affect everyone's lives. The macro section of the course will be under the rubric Revamping American Health Care Delivery concentrating on historical, current and proposed solutions. The micro section will cover specific area of health concerns. Co-requisite in Methods/Statistics

Proposed Faculty: Philip Prassas

PBHG 591 Graduate Independent Study (Variable Credits from 1 to 3)

Individual students or small groups of students elect to work with a faculty member on a discrete literature-based or empirical research project. Students may apprentice with a faculty member by working on a faculty-initiated research project, or students may propose a research project and seek mentorship by faculty. In both cases, students will have a substantive and specified role in the research process. Independent Research requires a formal proposal that is developed in collaboration between the student and faculty mentor and submitted to the Public Health Program Coordinator. The proposal, signed by both the student and faculty mentor, must be submitted in the semester prior to engaging in this learning experience. This proposal becomes the contract for the Independent Research arrangement.

Proposed Faculty: As negotiated through independent projects

PBHG 603 Health and Risk Communication Campaigns: A Social Marketing (Hybrid with COM 403)

This course examines the impact of public communication campaigns, in particular health communication campaigns, aimed at informing and persuading mass audiences. Special attention is given to the selection of achievable objectives, to the integration of carefully chosen strategies with specific tactics for designing successful campaigns, and to the evaluation of campaign effectiveness.

Proposed Faculty: John Pollock

PBHG 606 Grant Writing in Public Health (Hybrid with PBH 406)

This course will offer an introduction to grant writing for health related agencies interested in small grant and foundation opportunities. Students will be learning how to research a topic in the literature and then use key words to identify potential funding agencies from grants/foundation databases. Interactions with project staff from the funding agencies afford students the opportunity to learn how to develop their proposals. Coordination with agency staff allows students to tailor funding guidelines to agency needs and ideas. By the end of the course, students will be able to write a brief grant including the development of budgets, project timelines, and program outcomes.

Proposed Faculty: Brenda Seals

PBHG 620 Health Economics (Hybrid ECO 320)

Health Economics provides an examination of the health care system in the U.S. with particular emphasis on understanding the economic forces acting upon health care markets. Economic reasoning and tools of microeconomics are applied to the study of health and medical care and implications for individual health behavior and public health policies are examined. Topics include overview of the U.S. health care system, demand for health and medical services, health insurance, organization of health care providers, government's role, international health care system comparison, and pharmaceutical industry. A research paper is required.

Proposed Faculty: Donka Brodersen

PBHG 652 Biostatistics for Public Health (New Course)

Introduction to the use of statistical methods in the biological sciences. Emphasis is placed upon the application and interpretation of statistical analyses as an aid to drawing meaningful conclusions from field and laboratory investigations. Topics include: sampling methods, descriptive statistics, hypothesis testing, analysis of variance, correlation, regression, frequency analysis, and the design of experiments.

Proposed Faculty: Michael Ochs or Part-Time Faculty

PBHG 660 Global Health, Communication, and Social Change (Hybrid with COM 460)

This course uses the Johns Hopkins P-Process to help students draft papers that approximate professional papers presented by professionals at USAID, UNICEF, WHO, or other government or NGO agencies.

Proposed Faculty: John Pollock

PBHG 665 Dental Public Health (New Course)

The purpose of the course is to expose the student to the philosophy, practice, and scope of dental public health as it exists in the health care system today. Four areas identified by the American Board of Dental Public Health as knowledge needed for the specialty practice of dental public health—administration, research, prevention, and delivery and financing of dental care—are used as a framework for examining dental public health practice. The organization, delivery, and financing of oral health care, primarily in the United States, and how public health dentistry does and should fit into the health care system are emphasized.

Proposed Faculty: Carolina Borges

PBHG 667 Public Health Genomics (New Course)

The purpose of this course is to expose the students to the potential possibilities of integrating, Biology, Public Health, and Medicine genetic in favor of live by using genomic and computational approaches to human data and samples and manipulation of model organisms. The course is lab based. Students will learn and practice statistical and computer methods for genomes analysis, theory and evolution of genetics including genome-wide by sequencing, transcriptional and translational analysis, polymorphism detection and identification of complex network interactions.

Proposed Faculty: TBA in association with Biology

PBHG 671 Public Health Approaches to Violence and Injury (New Course)

This class will examine injury and violence from the public health perspective of prevention, epidemiology and treatment/elimination at the population level. Specific attention will be paid to diverse populations and variations in risk based factors such as age, sex, race, and ethnicity. Unintentional injuries are the leading cause of death for those ages one through 44 years. Fatal violence (i.e., suicide and homicide) is among the top ten causes of deaths for almost all age groups. Best practices for interventions and policy options will be examined.

Proposed Faculty: Brenda Seals

PBHG 685/NURS 685: Health Promotion for Individuals, Families, and Communities

This course focuses on health promotion and disease prevention for individuals, families, communities and populations. Primary, secondary, and tertiary prevention will be addressed. Prevention and modification of disease processes through program development, education, counseling, facilitating, stress reduction, and life style changes will be explored. Emphasis is placed upon strategies that promote health and prevent disease at the individual and aggregate levels. Ethical, cultural, economic, and legal issues will be explored.

Proposed Faculty: Katie Hooven

PBHG 705 Graduate Capstone Internship – 2 – 3 credit sequences for a total of 6 credits

This 6 credit internship provides students with practical experience in an approved public health agency. Students are required to complete at least 120 hours over one semester (15 weeks) in research, health education, program implementation and evaluation, or other approved objectives and goals. Completing the requirements in the handbook in a timely manner satisfies one 3 credit sequence. The second 3 credit sequence includes writing a Master's Capstone paper. This paper includes a thorough literature review of the disease, intervention or health area, discussion of highlights and feedback of the

internship experience, and linking the internship experience to national and/or global public health policy, research or practice implications. All Capstone students participate in on-campus seminars (once per month) to provide a forum for sharing experiences, further developing career objectives, and stimulating creative thinking related to their professional development. Students must attend at least one local or regional professional conference. Prerequisites: Advanced standing in the MPH program including completion of at least 11 courses with an overall grade point average of 3.0 or better. Depending on the internship placement, students may be required to complete several health requirements, drug testing and a criminal background check before the internship commences.

Proposed Faculty: Brenda Seals

Appendix G

Course Syllabi

PBHG 502: Health Analytics

PBHG 503: Health Informatics

PBHG 504: Environmental Health & Occupational

PBHG/COM 515: International Communication

PBHG 521: Health Systems and Policy

PBHG 540: Advanced Epidemiology

PBHG 551/COUN 551: Substance Abuse and Addiction: Individual, Family, and Society

PBHG 560/COUN 560: Counseling Girls and Women

PBHG 561/COUN 561: Counseling Boys and Men

PBHG 572: Global Health

PBHG 573: Public Health and Social Policy

PBHG 603: Health and Risk Communication Campaigns: A Social Marketing

PBHG 620: Health Economics

PBHG 652: Biostatistics for Public Health

PBHG 660: Global Health Communication and Social Change

PBHG 667: Public Health Genomics

PBHG 685: Health Promotion for Individuals, Families, and Communities

PBHG 705: Graduate Capstone Internship

Public Health PBHG 502: Health Analytics: Identifying, Collecting, and Analyzing Big Data

The College of New Jersey

Time & Venue: TBA

Instructor: TBA

Course Description

How has the "big data revolution" affected the practice of public health? How do healthcare organizations, community groups, researchers and others find, collect, analyze, and use data to understand and improve population health? In this course, students will become familiar with key big data sources and analytic techniques, understand the differences between big data approaches and traditional statistics, and apply these techniques in various arenas including policy, health systems, and community health. Through case studies and examples, students will evaluate the application, ethics, and effectiveness of big data strategies.

Course Objectives

1. Describe the role of big data in public health.
2. Analyze data silos that impact health outcomes and how integrated systems could change population health.
3. Analyze how social media and trends can be linked.
4. Evaluate big data's role in quality improvement.

Required Readings

There is no text for this class. Readings will be selected from a wide variety of journals.

Grading Structure

Class Participation	15%
Paper I Data Silos	25%
Paper II Application of Big Data to Public Health	35%
Presentation	25%

Course Requirements

1. Class Participation
This class depends on interactivity of the students and faculty. Come prepared with questions and comments related to the topical area.
2. Paper I Data Silos
This paper should present an analysis of data silos that occur in public health. The potential impact that these silos have on health outcomes should be addressed along with possible solutions.
3. Paper II Application of Big Data to Public Health

Week 10	Interdisciplinary Work
Week 11	Exemplars from the Immediate Community and the Globe
Week 12	Population Health, Health Care Delivery and Big Data
Week 13	Presentations
Week 14	Future Careers
Week 15	Wrap Up and Reflection

The syllabus may be altered during the semester.



Course:	PBHG 503 Health Informatics
Course credits:	3
Prerequisites	None
Co-requisites	None
Time:	Wednesday evenings and online
Location:	Capital Health - Hopewell
Instructor:	Laurie A. Huryk RN, MSN
Office:	Virtual and by appointment via phone
Office hours:	Other times by phone appointment via Canvas Course Shell
Email:	hurykl@tcnj.edu
Phone:	(732) 674-4008

Course Description

This course introduces students to the field of health informatics. The electronic medical record, electronic health record, personal health record, clinical decision support systems, telemedicine, health literacy, mobile health, e-learning, supporting evidence based practice and change management will be explored in detail. The structure of this class is designed so that students are placed in the role of a member of a health informatics team, becoming proficient in the process of applying health information technology solutions to support evidence based practice. As part of the team, students will identify a healthcare process that can be improved through the use of one of the technologies addressed in the course. The primary purpose of the team project is to gain real world experience participating as a team member implementing an information technology solution to support change based upon research.

Course Materials

Websites, lectures, videos and other materials for this course are available in Canvas. There is no required textbook for this course as all relevant materials are provided on the Internet. However, if you would like to purchase a textbook as supplemental reading, an excellent reference is *Health Informatics: Practical Guide*, available as an e-book to purchase for \$32.95. You can find the book at: <http://www.informaticseducation.org/>

Learning Outcomes:

Upon successful completion of this course, the student will be able to:
1. Critically analyze the role of health informatics in improving a healthcare process.
2. Develop proficiency in using flow chart mapping to describe a process before and after a change has been implemented.
3. Apply health informatics concepts to a healthcare process to achieve improved quality and patient satisfaction, improve the health of populations and/or reduce cost
4. Create a project in some area of healthcare with a health informatics intervention as the transformative agent.
5. Engage in teamwork and problem solving to develop a strategy for implementing a process transformation using health informatics.

Course Goals/Objectives:

1. Describe biomedical and health informatics components, functions, and teams
2. Explain how health informaticians process data into information, knowledge and wisdom
3. List the 6 aims for healthcare process improvement.
4. Discuss two different change management theories
5. Design a flow chart to describe a process
6. Discuss how the EHR can impact care
7. Describe how HIEs are or will impact healthcare delivery and practice
8. Discuss the Centers for Medicare and Medicaid Electronic Health Record Incentive Programs
9. Describe the difference between Information Systems (ISs) and Decision Support Systems (DSSs)
10. Discuss how ISs and CDSSs contribute to evidence-based practice
11. Develop outlines for both paper and presentation
12. Explain the difference between reading literacy, health literacy and computer/digital literacy
13. Explain the relationship between patient centered care and health literacy
14. Assess health literacy as part of an approach to patient care
15. Describe the perceived usefulness of a well-designed patient portal
16. Describe the role of PHRs and their implications within health care
17. Discuss the role of the CDC in the case of a suspected pandemic
18. Describe how the New Jersey Immunization Information System protects the citizens of New Jersey
19. Define Public Health Informatics

Class attendance:

This is a blended class with 4 onsite meetings as detailed in the course outline. During weeks when the class does not meet, your attendance will be required via responses to discussion questions and interactions in the course shell with your fellow students.

Methods of evaluation:

Grades will be assigned based upon the following elements:

Element	Points
Quizzes (7)	15 points each (105)
Participation in online discussions (8)	12 points each (120)
Team process transformation presentation	100 points
Team process transformation project paper	100 points**
Total possible points	425 points

*Rubrics for grading each assignment are included on the Canvas Course Shell

Quizzes: Open book quizzes will be announced and will focus primarily on the student's ability to apply the material covered in prior classes, readings, and assignments.

Participation in online discussions: There will be several group online discussions. Students will respond to the question by Wednesday of the week in which the question is posted. Students will also respond to at least 2 of their fellow student's posts by Saturday of that same week. The rubric for responding to and grading of the response posts is provided in the Canvas Course Shell.

Team project and paper: Students will select a teammate or inform the instructor that they would like to be randomly assigned to a team by the second week of class. Each team member will identify a process or issue they would like to change or improve in their semester-long research project. Choices will be submitted via the Canvas course shell for approval by the instructor. Various components of the project will be due throughout the semester and the project will culminate with both a presentation at the end of the semester and a written paper. Rubric for the project presentation and the final paper can be found on the Canvas course shell.

***Teamwork** is an integral part of this course. Points on both the project and the paper will be deducted from individual scores for failure to communicate with your teammate(s) and/or the professor.

COMPUTATION OF GRADES:

The total number of points earned by the student will be divided by the total number of possible points for the course to arrive at the percentage. The percentage will be converted into the following grade:

100-95 A
94.9-90 A-
89.9-87 B+
86.9-83 B
82.9-80 B-
79.9-78 C+
77.9-76 C
75.9-75 C-
74.9-70 D+

Course Outline, Objectives, and Assignments

Week, Topic & Objectives	View/Read/Submit Assignment due
<p>8/30 – 9/4: What is health informatics?</p> <p>Onsite Class Meeting 8/31/2016 Capital Health – Hopewell – 1st Floor Conference Room C</p> <p>Objectives: Upon completion of this course, the student will be able to:</p> <ol style="list-style-type: none"> 1. Describe biomedical and health informatics components, functions, and teams 2. Explain how health informaticians process data into information and knowledge <p>Optional</p> <ol style="list-style-type: none"> 3. Relate how current news in health informatics will impact patient care 	<p>View/Read/Submit Assignment due</p> <p>Required: View Lectures on “What is Health Informatics”, From Duke University and the ONC: http://www.healthinformaticsforum.com/courses/6-health-management-information-systems/unit-1-what-is-health-informatics Lecture A (30 min) Lecture B (16 min) Submit: Introductory Power Point Submit: Quiz 1 Attend: On-site class meeting – Capital Health – Hopewell – 1st Floor Conference Room C</p> <p>Optional: Read & View: Read the IHI’s page on The Triple AIM in Healthcare http://www.ihl.org/engage/initiatives/tripleaim/Pages/default.aspx View/Review: About the Office of the National Coordinator (ONC) for Health Information Technology. (2013). In <i>Health IT.gov</i>. Retrieved from http://www.healthit.gov/newsroom/about-onc View/Review: One article from the latest health informatics NEWS: http://www.healthcare-informatics.com/news OR http://www.healthcareitnews.com/</p>
<p>9/5 – 9/11: An Introduction to Transforming the Clinical Workflow Process and Managing Change</p> <p>Objectives: Upon completion of this course, the student will be able to:</p> <ol style="list-style-type: none"> 1. List the 6 aims for healthcare process improvement. 2. Explore change management as an essential part of transforming the clinical workflow process 	<p>Required: View: IHI’s 4.5-minute video Defining Quality: Aiming for a Better Health Care System Safety effectiveness patient centeredness timeliness efficiency and equity https://www.youtube.com/watch?v=5vOxunpnIsQ View: Quality Improvement in Healthcare (11 minutes) https://www.youtube.com/watch?v=jq52ZjMzqyl View: Lewin, Stage Model of Change Unfreezing Changing Refreezing AnimatedPart 5 (8 minutes) https://www.youtube.com/watch?v=kerDFvln7hU View: Diffusion of Innovation: The Adoption Curve (3.5 minutes) https://www.youtube.com/watch?v=9OnfWhtuiPA Read: Sparger, K., Selgas, M., Collins, P., Lindgren, C., Massieu, M., Castillo, A. (2012). The EBP rollout process. <i>NursingManagement</i>. 43(supplement), 14-20. DOI: 10.1097/01 Discussion: Question 1 *TEAMS are assigned/finalized by the end of week 2</p> <p>Optional: Read: Carter, E. (2008). Successful Change Requires More Than Change Management. <i>Journal for Quality & Participation</i>, 31(1), 20-23. Read: Zhang, X., Yu, P., Yan, J., Spil, A., Ton, I. (2015). Using diffusion of innovation theory to understand the factors impacting patient acceptance and use of consumer e-health innovations: a case study in a primary care clinic. <i>BMC Health Services Research</i>, 15(1), 1-15. DOI: 10.1186/s12913-015-0726-2.</p>
<p>9/12 – 9/18: Projects in Healthcare IT</p> <p>On-site Class Meeting 9/14/2016 Capital Health – Hopewell – Garden Level Conference Rooms 1 and 2</p> <p>Objectives: Upon completion of this course, the student will be able to:</p>	<p>Required: View: Day Brains - 4 Steps to Effective Process Mapping https://www.youtube.com/watch?v=gJzM2Io0ib4 Review: Project Planning a Step by Step Guide http://www.projectsmart.com/articles/project-planning-a-step-by-step-guide.php Review (in class or online): Health Information Technology Project Management Overview presentation</p>

<p>1. Describe the basic roles on a project team</p> <p>2. Appreciate the value of developing a project plan</p> <p>3. Create a flowsheet to describe a workflow process</p>	<p>Submit: Quiz 2</p> <p>Submit: Clinical Transformation Project idea and preliminary flow chart for the process you would like to transform (either online or in person)</p> <p>Attend: On-site class meeting – Capital Health – Hopewell – Garden Level Conference Rooms 1 and 2</p> <p>Optional:</p> <p>Review: 21 Ways to Excel at Project Management from ProjectSmart http://www.projectsmart.com/project-management/introduction.php</p>
<p>9/19 – 9/25: Electronic Health Record</p> <p>Objectives: Upon completion of this course, the student will be able to:</p> <p>1. Differentiate between the EHR and the EMR.</p> <p>2. Discuss how the EHR can impact care</p> <p>3. Describe how HIEs are or will impact healthcare delivery and practice</p>	<p>Required:</p> <p>Read about the benefits of EHRs on HealthIT.gov <i>Below is a listing of all the links to the one section of this web site</i> What is an Electronic Health Record https://www.healthit.gov/providers-professionals/learn-ehr-basics What is an Electronic Medical Record https://www.healthit.gov/providers-professionals/electronic-medical-records-emr What is the difference between an EHR, an EMR and a PHR https://www.healthit.gov/providers-professionals/faqs/what-are-differences-between-electronic-medical-records-electronic Why adopt an EHR https://www.healthit.gov/providers-professionals/why-adopt-ehrs Improved quality https://www.healthit.gov/providers-professionals/health-care-quality-convenience The patient's perspective https://www.healthit.gov/providers-professionals/patient-participation Clinical decision support https://www.healthit.gov/providers-professionals/improved-diagnostics-patient-outcomes Enhanced communication https://www.healthit.gov/providers-professionals/improved-care-coordination Cost savings https://www.healthit.gov/providers-professionals/medical-practice-efficiencies-cost-savings Read about Health Information Exchanges (HIE) and watch the 3:00 minute video on this page https://www.healthit.gov/providers-professionals/health-information-exchange/what-hie Read about Jersey Health Connect http://www.jerseyhealthconnect.org/about/overview/ Submit: Quiz 3</p> <p>Discussion: Question 2</p> <p>Group Assignment: Submit project topics to instructor for guidance and final approval</p> <p>Optional:</p> <p>Read about the Nationwide Health Information Network, the DIRECT Project and Early Interoperability Pilots</p> <ul style="list-style-type: none"> • https://www.healthit.gov/policy-researchers-implementers/nationwide-health-information-network-nwhin • https://www.healthit.gov/policy-researchers-implementers/direct-project • https://www.healthit.gov/policy-researchers-implementers/nwhin-trial-implementations

<p>9/26 – 10/2: Meaningful Use and MIPS, etc.</p> <p>Objectives: Upon completion of this course the student will be able to:</p> <ol style="list-style-type: none"> 1. Discuss how federal regulations and accrediting agencies drive HIT 2. Identify Meaningful Use objectives and Clinical Quality Measures 3. Describe how federal programs impact the daily lives of healthcare professionals 4. Discuss the progression of the CMS driven incentive programs 	<p>Required:</p> <p>Read: Blumenthal, D., & Tavenner, M. (2010). The “Meaningful Use” regulation for electronic health records. <i>The New England Journal of Medicine: Perspective</i>, 1-4. DOI:10.1056/NEJMP1006114</p> <p>View: Presentation on the CMS EHR Incentive Program (Meaningful Use) with notes</p> <p>Review: 2016 Program Requirements – Centers for Medicare and Medicaid https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2016ProgramRequirements.html</p> <p>Eligible Professional Table of Contents https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2016_EPTableOfContents.pdf</p> <p>Eligible Hospital and Critical Access Hospital Table of Contents https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2016_EHTableOfContents.pdf</p> <p>Physician Quality Reporting System – Centers for Medicare and Medicaid https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html</p> <p>MACRA and MIPS</p> <p>View: Delivery System Reform: Paying for What Works (2 minute 53 second video) https://www.youtube.com/watch?feature=player_embedded&v=7df7cHghaS4</p> <p>Review: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/MACRA-MIPS-and-APMs.html</p> <p>The IMPACT Act of 2014 https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Post-Acute-Care-Quality-Initiatives/IMPACT-Act-of-2014-and-Cross-Setting-Measures.html</p> <p>Submit: Quiz 4</p> <p>Discussion: Question 3</p> <p>Optional:</p> <p>Review: Detailed outlines of Modified Stage 2 Objectives for both Eligible Providers https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2016_EPWhatYouNeedtoKnowfor2016.pdf</p> <p>and Eligible Hospitals https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2016_EHWhatYouNeedtoKnowfor2016.pdf</p>
<p>10/3 – 10/9: Clinical Decision Support Systems (CDSS)</p> <p>Objectives: Upon completion of this course, the student will be able to:</p> <ol style="list-style-type: none"> 1. Describe the difference between Information Systems (ISs) and Decision Support Systems (DSSs) 2. Discuss how ISs and CDSSs contribute to evidence-based practice 	<p>Required:</p> <p>Read: Huryk, L.A. (2012). Information systems and decision support systems: What are they and how are they used in nursing? <i>American Journal of Nursing</i>, 112(1), 62-65.</p> <p>View: Safe and Sound’s 11-minute video on Clinical Decision Support for Evidence-Based Care https://youtu.be/zoxpuzH4B_0</p> <p>Submit: Quiz 5</p> <p>Discussion: Question 4</p> <p>Optional:</p> <p>Read: Dixon, B.E., Gamache, R.E., & Grannis, S.J. (2013). Toward public health decision support: A systematic review of bidirectional communication</p>

	approaches. <i>Journal of the American Medical Informatics Association</i> , 2013(20), 577-583. doi:10.1136/amiajnl-2012-001514
<p>10/10 – 10/16: Organizing Projects and Presentations</p> <p>Objectives: Upon completion of this course, the student will be able to:</p> <ol style="list-style-type: none"> 1. Build an outline for a project charter 2. Build an outline for a powerpoint presentation 	<p>Required: View Lecture on Creating an Outline for a Presentation Powerpoint from Outline to Presentation: Introduction and Sections 1, 2 and 3 *Note, you may have to log into Lynda.com from today.tcnj.edu to view http://www.lynda.com/PowerPoint-tutorials/Welcome/147021/156042-4.html</p> <p>Submit: Team Paper Outline – one per team</p> <p>Submit: Team Project (power point Outline – one per team)</p>
<p>10/17 – 10/23: Patient-Centered Care: Patient Healthcare Literacy</p> <p>Objectives: At the end of this course, the student will be able to:</p> <ol style="list-style-type: none"> 1. Explain the difference between reading literacy, health literacy and computer/digital literacy 2. Explain the relationship between patient centered care and health literacy 3. Assess health literacy as part of their approach to patient care 	<p>Required: View infographic on health literacy: https://blog.itriagehealth.com/health-literate/ Read: Health Literacy/National Network of Libraries of Medicine https://nnlm.gov/outreach/consumer/hlthlit.html View: 2 minute and 57 second video on the importance of Digital Literacy https://www.youtube.com/watch?v=p2k3C-iB88w Explore: The Newest Vital Sign Toolkit View: This 16 minute video Ted Talk: Its time to redesign medical data. http://www.ted.com/talks/thomas_goetz_it_s_time_to_redesign_medical_data.html Submit: Quiz 6 Discussion: Question 5</p> <p>Optional: View: This 18 minute video Ted Talk on the transition from written to digital literacy https://www.youtube.com/watch?v=X_Z5HNRC_Ic Read: Weiss, B. D., Mays, M. Z., Martz, W., Castro, K. M., DeWalt, D. A., Pignone, M. P., et al. (2007). Quick assessment of literacy in primary care: The newest vital sign. <i>Annals of Family Medicine</i>, 3(6), 514-522</p>
<p>10/24 – 10/30: Patient-Centered Care: Consumer Health Informatics:</p> <p>Objectives: At the completion of this course, the student will be able to:</p> <ol style="list-style-type: none"> 1. Discuss the use of health related internet information and its impact on the patient provider relationship. 2. Describe characteristics of a reliable healthcare web site 3. Explain how to use the internet to find patient support groups 	<p>Required: Read: Townsend, A., Leese, J., Adam, P., McDonald, M., Li, L. C., Kerr, S., and Backman, C. L. eHealth, participatory medicine, and ethical care: A focus group study of patients' and health care providers' use of health-related internet information. <i>Journal of Medical Internet Research</i>, 17(6), e155. DOI: 10.2196/jmir.3792. View: infographic on social media for health information https://about.itriagehealth.com/wp-content/uploads/2015/06/Getting-social-with-health-lit_Infographic.jpg View: Evaluating Health Web Sites: Consumer Health Manual https://nnlm.gov/outreach/consumer/evalsite.html Explore: Healthfinder.gov/Support Groups – Explore online and in-person support groups http://healthfinder.gov/findservices/searchcontext.aspx?topic=833 Discussion: Question 6</p> <p>Optional: Tennant, B., Stellefson, M., Dodd, V., Chaney, B., Chaney, D., Paige, S., and Alber, J. (2015). eHealth literacy and health information seeking behaviors among baby boomers and older adults. <i>Journal of Medical Internet Research</i>, 17(3), e70. DOI: 10.2196/jmir.3992.</p>

<p>10/31 – 11/6: Patient Centered Care: Patient Portal and Personal Health Records</p> <p>Onsite Class Meeting 11/2/2016 Capital Health – Hopewell – 4th Floor Conference Room</p> <ol style="list-style-type: none"> 1. Describe the perceived usefulness of a well-designed patient portal 2. Describe the role of PHRs and their implications within health care 	<p>Required: Read: Turvey, C., Klein, D., Fix, G., Hogan, T. P., Woods, S., Simon, S. R., et al. (2014). Blue Button use by patients to access and share health record information using the Department of Veterans Affairs’ online patient portal. <i>Journal of the American Medical Informatics Association</i>, 2014(21), 657-663. DOI: 10.1136/amiajnl-2014-002723</p> <p>View this 16 minute video: Ted Talk Meet e-Patient Dave: http://www.ted.com/talks/dave_debronkart_meet_e_patient_dave.html http://www.ted.com/talks/dave_debronkart_meet_e_patient_dave.html</p> <p>View: Creating a Personal Health Record: http://www.takingcharge.csh.umn.edu/navigate-healthcare-system/personal-health-records</p> <p>Attend: Onsite class meeting – Capital Health – Hopewell – 4th Floor Conference Room</p> <p>Submit: Quiz 7</p>
<p>11/7 – 11/13: Mobile Technology/m-health/Telemedicine</p> <p>Objectives: Upon completion of this course, the student will be able to:</p> <ol style="list-style-type: none"> 1. Describe how mobile health improves quality of care 2. Describe telehealth 3. Evaluate the quality of a health or medical app 	<p>Required: Try out an app: Select a Health app early this week to use for the next several days (you will evaluate the app in this week’s discussion post) You can select any health app, but here are some sites to check out if you need an idea:</p> <ul style="list-style-type: none"> • If you do not have a smart phone you can use www.sparkpeople.com or something similar on your desktop <p>Health and Fitness - AppStore downloads on iTunes https://itunes.apple.com/us/genre/ios-health-fitness/id6013?mt=8</p> <p>Medical - App Store downloads on iTunes https://itunes.apple.com/us/genre/ios-medical/id6020?mt=8</p> <p>Health Apps – Android Apps on Google Play https://play.google.com/store/search?q=health%20apps&c=apps&hl=en</p> <p>Medical Apps – Android Apps on Google Play https://play.google.com/store/search?q=medical%20apps&c=apps&hl=en</p> <p>View: 18 minute video TED Talk: There’s an APP for that: http://www.ted.com/talks/daniel_kraft_medicine_s_future.html</p> <p>Read: The Center for Connected Health Policy’s page on “What is Telehealth”: http://cchpca.org/what-is-telehealth</p> <p>Discussion: Question 7 using MARS tool *Initial post due Friday this week</p> <p>Optional: Stoyanov, S. R., Hides, L., Kavanagh, D. J., Zelenko, O., Tjondronegoro, D., and Mani, M. (2015). Mobile app rating scale: A new tool for assessing the quality of health mobile apps. <i>Journal of Medical Internet Research, mHealth, uHealth</i>, 3(1), e27. DOI: 10.2196/mhealth.3422</p>
<p>11/14 – 11/20: Public Health Informatics</p> <p>Objectives:</p> <ol style="list-style-type: none"> 1. Discuss the role of the CDC in the case of a suspected pandemic 2. Describe how the New Jersey Immunization Information System protects the citizens of New Jersey 3. Define Public Health Informatics 	<p>Required: Review: AMIA definition of Public Health Informatics https://www.amia.org/applications-informatics/public-health-informatics</p> <p>Read: Public Health Informatics in action, read about the detection, analysis and response of the CDC to the 2009 H1N1 Influenza Virus. http://www.cdc.gov/h1n1flu/cdcresponse.htm</p> <p>Review: Review the New Jersey Immunization Information System (NJIIS) web site https://njiis.nj.gov/njiis/ along with these informational documents about the NJIIS NJIIS FAQs: https://njiis.nj.gov/docs/njiisfaqs.pdf NJIIS Information for Providers: https://njiis.nj.gov/njiis/docs/njiis_provider_brochure.pdf</p>

	NJIIS Information for Parents: https://njiis.nj.gov/njiis/docs/njiis_your_childs_bestshot.pdf NJIIS How to request an interface https://njiis.nj.gov/docs/interfaces/NJIIS_Get_Start_InterfaceDoc.pdf Discussion: Question 8
11/21 – 11/30: Team Clinical Transformation & IT Presentations Onsite Class Meeting 11/30/2016 Capital Health – Hopewell – Garden Level Conference Rooms 1 and 2	Each team will present their project deliverables (presentation) during the final class meeting. Attend: Onsite class meeting – Capital Health – Hopewell – Garden Level Conference Rooms 1 and 2
12/1 – 12/9: Team Clinical Transformation & IT Paper	Each team will submit their project paper via Turn-It-In.

Relevant TCNJ Policies TCNJ's attendance policy is available on the web:

<http://policies.tcnj.edu/policies/digest.php?docId=9134>

Academic Integrity Policy: Academic dishonesty is any attempt by the student to gain academic advantage through dishonest means, to submit, as his or her own, work which has not been done by him/her or to give improper aid to another student in the completion of an assignment. Such dishonesty would include, but is not limited to: submitting as his/her own a project, paper, report, test or speech copied from, partially copied or paraphrased from the work of another (whether the source is printed, under copyright, or in manuscript form). Credit must be given for words quoted or paraphrased. The rules apply to any academic dishonesty, whether the work is graded or ungraded, group or individual, written or oral.

TCNJ's academic integrity policy is available on the web:

<http://policies.tcnj.edu/policies/digest.php?docId=9394>

***Paraphrasing is not using text word for word and citing the author, that is a quote and must be documented appropriately. Over use of quotations (>10%) is discouraged at the college level.**

Americans with Disabilities Act (ADA):

Any student who has a documented disability and is in need of academic accommodations should notify the professor of this course and contact the Office of Differing Abilities Services (609-771-2571). Accommodations are individualized and in accordance with section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1992. Please let me know during the first week of class if you require any such accommodations.

TCNJ's Americans with Disabilities Act (ADA) policy is available on the web:

<http://policies.tcnj.edu/policies/digest.php?docId=9206>

TCNJ's Final exam policy – Evaluation – Reading Days:

<http://policies.tcnj.edu/policies/digest.php?docId=9136>

TCNJ's Grade Appeals Policy: <http://policies.tcnj.edu/policies/digest.php?docId=9302>

PBHG 504: Environmental Health & Occupational

ENVIRONMENTAL AND OCCUPATIONAL HEALTH
The College of New Jersey
School of Nursing, Health and Exercise Science
PBH 504-01, Class Number XXXX, Fall, XXXX

PROFESSOR BRENDA SEALS
OFFICE: PACKER HALL, 233
PHONE: (609) 771-3090
E-MAIL: SEALSB@TCNJ.EDU

TIME: TUESDAY (5:30-8:20 PM)
CLASS LOCATION: LOSER 201
OFFICE HOURS: MT 3:00-5:00 PM
AND BY APPOINTMENT

COURSE DESCRIPTION

This course will offer an introduction to environmental and occupational health. Students learn about physical, chemical and biological hazards found in the environment including human induced toxins. A special focus will be on occupation risks, particularly for vulnerable populations such as women, migrants, and children as well as occupational groups such as miners, hospital workers and other occupational groups.

COURSE MATERIALS

Required text: Friss, RL. 2012. The Essentials of Environmental Health (2nd ed). Jones and Bartlett. Sudbury, Massachusetts.

All other readings will be posted on CANVAS

COURSE PURPOSE & LEARNING GOALS

- Consider the public health impact of environmental and occupational risks and analyze ways to mitigate risk. (*Critical Analysis and Reasoning, Public Health Knowledge*)
- Discuss community sensitivity and health disparities of environmental justice and equity (*Ethical Reasoning and Compassion*)
- Propose approaches to assess environmental and occupational risks (*Applying Public Health Knowledge; Written Communication*)
- Recognize the potential impact of intervention programs and best practices for the health topic selected (*Critical Analysis and Reasoning, Written Communication*)
- Gain facility with funder software packages and important public health databases to summarize relevant health data including BRFSS, NHANES, etc. (*Quantitative Reasoning, Technological Competence*)

COURSE POLICIES

Academic Integrity: Academic dishonesty is any attempt by the student to gain academic advantage through dishonest means, to submit, as his or her own, work which has not been done by him/her or to give improper aid to another student in the completion of an assignment. Such dishonesty would include, but is not limited to: submitting as his/her own a project, paper, report, test, or speech copied from, partially copied, or paraphrased from the work of another (whether the source is printed, under copyright, or in manuscript form). Credit must be given for words quoted or paraphrased. The rules apply to any academic dishonesty, whether the work is graded or ungraded, group or individual, written or oral. Papers with insufficient, inappropriate, or missing citations will receive no credit, and the student will have no opportunity to make up the work. When in doubt, cite. TCNJ's academic integrity policy is available on the web: [Academic Integrity](#).

Americans with Disabilities Act (ADA) Policy: Any student who has a documented disability and is in need of academic accommodations should notify the professor of this course and contact the Office of Differing Abilities Services (609-771-2571). Accommodations are individualized and in accordance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1992. TCNJ's Americans with Disabilities Act (ADA) policy is available on the web: [Americans with Disabilities Act](#).

Attendance, Participation, and Class Citizenship: This course models membership in a scholarly community, and therefore assumes students will follow rules of decorum and active participation. For example, ringing cell phones, texting, arriving late/leaving early, and using lab time for outside of class computer work are all disruptive to an engaged academic environment. In addition, each week of material in this course builds on previous weeks. Therefore, students will be best served by being in class at every session and paying close attention. TCNJ's absence and attendance policy is available on the web: [Absence and Attendance](#).

COURSE REQUIREMENTS

Case Studies and Class Exercises: Three case studies and five class exercises Each assignment is worth 10 points for a total of 80 points.

Mid-Term and Final Exams: Both exams are approximately 40 multiple choice questions covering the material in that half of the class. In addition, there is one essay worth 10 points for a total of 50 points for each exam.

Observation exercises: Two observation exercises are required for this course. One is based on a visit to the Trenton sewage facility and the other is a visit to a local factory. In both cases, students will evaluation the potential for health risks to workers, the community and the environment or built environment. (25 points each for a total of 50 points)

Individual presentation and White Paper: Students will choose a topic in environmental and/or occupational health and research the policy and practice issues involved in the topic. Students will develop a 8-10 page summary of the issue and policy recommendation paper (white paper) that they will present to the class (20 points for the presentation and 30 points for the paper for a total of 50 points).

GRADING

Students in this course will be assessed based on their content knowledge, speaking and writing skills, coordination with the host agency, professional demeanor and conduct, participation in the course and class discussion.

Overall grades will be awarded as follows:

Assignment	Points Per Assignment	Cumulative Points
Report A	20	20
Report B	20	40
Report C	20	60
Draft grant sections	8 sections; 10 points each for 80 points	140
Compiled draft grant for peer review	10	150

Finalized Grant	20	170
Presentation to class	10	180
Presentation to host	20	200

Course grades will be calculated using the scheme below. In borderline cases, I will use participation in class to adjudicate the final grade.

Total Percentage	Grade
94-100	A
90-93	A-
87-89	B+
84-86	B
80-83	B-
77-79	C+
74-76	C
70-73	C-
67-69	D+
64-66	D
0-63	F

COURSE SCHEDULE:

Dates	Readings and Meetings
Week 1 What is environmental and occupational Health?	Friss, Chapters 1-2
Week 2. Environmental Toxicology	Friss, Chapter 3 Class exercise: Lead around playgrounds
Week 3. Workplace exposures	Friss, Chapter 13 Case Study 1 Workplace Noise
Week 4. Environmental Epidemiology	
Week 5. Ecosystems and Disease Vectors	Case study 2: Iatrogenic disease for Patients and Hospital workers, super staff infections
Week 6. Toxic materials and Elements	Class exercise: Mining in W. Virginia
Week 7. Midterm-exam	
Week 8. Visit to Trenton Sewage Facility	
Week 9. Pesticides and Endocrine disruption	Case study 3: Migrant farm workers and exposures
Week 10. Occupations involving Water	Class exercise: Fishing off the African coast
Week. 11. Occupations involving remediation and the earth	Class exercise: Housing and asbestos
Week 12. Occupations involving the air	Class exercise: Acid rain
Week 13. Emerging Contaminants and Developmental Concerns	
Week 14. Final Exam	
Week 15 Visit to a factory	

FINAL EXAM TIME ACCORDING TO TCNJ CALENDAR AND POLICIES; 5/9-5/12

Deliver and Present final white paper (classroom);

TCNJ's final examination policy is available on the web: [Final Examination-Evaluation-Reading Days](#)

SYLLABUS: INTERNATIONAL COMMUNICATION

Dr. John C. Pollock
COMM 415:01/PBHG 515

Fall, 2016 (*Dedicated to Human Rights Coverage*)

Class: M 5:30 – 8:20 PM

Off Hours: M-Th 3:30-4:30PM, by appointment

Office Hours: Kendall #210, **by appointment only by signing appointment book at Comm Studies Dept. office or by calling that office at 609-771-2107**; instructor e-mail: pollock@tcnj.edu; (cell) 732-371-7022; DO NOT call office 609-771-2338. For ongoing information about the course, please access the “CANVAS” course information site. For information on instructor’s background, click on the “faculty staff” sections of the comm studies dept. website. Liberal Learning Credit: World Views and Ways of Knowing.

Introduction

This course is primarily a workshop or seminar in learning how to conduct original research comparing cross-national media coverage of critical issues. The course also examines the history of international communication -- with special emphasis on institutions, innovative technologies and economic and demographic configurations that correspond with variations in coverage.

A. Core Concepts

The course is intended to help you learn:

- 1) Historical trends in international communication;
- 2) Links between changing technologies and changing communication patterns;
- 3) Connections between changing economic configurations, in particular the growth of large-scale global media organizations and new communication patterns; and
- 4) Links between structural/demographic characteristics of countries and cross-national communication patterns regarding human rights issues.

B. Understandings

This course also seeks to help you acquire key understandings, specifically:

- 1) Understanding theoretical frameworks of international communication in particular two major contrasting perspectives: one emphasizing international communication as promoting global cultural penetration or “imperialism”, the other emphasizing international communication as expanding bureaucracy, with increasing size leading to a greater range of choices, flexibility due to ascendance of role specialization and managerial (as opposed to owner) goals and objectives.
- 2) Understanding concepts of international communication processes and effects
- 3) Understanding changes in communication technologies and their implications for democracy and public policy

- 4) Understanding changes in media ownership patterns and their implications for democracy and public policy. One of the most controversial trends in international communications today is the growth of large-scale global media organizations. Some scholars and professionals believe such organizations are destroying good journalism and democratic principles. Others disagree. What are the structure and function of global media systems?
- 5) Understanding links between international communication patterns regarding human rights issues and corresponding variations in demographic, health and economic conditions.

C. Technical Knowledge and Skills

- 1) Craft a literature review on a significant international communication issue
- 2) Learn to search communication databases for current and past articles on international communication
- 3) Learn the importance of multiple international media sources in any effort to understand US and foreign perspectives on both domestic and cross-national issues.
- 4) Use modern content analysis techniques to compare coverage of a student-selected issue of international importance.
- 5) Craft a research paper that meets the highest standards of scholarly research.

For the Graduate Student

In addition the above core concepts and skills, you will be expected to:

- 1) Analyze the linkages between structural/demographic characteristics of countries and cross-national communication patterns and the impact on human rights issues.
- 2) Analyze the use of media and its impact on one public policy issue.

D. Methods for Teaching/Learning Activities

The international communication course relies a great deal on lectures, readings from the syllabus and class discussion. Like several other courses in communication studies, international communication helps students craft polished disciplinary projects that can be considered components of serious professional “portfolios” useful in a wide range of occupational or graduate school endeavors. Specific activities include:

- 1) Learning how to select a representative cross-national sample of newspapers.
- 2) Reviewing the literature on a “structural” approach to the sociology of news production, learning to write that review into a compelling narrative making a case for its utility in cross-national media research.
- 3) Utilizing available databases to collect a systematic sample of articles meeting specified criteria for key words and article length.
- 4) Coding articles using a quantitative approach developed by the instructor, combining “placement” and “direction” codes to arrive at a single-score “Media Vector”, a measure unusually sensitive to variations in editorial judgment.
- 5) Coding articles using qualitative judgments about a range of issue “frames” or “themes”, ranking newspapers according to the number of times key frames or themes are mentioned.
- 6) Testing selected hypotheses derived from previous research using a “community structure” approach developed by the instructor, available through CANVAS; the instructor’s 2007 book, *Tilted Mirrors: Media*

Alignment with Political and Social Change -- A Community Structure Approach (Hampton Press); and instructor's 2015 book, *Journalism and Human Rights: How Demographics Drive Media Coverage* (Routledge).

- 7) Entering coded article information on Statistical Package for the Social Sciences (SPSS) software, learning significance tests using Pearson Correlation, Chi-Square and regression analysis.
- 8) Writing at least two drafts of a paper containing an introduction, literature review, hypothesis section, methodology, data presentation, data analysis and conclusion, as well as bibliography.

For the Graduate Student: In addition to the above methods of teaching/learning use of one issues paper that represents a policy analysis of a public policy issue including discuss of communication style-media type, and country's sociopolitical climate. This paper should be written in preparation for submission to a state, national, or international agency or professional publication.

E. Common Misunderstandings

1. *American exceptionalism*. Exceptionalism is the belief that American values or ways of doing things are historically or currently “the best”, superior to values or ways of doing things elsewhere. As will be demonstrated, reporting in US media is often linked closely with US foreign policy, more so than in some other countries, notably Great Britain, that also have histories of considerable interest and influence in foreign affairs.

2. *Technological advancement is linked to accuracy*. Advances in technology may improve the speed or visual clarity of transmissions, but accuracy is linked to very different considerations, most notably a willingness to consider multiple perspectives on issues. For example, no matter how many transmissions came to the US from Iraq prior to the March, 2003, occupation by US troops, no matter how “immediate” those communications, a remarkable unwillingness among most US media to consider or weigh arguments against the Bush administration's case for invasion beforehand failed to provide US citizens with sufficient information or alternative perspectives with which to make intelligent judgments about the merits of pre-emptive war. Both *The New York Times* and the *Washington Post* have literally “apologized” for not asking more skeptical questions about weapons of mass destruction (WMDs) and links with Al Queda prior to the war against Iraq.

3. *Media size is linked to more consumer choices*. Media corporations often argue that their larger size permits economies of scale, enabling them to offer more channels at lower cost to readers or listeners or viewers. Whatever the economic arguments, media “consumers” are offered serious, alternative choices not if more channels are offered, but rather if the choices reflect considered alternative value or policy viewpoints. Myriad “channels” may offer variety among a boundaried set of choices, while fewer channels are capable of offering a wider range of value or policy choices.

F. Student Assessment

Feedback is provided primarily by frequent written and oral feedback on different analytical sections of the project/paper process: Introduction, literature review, hypothesis section, methodology, data analysis, data interpretation, conclusion and references. The frequent feedback offered several times in the course results in projects that undergo

several drafts before completion or submission to professional conferences. This process of multiple feedback loops for writing has yielded some of the most successful undergraduate submissions in the history of the National Communication Association: as many as eleven papers accepted for a single conference. In addition, for several years in the late 90s, TCNJ student papers were the only undergraduate papers accepted for presentation by the prestigious International Communication Association.

Course Prerequisites

COM 103 (Introduction to Communication) or COM 172 (Mass Media) are typical prerequisites for International Communication. A prior course in either research methods (for example, COM 390) or statistics is highly desirable, as is junior or senior standing. Sophomores may be admitted with the permission of the instructor.

E) Liberal Learning

COM 415: International Communication satisfies at least one Liberal Learning requirement for graduation: World Views and Ways of Knowing. The instructor is willing to write on behalf of students urging that COM 415 also be counted as a Third Level writing intensive requirement at the “capstone or senior level” of writing. Since the early 2000s, several papers from this COM 415 class have been accepted in blind, refereed competition for presentation at state, national and international scholars’ conferences in communication studies. Some of the papers have been published, including four articles that became chapters in an assigned book: “Journalism and Human Rights”.

Required Reading Materials

Books

- a) Demers, D. (2002). *Global media: Menace or messiah?* Cresskill, NJ: Hampton Press.
(Demers in syllabus)
- b) Pollock, J.C. (2007). *Tilted mirrors: Media alignment with political and social change – A community structure approach*. Cresskill, NJ: Hampton Press. (TM in syllabus)
- c) Pollock, J.C. (Ed.). (2016-paperback). *Journalism and human rights: How demographics drive media coverage*. NY: Routledge. (labelled JHR in syllabus).
- d) Tomaselli, K.G & Chasi, C. (2011) (ed.) *Development and public health communication*. Cape Town: Pearson Publishing. (DPHC in syllabus)

Contents of “Journalism and Human Rights: How Demographics Drive Media Coverage”

“Illuminating human rights: How demographics drive media coverage”: Special double-issue of *The Atlantic Journal of Communication*, 22 (3-4) Summer/Fall, 2014. This entire issue is composed of scholarship conducted at

TCNJ in two classes: COM 415 and COM 390. This material is published in a 2015 book: Pollock, J.C. (Ed.). (2015). *Journalism and human rights: How demographics drive media coverage*. NY: Routledge (See grid below). In addition to the “Overview”, all data-driven chapters merit reading:

Overview
 Illuminating Human Rights: How Demographics Drive Media Coverage
 John C. Pollock

Human Rights Issue Table

Title	Authors	Human Rights Issue
Cross-national Coverage of Human Trafficking: A Community Structure Approach	Kelly Alexandre, Cynthia Sha, John C. Pollock, Kelsey Baier, and Jessica Johnson	Right to avoid enslavement
Cross-national Coverage of HIV/AIDS: A Community Structure Approach	James Etheridge, Kelsey Zinck, John C. Pollock, Christina Santiago, Kristen Halicki, and Alec Badalamenti	Right to access to health care services, in particular emergency medical treatment
Cross-national Coverage of Water Handling: A Community Structure Approach	Domenick Wissel, Kathleen Ward, John C. Pollock, Allura Hipper, Lauren Klein, and Stefanie Gratale	Right to access to uncontaminated water
Comparing Coverage of Child Labor and National Characteristics: A Cross-national Exploration	Jordan Gauthier Kohn and John C. Pollock	Right to be free from inhumane working conditions
Nationwide Coverage of Same-sex Marriage: A Community Structure Approach	Victoria Vales, John C. Pollock, Victoria Scarfone, Carly Koziol, Amy Wilson, and Pat Flanagan	Right to marry the person you love
Nationwide Coverage of Detainee Rights at Guantanamo: A Community Structure Approach	Kelsey Zinck, Maggie Rogers, John C. Pollock, and Matthew Salvatore	Right to due process
Nationwide Coverage of Immigration Reform: A Community Structure Approach	John C. Pollock, Stefanie Gratale, Kevin Teta, Kyle Bauer, and Elyse Hoekstra	Right to “freedom from fear” or to pursue a path to citizenship
Nationwide Coverage of Posttraumatic Stress: A Community Structure Approach	John C. Pollock, Stefanie Gratale, Angelica Anas, Emaleigh Kaithern, and Kelly Johnson	Right to mental health care

Gratale, S., Hagert, J., Dey, L., Pollock, J., D'Angelo, P., Braddock, P., D'Amelio, A., Kupcha, J., & Montgomery, A. (2005, May). *International coverage of United Nations' efforts to combat AIDS: A structural approach*. Paper presented at the annual conference of the international Communication Association, New York City.

Norris, P. (2004). Chapter 6. In F. Esser, F., & B. Pfetsch, B. (Eds.), *Comparing political communication: Theories,*

cases, and challenges. Cambridge, UK: Cambridge University Press

Pollock, J.C. (2004). *Frames for reporting on political and social change*. Ewing, NJ: TCNJ Dept. of Communication Studies. (handout)

Pollock, J.C. (2008). Community structure model. In Wolfgang Donsbach (Ed.), *International encyclopedia of communication*. London & New York: Blackwell Publishers (handout).

Pollock, J.C. (2008). The “communication commando model” creates a research culture of commitment. *Communication Teacher*. (handout, called “commando model”).

Pollock, J.D. (2010). *Pollock PowerPoint Overview: Reporting on Social Change Mirrors Community/National Inequality* (powerpoint presented at U. of Texas).

D’Angelo, P., Pollock, J.C., Kiernicki, K., & Shaw, D. (2013). Framing of AIDS in Africa: Press-state relations, HIV/AIDS news, and journalistic advocacy in four sub-Saharan Anglophone newspapers. *Politics and the Life Sciences*, 33(2), 100-125.

Pollock, J.C., and Guidette, C. (1980). Mass media, crisis and political change: A cross national approach. In Dan Nimmo (Ed.), *Communication yearbook IV* (pp. 309-324). New Brunswick, NJ: Transaction Books.

Recommended Reading:

Articles, Papers and Charts (some to be distributed):

Esser, F., & Pfetsch, B. (Eds.). (2004). *Comparing political communication: Theories, cases, and challenges*. Cambridge, UK: Cambridge University Press (called E&P in the syllabus).

Mody, B. (2010). *The geopolitics of representation in foreign news: Explaining Darfur*. Lanham, MD: Rowman & Littlefield. (Mody in syllabus)

Mody, Bella (Ed.) (2003). *International and development communication: A 21st-century perspective*. Thousand Oaks, CA: Sage. (called Mody, 2003, in syllabus).

Pollock, J.C. (1980). Reporting on critical events abroad: U.S. journalism and Chile. *Studies in Third World Societies*, 10, 41-64.

Pollock, J.C. (1978, Spring). An anthropological approach to mass communication research: The U.S. press and political change in Latin America. *Latin American Research Review* 13(1), 158-172.

Pludowski, T. (Ed.). (2007). *How the world’s news media reacted to 9/11: Essays from around the globe*. Spokane, WA: Marquette Books. (called 9/11 in syllabus)

Additional readings may be assigned directly by the instructor.

Other Recommended Reading Materials

- Bagdikian, Ben. (2000). *Media monopoly*, 6th ed. Boston: Beacon Press.
- Gershon, Richard (1996). *The transnational media corporation*. Hillsdale, NJ: Lawrence Erlbaum.
- Fortner, Robert S. (1993). *International communication: History, conflict and control of the global metropolis*. Belmont, CA: Wadsworth.
- Hachten, William A. (1999). *The world news prism: Changing media of international communication*, 5th ed. Ames, IA: Iowa State University Press.
- Hallin, D., & Mancini, P. (2004). *Comparing media systems: Three models of media and politics*. Cambridge, UK: Cambridge University Press.
- Kamalipour, Yahya R. (Ed.). (2007). *Global communication*, 2nd ed. Belmont, CA: Wadsworth.
- Lull, James. (1995). *Media, communication, culture: A global approach*. New York: Columbia University Press.
- McChesney, Robert W. (1997). *Corporate media and the threat to democracy*. New York, NY: Seven Stories Press.
- Stevenson, Robert L. (1994). *Global communication in the twenty-first century*. NY: Addison-Wesley.
- Thussu, Daya Kishan. (2006). *International communication: Continuity and change*. London: Hodder Education/Oxford University Press.

ASSIGNMENTS

(Dates refer to Monday of weeks in which topic are discussed, except for the first two weeks.)

- Week I No meeting because Monday classes start the second week of the term.
- Week II Sept. 6 Overview of the International Communication Class: Semester-long Research Project; a structural approach; “Languages Across the Curriculum” (See description on page 7 of syllabus.); (handouts or SOCS) Pollock, Community Structure Model; and Pollock, “commando model”.
- Community Structure Hypotheses Used in Cross-National Research (*Pollock PowerPoint Overview: Reporting on Social Change Mirrors Community/National Inequality*); TM, Intro, Chpt. 1; Why study global Media? Global media as a “problem”: Demers, Intro, Forward, Chp. 1;
- Week III Sept. 12 History of global communications; Who “are” the global media? Demers, Chpts. 2, 3; DPHC (Tomaselli and Chasi, Chpt. 1, Part I: The Historical Problem (pp. 25-38); Part II: Doing Something (pp. 38-50). DPHC: Govender, Chpt. 2: Part I: HIV/AIDS: Health or Development Problem (pp. 51-61); Part II: From Behavior Change to Social Change Communication (pp. 62-75).
- Week IV Sept. 19 **SELECTED STUDENTS READ AND PRESENT** four chapters from JHR, on human trafficking (Alexandre, et. al., pp. 23-37, emphasis on stock of direct foreign investment at home and female school life expectancy); HIV/AIDS treatment access

(Etheridge, et. al., pp. 38-55, emphasis on percent population undernourished and percent females in the workplace); water handling/contamination (Wissel, et. al., pp. 56-73, emphasis on measures of “vulnerability” – e.g., percent without access to improved water services, infant mortality rate – and “female empowerment” – e.g., female literacy rate and female school life expectancy); and child labor (Kohn & Pollock, pp. 74-91, emphasis on “female empowerment”, e.g., female school life expectancy, female life expectancy, female literacy rate).

“Why” the global media? Free market/proponent perspectives.
Demers, Chpts. 4, 5; Selected literature reviews in TM, chaps. 3-9;
DPHC, Fourie, Chpt. 8: South Africa, Democratisation, and
Development (pp. 180-205); Govender, McDonough, and Mathew,
Chpt. 8: Development Support Communication and the AIDS
Foundation of South Africa (pp. 206-227).

Week V	Sept. 26	The critics’ complaints. Are the critics “right”? Demers, Chpts. 6, 7 Alexandre, et. al., 2014, <i>Human trafficking</i> ; Pollock, Reda, et al., <i>Climate change</i> . TCNJ case studies in 2014 (summer/fall) AJC double issue on cross-national coverage of human trafficking, those with HIV/AIDS, child labor, and water handling.
Week VI	Oct. 3 Oct. 3	Global media, social control and social change. Demers, Chpts. 8, 9 PROSPECTUS DUE For the Graduate student this will be a draft of a policy paper.
Week VII	Oct. 10-11	MIDTERM Break, class resumes on October 17 Global media and the managerial revolution; The future implications of global media. Demers, Chpts. 10, 11
Week VIII	Oct. 17	Norris, E& P, Chpt. 6; evidence presentations
Week IX	Oct. 24	Mody, 2010, Chpt. 4 “Cross-National Comparative Research on Foreign News: Design and Implementation” (pp. 83-94); Appendix 3 “Content Analysis Codebook” (pp. 363-368); Rec: E&P, Chpt. 16: Stevenson: Culture as Key Variable;
Week X	Oct. 31	Content Analysis and Data Collection Methodologies. AJC summer/fall 2014 double-issue Pollock “Overview: “Illuminating Human Rights: How Demographics Drive Media Coverage”.
Week XI	Nov. 7	Pollock, TM, Ch. 2, “Measuring Media Alignment”; Mody, 2010, Chpt. 10 “Foreign News: Journalism for Cross-National Public Education? (pp. 319-356, especially pp. 340-356); Rec: E&P,

to be assigned; 9/11: Chpt. 11 (Far East comparative media analysis)

Week XII	Nov. 14	E&P, to be assigned; 9/11: Chpt. 22 (Latin America comparative media analysis); Rec: Communication Technology and Development (Mody, 2003, Chpt. 11); Participatory Approaches to Development Communication (Mody, 2003, Chpt. 12);
	Nov. 14	ALL DATA COLLECTION FINISHED

Week XIII	Nov. 21	ORAL REPORTS BEGIN. E& P, to be assigned. Rec: Development Communication as Marketing, Collective Resistance and Spiritual Awakening: A Feminist Critique (Mody, 2003, Chpt. 13); Looking Back, Looking Forward (Mody, 2003, Chpt. 15).
Nov. 24	THANKSGIVING	

Week XIV	Nov. 28	ORAL REPORTS CONTINUE
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Week XV	Dec. 5	ORAL REPORTS CONTINUE
	Dec. 9	FINAL FULL LENGTH PAPERS DUE. For the graduate student this is the policy analysis paper.

COURSE EVALUATION: EXPECTATIONS, DEADLINES

GUIDELINES FOR ONGOING COMMUNICATION RESEARCH PROJECT (NOT a Term Paper)

This is not a term paper, which can be started and completed toward the end of a course. This is an ongoing, semester-long commitment that counts for one-half of each student's grade.

1. Select a Topic That Has Social and/or Political Transcendence.

Browse papers nationwide through Lexus/Nexus to estimate whether the topic merited at least 20 newspaper articles in major media markets. Topics are chosen in first two weeks. Examples of topics can be found on my website: <http://www.tcnj.edu/~pollock>.

2. Early Start

It is extremely important to start the literature search immediately in order to complete the **Prospectus** approximately one month after class begins. Assignments for oral reports will be made within the last five weeks.

3. Complete All Parts of Prospectus on Time: BY OCTOBER 6

Make sure you complete every section of the prospectus on time, including:

a. Statement of the problem.

- b. Literature review going beyond a summary to *tell a story*, integrating article findings into a flowing narrative.
- c. Clear list of multiple hypotheses, together with justifications for each that are both reasonable and *based on literature*.
- d. Complete methodology section, paraphrasing previous research if appropriate.
- e. Assemble complete, fastidious bibliography, according to APA style.

4. Each person completes at least one paper's data collection, coding and analysis within one week after handing in prospectus:

Please regard the preceding steps and deadlines as critical for the successful completion of the semester's most important activity: the ongoing research project that counts half of your grade.

Go to library's database room, collect all printout to be sampled from one newspaper, **keeping all printouts (on Word or Excel files) and SPSS datafiles for coding.:**

- a) code the paper for attention and direction scores, then calculate a Media Vector;
- d) calculate an intercoder reliability coefficient using all articles.

4. Enter and/or Analyze data three different ways:

- a) by calculating Media Vectors for each newspaper and then calculating a *Pearson correlation* comparing those vector scores with the demographic data for at least one city characteristic; and
- b) by entering data on the SPSS data analysis program, then calculating Pearson interval level correlations for *city-level data*; and
- c) by entering data on SPSS for all the attention score characteristics *for each article* for each city newspaper, plus city characteristics, plus Media Vectors.

5 Finish all Data Collection and Coding and Calculations of Media Vectors for paper by November 14, including:

Collection of data on city characteristics and statistical calculations of correlaton-order coefficients. Remember, count on the database experience in the library -- accessing newspapers -- to take longer than you think it will. Each two person team is responsible for 15 newspapers; for three person teams, 21 newspapers (about 20 articles for each newspaper); four person teams, 28 newspapers.

5. Oral Reports are due in November/early December.

6. Abstract/Summary included in final report; abstracts will be presented orally at penultimate or last class.

7. Final Analysis and Writeup, based on recommendations made during oral reports, is (are) due on **Dec. 9**. Included:

- o TWO hard copies of final paper; and CD-ROM or flashdrive versions of:
- o ONE Word file with final paper; TWO SPSS dataFILES: a) one showing city characteristics and Media Vectors for each newspaper studied; b) another showing article levels characteristics and Media Vectors.
- o ONE Word file with all newspaper articles collected and/or an Excel file with coded articles.

Evaluation Criteria

Oral Presentations (Examination Equivalents) (10% credit): Two group presentations are scheduled for November 21 and 28.

On-going Semester Communication Research Project (30% for prospectus; 50% for written final paper): Each person/group will complete a final research project about some aspect of communication. Each person/group must submit a revised research prospectus (which includes the first four parts of the final paper -- introduction, review of the literature, hypotheses and methodology -- plus an *ongoing corrected* bibliography) by October 6. Two copies of the final paper are due on Dec. 9, including database printouts, a copy of the paper in Word, two SPSS files and Word or Excel files of articles. A short, non-graded oral summary of the paper will be given during class prior to that date in order to allow the class and the instructor to provide ongoing feedback before final project writing.

Participation (10%): Because this course involves a significant amount of in-class participation, your verbal participation in class discussions and any assigned oral/written summaries of chapters presented to the class will be evaluated and assigned a grade. Class attendance is expected and noted. Any absences beyond four will result in a deduction of one full grade from the final grade.

Course Expectations and Assumptions

The dates on the syllabus refer to the Monday meetings of the weeks in which the topics will be discussed. Come to class having studied and prepared to discuss the assigned material. Research projects will progress simultaneously with readings and class lectures/discussions. Each student will be asked to report on work in progress periodically, with an overall oral report due in the last half of the course. Discussion of ongoing work will consume most of Thursday class time.

Since each of you will be pursuing different areas of investigation, you will be expected to read far beyond the formal assignments, sharing your progress and dilemmas with the class. Your project work increases in importance in the last half of the semester. Do not underestimate the importance of integrating reading and primary research in the final phase of the course.

Some students encounter trouble by not keeping in touch with me or by not coming to class. Please make appointments with me or come in during my office hours to talk with me about any aspect of the course, in particular the research project. Please take advantage of this offer. The more I know about progress and problems, the better your likely outcome in the course.

Remember: There are three ways to contact me, ranked from “most” to “least” preferable:

1. **Sign up for an appointment, preferably during my office hours, in the daytimer/planner in the Comm Studies Dept. office in Kendall 215; phone: 609-771-2107** (or look for me in any of the following: my office in Kendall #210; the Kendall student lounge; or Brower cafeteria); Office hours: M-Th 3:30-4:30 PM and by appointment. This method of contact is preferable because you can be guaranteed a time slot.
2. by e-mail: pollock@tcnj.edu.
3. by telephone at home PREFERABLE (Cell) 732-371-7022; or (last resort) Office: 609-771-2338

GOOD LUCK!

SEMESTER-LONG PROJECT EXPECTATIONS AND STEPS

1) Each team selects a critical issue or event, ideally a topic that is related to some kind of social mobilization or protest (e.g., treatment of indigenous or immigrant workers generally; human trafficking; global warming; water handling; treatment of dissidents in repressive regimes; coverage of the “Arab Spring”; those detained by the US in connection with the “war on terror”; women’s rights; any other “human rights” issue; see especially coverage of the UN’s effort to reduce HIV/AIDS, provide tsunami relief or advance women’s rights, below.) for study by 3-4 students (As an example, see papers presented at July, 2010, International Communication Association annual conference in Singapore; see also Pollock & Guidette.).

2) Each team selects newspapers in at least twenty distinct countries for study (suggested list of countries and newspapers provided). Newspaper availability may depend on the quality of available databases. Two of the countries/papers can be *The New York Times* and the *Times* of London. Other papers can be in English-speaking areas of another continent such as South Africa, India, Nigeria, Singapore, Australia. Newspapers of other former British colonies or spheres of influence are also possible, for example: the *Namibian*, the *Addis Tribune*, *The Times of Zambia*, the *Bangkok Post*. If a student wishes to conduct research with one or more non-English newspapers, a recommended level of non-English language proficiency is a course beyond the basic composition and conversation course. It is recommended (but not required) that one or two papers be from a non-English-speaking major newspaper (e.g., *Le Monde* of France, *Frankfurter Allgemeine Zeitung* of Germany, *El Pais* of Spain, *Excelsior* of Mexico City, etc.). Write a short description of the methodology to be used.

For newspaper database sources, examine at least Newsbank/Lexis-Nexis, AllAfrica, and the homepage of the Ohio State University Journalism Library (<http://library.osu.edu/sites/journalism/jou.php>), as well as the databases at the Princeton Public Library and the New York Public Library.

3) Engage in a systematic quantitative content analysis of coverage of the critical issue or event using the “Media Vector” content analysis methodology developed by the instructor [See any of the Pollock, et. al. studies, especially, Pollock, J.C. (2015), *Overview – Illuminating Human Rights: How Demographics Drive Media Coverage*. In J.C. Pollock (Ed.), *Journalism and human rights: How demographics drive media coverage* (pp. 1-19). London and New York: Routledge.

This methodology will yield quantitative “scores” for each paper, permitting systematic comparison of reporting among the distinct papers.

4) Engage in a qualitative and quantitative analysis of “frames” apparent in the reporting, relying, at the very least, on a set of frames developed by the instructor over two decades of teaching, in particular relying on the instructor's

experience studying reporting from industrialized nations on events and issues in developing nations (See, for example, Pollock in *Latin American Research Review* and Pollock in *Studies in Third World Societies*.). If studying a issue connected to the United Nations, study UN-generated “themes” as well.

5) Offer at least four or five plausible "explanations" for any variations in reporting encountered (A sample article by Pollock & Guidette will be provided, offering four or five typical “structural” explanations, e.g., different relations between journalists and government, different media systems --mix of public and private ownership, different economic stakes or stakeholders, nations positioned differently in the strategic world order, etc.). In addition, pay careful attention to the “structural” explanations offered by the papers on human trafficking and climate change presented at the annual conference of the International Communication Association, July, 2010. , as well as by Bella Mody in her 2010 book, *The Geopolitics of Representation in Foreign News*. After comparing different explanations, make a case for “one” of the explanations as the “best fit”, in your view. Pay special attention to “structural” explanations.

SPECIAL PROJECTS: Coverage of health or risk-related topics is of special interest, including UN efforts to reduce the incidence of HIV/AIDS, water handling (a major gateway to disease and disease prevention), or promoting women’s rights since the 1995 Beijing conference (e.g., studying efforts to reduce human trafficking), the “Arab Spring”. For example, the instructor was asked by the United Nations Department of Public Information in 1995 to evaluate coverage of UN efforts to reduce the incidence of HIV/AIDS throughout the world. More than one team is welcome to study these topics.

Fall, 2016 Special Project on Coverage of Human Rights in Transitions from Authoritarian Rule. Students will compare coverage of a particular issue, for example, women’s rights, for five years before and five years after transitions from authoritarian rule, away from a dictatorship or one-party rule, in selected countries throughout the world. A special article illuminating coverage of women’s rights throughout the world is “News about Her: The Effects of Media Freedom and Internet Access on Women’s Rights”, to be published in September, 2016, in Vol. 15, Issue 3 of “Journal of Human Rights”, part of a special issue co-edited by Morton Winston, a famous human rights expert teaching at TCNJ (and former US chair of Amnesty International) and John Pollock of the TCNJ comm studies department. Copies of the article will be made available to each student team.

DEADLINES AND TIMESFRAMES FOR EACH STEP

<u>Assignment</u>	<u>Due</u>
Select topics and groups	Sept. 6
Hand in Introduction (include initial reference section)	Sept. 12
Hand in Literature Review (continue updating reference section)	Sept. 19
Hand in Hypothesis section (continue updating reference section)	Sept. 26
Hand in Methdology section (continue updating reference section)	Sept. 29
Hand in complete prospectus	Oct. 6

Hand in each team's collection of country-level demographic characteristics Oct. 24

Finish all Data Collection and Coding and Calculations of Media Vectors for paper Nov. 14

Hand in final paper Dec. 9

Languages Across the Curriculum: Languages Across the Curriculum is an initiative to infuse foreign language across the curriculum, thus building on the skills of language proficient students in courses where foreign language sources are not a regular component of the curriculum. Those students who have completed at least two 200-level courses in a foreign language or have intermediate level proficiency in a language and are interested in enhancing their work in this course through complementary readings, research or interviews in that language may enroll in a one credit Languages Across the Curriculum Independent Study, LAC 391. The specific assignments will be identified by the course professor and the LAC supervisor, Dr. Deborah Compte of the Modern Languages Department. Dr. Compte will assist you in accessing appropriate materials and engaging in course-related research and activities in another language, and will monitor your progress. A brief biweekly report of ongoing progress in relation to the LAC component of the course is required. The LAC independent study is offered on a Pass/Fail basis only and thus does not impact on your GPA, but indicates your initiative in utilizing your language skills to enhance your coursework. It will be noted as LAC 391 on your transcript.

You must register for the LAC independent study by the end of the *first week of classes*. The specific work involved in the independent study will be clearly identified and articulated in the Independent Study Summary Proposal which you will draw up with Dr. Compte, with the approval of the course professor. If you are interested, please contact Dr. Compte promptly at dcompte@tcnj.edu or at x2392 so that the necessary forms can be completed by the College's deadline. This is an exciting opportunity for students with the requisite language skills to build on their expertise and complement their other academic studies.

Topics of Frequent Interest to Students enrolled in COM 415: International Communication

Coverage of those with HIV/AIDS
Human Trafficking
Rape and Rape Culture
Transit migration
Destination migration
Coastal water contamination
Oil drilling/environmental protection
Water handling/contamination
Child labor
Climate change
Immigration (especially Islamic)
Refugees
Genetically Modified Organisms/Food
Health risks of child brides
Women's physical security rights
Women's political rights
Women's economic rights
Health rights

Womens rights measures from Whitten Woodring 2016

Table 1: Measuring Women's Rights

Women's Economic Rights 1980-2011 (148 Countries in sample) Source: CIRI Human Rights Database		Code	Frequency	Percentage	
No economic rights for women; discriminatory laws may exist		0	334	8	
There are some laws protecting women's economic rights, but they are not enforced		1	2192	56	
There are some laws protecting women's economic rights and these are enforced, but there a low level of discrimination remains		2	1233	31	
All or nearly all women's economic rights are guaranteed in law and practice		3	181	5	
Women's Political Rights 1980-2011 (148 Countries in sample) Source CIRI Human Rights Database		Code	Frequency	Percentage	
No laws protecting women's political rights		0	152	4	
There are laws protecting women's political rights, but these are severely prohibited in practice		1	688	17	
There are laws protecting women's political rights, but these are somewhat prohibited in practice		2	2831	71	
Women's political rights are guaranteed in law and practice		3	309	8	
Physical Security of Women for 2009 (143 Countries in sample) Source: WomanStats Database		Code	Inverted Code	Frequency	Percentage
No or weak laws protecting women's physical security; honor killings/femicide ignored or accepted		4	0	40	28
Laws protecting women's physical security are rarely enforced; honor killings/femicide generally not accepted		3	1	71	50
Laws protecting women's physical security sporadically enforced; honor killings/femicide rare and condemned by society		2	2	23	16
Laws protecting women's physical security usually enforced, but there are norms against reporting related crimes; no honor killings/femicides		1	3	9	6
Laws protecting women's physical security are enforced; there are no norms against reporting related crimes; no honor killings/femicides		0	4	0	0

Presents the Special Issue “*Human Rights in the News*”

“Human Rights in the News” explores the impact of new digital technology and activism on the production of human rights messages. It is the first collection of studies to combine multidisciplinary approaches, “citizen witness” challenges to journalism ethics, and expert assessments of the “liberating role” of the Internet.

*Selections from the Special Issue on
Human Rights in the News
Vol.15, Issue 3, 2016*

Co-edited by Morton Winston and John
Pollock

**Introduction: Human Rights in the News: Balancing New Media
Participation with the Authority of Journalism and Human
Rights Professionals.**

Morton E. Winston and John C. Pollock

**A New Era of Human Rights News? Contrasting Two
Paradigms of Human Rights News Making**

Matthew Powers

**Source Credibility as ‘Information Subsidy’: Strategies for Suc-
cessful NGO Journalism at Mexican Human Rights NGOs**

Ella McPherson

**The Rise of Eyewitness Video and Its Implications for
Human Rights: Conceptual and Methodological
Approaches**

Sandra Ristovska

**Promoting the People’s Surrogate: The Case for Press Freedom as
a Distinct Human Right**

Wiebke Lamer

**News about Her: The Effects of Media Freedom and
Internet Access on Women’s Rights**

Jenifer Whitten-Woodring

**Beyond Naming and Shaming: New Modalities of
Information Politics in Human Rights**

Joel Pruce and Alexandra Budabin

**Film in the Human Rights Classroom: A Review of Watching
Human Rights (Book review)**

HEALTH SYSTEMS AND POLICY The College of New Jersey
School of Nursing, Health and Exercise Science
PBH 521-01, Class Number XXXX, Spring, XXXX

PROFESSOR BRENDA SEALS OFFICE:
PACKER HALL, 233
PHONE: (609) 771-3090
E-MAIL: SEALSB@TCNJ.EDU

TIME: TUESDAY (5:30-8:20 PM)
CLASS LOCATION: LOSER 201
OFFICE HOURS: MT 3:00-5:00 PM
AND BY APPOINTMENT

COURSE DESCRIPTION

This course provides a foundation in Health Services Administration. The course introduces the student to the structure and functions of the U.S. Health Care System. The health care system in the community and its environment are examined to determine how they impact Health Services Administration. Topics to be covered include: overview of the U.S. Health Care System (private and public sectors), interface between Public Health and U.S. Health Care System, various health care delivery structures, health care workforce, health care resources, types of health services, financing of health services and health care coverage, meeting the health care needs of special populations, and critical issues in health services. The student will conduct an organizational assessment and a community health system analysis.

COURSE MATERIALS

Required text: Novick LF, Morrow CB, Mays GP. Public Health Administration: Principles for Population-Based Management. Jones & Bartlett Learning; 3 edition (July 26, 2013). ISBN-10: 1449688330

Recommended Texts: Delivering Health Care in America: A Systems Approach, Fifth Edition. Leiyu Shi and Douglas A. Singh. 2012. Sudbury, Massachusetts: Jones and Bartlett Publishers. Burke, RE and Friedman, LH. 2011. Essentials of Management and Leadership in Public Health. Sudbury, MA: Jones & Bartlett Learning.

Bodenheimer, TS and Grumbach, K. 2012. Understanding Health Policy (6th Ed.) New York, NY: McGraw-Hill.

All other readings will be posted on CANVAS

COURSE PURPOSE & LEARNING GOALS

- Identify the main components and issues of health organization financing and delivery of health services and public health systems. (*Critical Analysis and Reasoning, Public Health Knowledge*)
- Discuss community sensitivity and health disparities of health care access, justice and equity (*Ethical Reasoning and Compassion*)
- Propose approaches to assess organizational structure, management and function (*Applying Public Health; Written Communication*)
- Apply the principles of management and evaluation in organizational initiatives to develop and present a policy white paper (*Critical Analysis and Reasoning, Written Communication*)

- Gain facility with Public Health policy and local health initiatives (*Quantitative Reasoning, Technological Competence*)

COURSE POLICIES

Academic Integrity: Academic dishonesty is any attempt by the student to gain academic advantage through dishonest means, to submit, as his or her own, work which has not been done by him/her or to give improper aid to another student in the completion of an assignment. Such dishonesty would include, but is not limited to: submitting as his/her own a project, paper, report, test, or speech copied from, partially copied, or paraphrased from the work of another (whether the source is printed, under copyright, or in manuscript form). Credit must be given for words quoted or paraphrased. The rules apply to any academic dishonesty, whether the work is graded or ungraded, group or individual, written or oral.

Papers with insufficient, inappropriate, or missing citations will receive no credit, and the student will have no opportunity to make up the work. When in doubt, cite. TCNJ's academic integrity policy is available on the web: [Academic Integrity](#).

Americans with Disabilities Act (ADA) Policy: Any student who has a documented disability and is in need of academic accommodations should notify the professor of this course and contact the Office of Differing Abilities Services (609-771-2571). Accommodations are individualized and in accordance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1992. TCNJ's Americans with Disabilities Act (ADA) policy is available on the web: [Americans with Disabilities Act](#).

Attendance, Participation, and Class Citizenship: This course models membership in a scholarly community, and therefore assumes students will follow rules of decorum and active participation. For example, ringing cell phones, texting, arriving late/leaving early, and using lab time for outside of class computer work are all disruptive to an engaged academic environment. In addition, each week of material in this course builds on previous weeks. Therefore, students will be best served by being in class at every session and paying close attention. TCNJ's absence and attendance policy is available on the web: [Absence and Attendance](#).

COURSE REQUIREMENTS

Organizational Analysis: Students will conduct an analysis of a public health organization (or a part of the organization) in the near area. Students will detail information about the organization's mission, size and how this organization is administered and managed. Students will conduct a brief interview with an upper administrator of the organization to learn the overall organization, organizational chart, function and financing. They will also identify the current issues of this organization. The student will visit the organization and provide a map and ethnographic summary of the facility. The student will propose possible solutions to identified issues based on the concept, facts and procedures learned in class and through the interview. This assignment is worth 80 points (20 points interview; 20 points observation; 40 points for paper).

Mid-Term and Final Exams: Both exams are approximately 40 multiple choice questions covering the material in that half of the class. In addition, there is one essay worth 10 points for a total of 50 points for each exam.

Individual presentation and White Paper: Students will choose a topic in PH administration, management and/or health and research policy based on a topic selected in Health People 2020. Students will develop an 8-10 page summary of the issue and policy recommendation paper (white paper) that they will present to the class (20 points for the presentation and 30 points for the paper for a total of 50 points).

GRADING

Students in this course will be assessed based on their content knowledge, speaking and writing skills, coordination with the host agency, professional demeanor and conduct, participation in the course and class discussion.

Overall grades will be awarded as follows:

Assignment	Points Per Assignment	Cumulative Points
Report A	20	20
Report B	20	40
Report C	20	60
Draft grant sections	8 sections; 10 points each for 80 points	140
Compiled draft grant for peer review	10	150
Finalized Grant	20	170
Presentation to class	10	180
Presentation to host	20	200

Course grades will be calculated using the scheme below. In borderline cases, I will use participation in class to adjudicate the final grade.

Total Percentage	Grade
94-100	A
90-93	A-
87-89	B+
84-86	B
80-83	B-
77-79	C+

74-76	C
70-73	C-
67-69	D+
64-66	D
0-63	F

COURSE SCHEDULE:

Lecture Topics and Dates	Readings and Meetings
Week 1 Population approaches to Public Health Administration and Management	Text: Chap. 1. Overview of Public Health Administration
Week 2. Theories of Organization and Ecosocial models for Public Health Systems	Text: Chap. 4. Public Health Admin and Practice Framework
Week 3. Global, National, State and Local Public Health systems	Text: Chap. 5. Organization of the PH System
Week 4. Principles and Ethics in Health Care Deliver and addressing Health Disparities	Text: Chap. 6. Professionalism and Ethics in PH Practice and Management
Week 5. Where the writing meets the road: Public Health Policy and Guidelines	Text: Chap. 7. Public Health Law; Text: Chap. 8. Public Health Policy
Week 6. Making the\$\$\$\$ work from Pharmacies to Research to Health Care Delivery	Text: Chap. 9. Public Health Finance
Week 7. Midterm-exam	
Week 8. Careers in Public Health	Text: Chap. 10. The Public Health Workforce
Week 9. Management and Working in Public Health	Text: Chap. 11. Human Resource Management for PH; Chap. 17. Performance Management in PH
Week 10. Assessing, Monitoring and Improving Health Care Quality	Chap. 26. PH and Healthcare Quality
Week. 11: Measurement and Evaluation of PH programs; Meta-analyses and Best Practices	Text: Chap. 19. Evaluation of PH Programs; Chap. 23 PH Evidence-Based PH Management and Practice
Week 12. Observation of Public Health in Action	Class visit to NJ Department of Health
Week 13. CBPR locally and globally	Text. Chap. 18 Engaging Communities ... for PH; Chap. 27 Global Health Challenges and Opportunities
Week 14. Strategies for Success and The Future of PH	Text. Chap. 16. Strategic Planning in Public Health; Chap. 12. Leadership for Public Health
Week 15 Final Exam	
<p>FINAL EXAM TIME ACCORDING TO TCNJ CALENDAR AND POLICIES; 5/9-5/12</p> <p>Deliver and Present final white paper (classroom);</p> <p>TCNJ's final examination policy is available on the web: Final Examination-Evaluation-Readin11: Days</p>	

ADVANCED EPIDEMIOLOGY

PBHG 540

The College of New Jersey
School of Nursing, Health, and Exercise Science
Program of Public Health

Professor: Carolina Borges
Office: Paul Loser Hall - Room #203
Phone: 609-771-2008
Cell: 609-240-8301 (msg)
E-mail: borgesc@tcnj.edu

Course Description: The overall goal of this course is provide graduate students a foundation of theory and tools to apply as a Public Health professional in research and practice settings. Students apply descriptive Epidemiology, calculate health indicators, and write Epidemiological reports for situational analyses; describe, propose, and apply appropriate study designs, and analyze health disparities. Calculation and interpretation of standard measures of frequency and association, and logistic and multiple regression are used to estimate the extent and impact of disease and injury on individuals' lives. Students will deeply comprehend key issues in Social Determinants of Health and propose interventions to solve real life Public Health problems.

Learning Goals: This course focuses on the interdisciplinary tools of contemporary epidemiology. By the end of the course, students will:

- 1) Calculate and interpret logistic and multiple regression to estimate the extent and impact of disease and injury on individuals' lives.
- 2) Refine writing and oral skills to describe and explain disease patterns by writing Epidemiological reports;
- 3) Critically appraisal scientific research in epidemiology including measures, study designs and conclusions;
- 4) Deeply comprehend key issues in Social Determinants of Health;
- 5) Plan and Propose interventions to solve real life Public Health problems;
- 6) Evaluate correctly Public Health interventions by applying Epidemiological approach combined with adequate assessment methods.

CANVAS is used in this course to provide: 1. Course materials. All readings and materials are available electronically, so please have them available during class.; 2. A forum for posting summaries and comments for readings; 3. A discussing course content; and 4. Grades for your work.

Class Principles: Under the premise that we all have a lot to learn from each other, being in this class is a commitment to quality time. Cell Phones and Computers may ONLY be used to help with class exercises, research searches and other class related tasks. Because some topics discussed may be controversial, your commitment to taking this course includes making the classroom a safe environment for different opinions and respect for all opinions voiced. Other principles will be discussed as needed. See the TCNJ student handbook for ethical standards and expectations (tcnj.pages.tcnj.edu/students/).

Course Grades: Your course grade reflects the following assignments and guide. Participation will be taken into consideration when total points are near the grade cut offs to determine the final grade.

Summary of Activities and Assignments (Total 300 pts)

- Proposal Intervention paper – Part I (From items “a” to “d” (50 points)**
- Proposal Intervention paper – Part II (From items “e” to “h” (100 points)**
- Proposal Intervention oral presentation (30 points)**
- Class Exercise - Measures of Frequency (10 points)
- Class Exercise - Measures of Association (10 points)
- Final Research Paper – Secondary data (80 points)
- Student engagement and participation (20 points)

FULL PROPOSAL OF A COMMUNITY INTERVENTION BASED ON A REAL PUBLIC HEALTH NEED**

As a graduate student, you must choose one community or organization that you would like to propose a Public Health intervention based on a real need. In this assignment you will write a full proposal of a community intervention.

Please include in your proposal all sections listed below (Based on CDC recommendations for community interventions):

- A) Describe the problem in the community (use Epidemiological data to elucidate it);
- B) Identify intended participants for an intervention;
- C) Identify possible settings in which to reach intended participants;
- D) Set goals and objectives;
- E) Select an intervention—or multiple interventions—that will most appropriately address your goals and objectives and meet the needs of your participants;
- F) Locate resources for your intervention;
- G) Explain how you will involve the community in your effort;
- H) Develop activities and materials for your intervention;
- I) Estimate costs for hiring and training staff;
- H) Stablish indicators to evaluate the success of your intervention.

→ Presentation must be no longer 20 minutes.

FINAL RESEARCH PAPER

You must to write a paper to be submitted to a peer review journal. Please address one current Public Health outcome to be investigated under Epidemiology perspective. Paper format must be in accordance to the Journal you are planning to apply.

- 1) Define the outcome;
- 2) Define the research question;
- 3) Write the methodology;
- 4) Collect data (online National / Local datasets);
- 5) Analyze data;
- 6) Write results
- 7) Write Discussion
- 8) Write Conclusion

[ATTENTION!] OVERALL RULES FOR LATE SUBMISSIONS:



_This is the overall rule for Late submissions:

- By the due date (same date as scheduled on your CANVAS): worth 100% of the total stablished grade for the assignment. Kudos!
- 1h to 24h after the due date: worth 20% less of the total stablished grade for the assignment.
- 25h to 48h after the due date: worth 50% less of the total stablished grade for the assignment.
- Assignments submitted **after 48h of the due date will not be graded.**

[ATTENTION!] OVERALL RULES FOR ASSIGNMENTS MAKE UP:



The only conditions for assignments make up are:

- In case of sickness (please send me the letter of your Doctor).
- If you are a TCNJ athlete and have a scheduled event at the same day of one of our classes (please let me know in advance).



GRADES ACCORDING percentage and points

Grades	Percentage %	Total Points	Grades	Percentage %	Total Points
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A	94%+	282-300	C	74-76%	222-230
A-	90-93%	270-281	C-	70-73%	210-221
B	87-89%	261-269	D+	66-69%	198-209
B	84-86%	252-260	D	60-65%	180-197
B-	80-83%	240-251	F	59% and below	0-179
C+	77-79%	231-239			

Course Policies:

4th Hour Use Policy: Although this class meets for three hours each week, it is a 4-credit (1 unit) course that offers a depth of learning with additional learning tasks unfolding in the equivalent of a fourth hour. Students will engage in group or individual learning projects outside of class and/or additional learning experiences occurring multiple times during the semester on or off-campus, including community-engaged learning activities and/or campus-wide events.

Attendance, Participation, and Class Citizenship: This course models membership in a scholarly community, and expects students will follow rules of decorum and active participation. For example, ringing cell phones, texting, arriving late/leaving early are all disruptive limiting an engaged academic environment. Come prepared to discuss each day's class materials and have all assignments ready to turn in at the beginning of class. If you will be absent from class, please send me an email before class begins letting me know you will not attend. TCNJ's attendance policy is available on the web: <http://www.tcnj.edu/~recreg/policies/attendance.html>

Academic Integrity Policy: Academic dishonesty is any attempt by the student to gain academic advantage through dishonest means, to submit, as his or her own, work which has not been done by him/her or to give improper aid to another student in the completion of an assignment. Such dishonesty would include, but is not limited to: submitting as his/her own a project, paper, report, test, or speech copied from, partially copied, or paraphrased from the work of another (whether the source is printed, under copyright, or in manuscript form). Credit must be given for words quoted or paraphrased by providing citations using standard formats. These rules apply to any academic dishonesty, whether the work is graded or ungraded, group or individual, written or oral. TCNJ's academic integrity policy is available on the web: <http://www.tcnj.edu/~academic/policy/integrity.html>.

Americans with Disabilities Act (ADA) Policy: Students with a documented disability in need of academic accommodations must notify the professor of this course ASAP and be in contact with the Office of Differing Abilities Services (609-771-2571).

Accommodations are individualized and in accordance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1992 and are meant to promote a positive learning experience. TCNJ's Americans with Disabilities Act (ADA) policy is available on the web: <http://policies.tcnj.edu/policies/viewPolicy.php?docId=8082>

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**The College Of New Jersey
Department Of Counselor Education**

**Substance Abuse and Addiction: Individual, Family, & Society
(COUN 551) 3 Semester Hours**

**Course Syllabus
Spring 2017**

Instructor: Sandy Gibson, PhD
Office Hours: Mondays 1:00-3:00 & Wednesdays 1:00-3:00
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Follow me!! #decrim_ 

Course Purpose and Description

The effects of alcohol and other drugs, as well as the effects of addiction in general, on the individual, family and society are presented. Individual, familial, and societal attitudes and the reinforcement of drinking and drug use are examined. Basic knowledge and attitudes that are prerequisite to the development of competency in the professional treatment of substance use disorders are stressed.

School of Education Mission and Conceptual Framework:

Creating Agents of Change

- Demonstrating Subject Matter Expertise (CF1)
- Demonstrating Excellence in Planning and Practice (CF2)
- Demonstrating a Commitment to All Learners (CF3)
- Demonstrating a Strong, Positive Effect on Student Growth (CF4)
- Demonstrating Professionalism, Advocacy, and Leadership (CF5)

Consistent with The College of New Jersey's clear public service mandate, The School of Education is committed to preparing exceptional teachers and clinicians. The basic tenet underlying our practice is our accepted truth that all individuals can learn and grow, and deserve schools/clinics and teachers/clinicians that respect their individual needs and circumstances while striving to give them the knowledge and skills to be successful in the larger society. Furthermore, we accept as truth the ideal that education is key to addressing the inequalities that exist in society, and that teachers and other school professionals can and should be agents for positive social change.

Therefore, through on-going partnerships with our colleagues in K-12 education and state government, faculty of The School of Education remain dedicated to the core mission of producing high-quality professionals who possess solid content knowledge, demonstrated clinical competence, and a clearly articulated belief that all individuals deserve the highest quality practices in their schools and clinics.

BLENDED LEARNING FORMAT:

This course is using a blended learning format that combines face-to-face teaching and learning sessions with asynchronous learning activities. Since traditional interactions are reduced and you assume more responsibility for managing your learning time, you must follow the course outline carefully and complete the learning activities as scheduled. Less time spent in on-campus classes does not mean less work during the course. Your active participation is expected to help provide you with a rich learning experience. The class will meet face-to-face 9 weeks during this 15- week course. While much of your work will be carried out asynchronously, some activities will be conducted online, such as conference sessions, collaborative efforts, and discussion. As such, you will need to have daily access to the internet.

Each online component is assigned a specific date for completion. All required postings for online classes are required to be submitted by the day specified in this syllabus. Please be aware that several online classes require not only original postings from each student, but also dialogue between students. Each week's course content will not be 'released' to students until the previous week's course is completed. This assures that students will be in each course content area at the same time, allowing for richer dialogue and exposure to the perspectives of others.

NETIQUETTE

The etiquette guidelines that govern behavior when communicating on the Internet have become known as 'netiquette'. It is important that you use proper netiquette when posting comments on the discussion board. Remember, once you put something out on the Internet, you can't take it back (but you can call me ASAP and ask me to remove it). Please take a moment to review the following site which lists some basic Do's and Don'ts regarding netiquette for on-line classes.

<http://www.onlinecolleges.net/2011/08/05/using-online-course-etiquette-to-succeed-in-online-classes/>

WEATHER CANCELLATIONS

In the event that class is cancelled due to inclement weather, please log in to our Canvas site prior to class time to see if an (optional) alternate, online assignment has been posted. As long as we all have electricity, an attempt will be made to make up for lost class time using online tools.

COURSE OBJECTIVES:

Content Learning Goals:

Upon completion of this course, the students should be able to:

1. Understand a variety of models and theories of addiction and other problems related to substance use and co-occurring disorders. CMHC II(C)4; CF1

2. Understand the assessment process and established diagnostic criteria and range of service delivery for substance use and mental health disorders and describe treatment modalities and placement criteria within the continuum of care. CMHC II(C)3,5, IV(G)4; CF2, CF5
3. Understand the need to tailor helping strategies and treatment modalities to the client's stage of dependence, change, or recovery. CMHC II(C)3, CF2, CF5
4. Be familiar with medical and pharmacological resources in the treatment of substance use disorders. CF1
5. Understand the importance of research and outcome data and their application in clinical practice. CMHC II(C)9, V(I)1, CF1, CF2, CF5
6. Understand evidence-based treatments and basic strategies for evaluating counseling outcomes in clinical mental health counseling. This includes knowing the models of program evaluation for clinical programs. CMHC V(I)2, 3, CF4, CF5
7. Understand the value of an interdisciplinary approach to addiction treatment. CF3
8. Recognize the social, political, economic, and cultural context within which addiction and substance abuse exist, including risk and resiliency factors that characterize individuals and groups and their living environments. CF4, CF3
9. Recognize the potential for substance use disorders to mimic a variety of medical and psychological disorders and the potential for medical and psychological disorders to co-exist with addiction and substance abuse. CMHC I(A)6, VI(K)3, CF5
10. Recognize the importance of family, social networks, and community systems in the treatment and recovery process. CF2
11. Understand diverse cultures and incorporate the relevant needs of culturally diverse groups, as well as people with disabilities, into clinical practice. CMHC II(C)11, III(E)3, CF3
12. Understand the importance of self-awareness in one's personal, professional, and cultural life. CMHC II(C)12CMHCII.C.12
13. Understand the addiction professional's obligations to adhere to ethical and behavioral standards of conduct in the helping relationship. CMHC II.C.13, CF2
14. Understand the obligation of the addiction professional to participate in prevention as well as treatment. CF3, CF4
15. Understand the basic philosophies and experiences of various self-help groups. CMHC II(C)3

16. Recognize and implement appropriate counseling strategies when working with clients with addiction and co-occurring disorders. CMHC II(D)8, CF1

17. Recognize and apply the assessment of a client's stage of dependence, change, or recovery to determine the appropriate treatment modality and placement criteria within the continuum of care. CMHC IV(H)4, CF1

Performance Learning Goals

Upon completion of this course, the students should be able to:

15. Describe the behavioral, psychological, physical health, and social effects of psychoactive substances on the user and significant others.

16. Describe the philosophies, practices, policies, and outcomes of the most generally accepted and scientifically supported models of treatment, recovery, relapse prevention, and continuing care for addiction and other substance-related problems. CMHC II(C)3,5, V(I)3

17. Describe a variety of helping strategies for reducing the negative effects of substance use, abuse, and dependence. CMHC II(C)3

18. Provide treatment services appropriate to the personal and cultural identity and language of the client. CMHC

**The Course Objectives (and the "Course Outline and Content Areas" section below) are adapted from a Technical Assistance Publication (TAP 21) entitled "Addiction Counseling Competencies: Knowledge, Skills, and Attitudes." The curriculum outlined in TAP 21 represents a multidisciplinary and collaborative effort among representatives from the Center for Substance Abuse Treatment (CSAT), the Addiction Technology Transfer Center's (ATTC) National Curriculum Committee, the International Certification & Reciprocity Consortium (ICRC), the National Association of Alcohol and Drug Abuse Counselors (NAADAC), International Coalition for Addiction Studies Education (INCASE), and the American Academy of Health Care Providers in the Addictive Disorders.*

Course Activities	Assessment Methods	Clinical Mental Health Counseling
Lecture	Midterm & Final Exams	I(A)6, II(C)4, II(D)8, IV(G)4, IV(H)4, VI(K)3
Needle Exchange Field Experience	Small Group Discussion & Reflection Paper	I(A)6
Fellowship Meeting Attendance	Reflection Paper	II(D)8, IV(H)4
Presentation	In-class Presentation of an addiction related topic	II(C)9, IV(G)4

Middle States Accreditation Competencies
Addressed in these Course Objectives

Written Communication, Scientific Reasoning,
and Information Literacy and Oral
Communication

Course Outline and Content Areas:

1. Models and theories of addiction and other problems related to substance abuse.
 - a. Terms and concepts related to theory, research, and practice.
 - b. Scientific and theoretical basis of models from medicine, psychology, sociology, religious studies, counseling, and other disciplines.
 - c. Criteria and methods for evaluating models and theories.
 - d. Appropriate applications of models.
 - e. How to access addiction-related literature from multiple disciplines.
2. Established diagnostic criteria for substance use disorders and treatment modalities and placement criteria within the continuum of care.
 - a. Established diagnostic criteria, including but not limited to:
 - current Diagnostic Statistical Manual (DSM) standards,
 - current International Classification of Diseases (ICD) standards.b. Strengths and limitations of various diagnostic criteria.
3. Helping strategies for reducing the negative effects of substance use, abuse, and dependence.
 - a. A variety of helping strategies, including but not limited to:
 - evaluation methods and tools,
 - stage appropriate interventions,
 - motivational interviewing,
 - involvement of family and significant others,
 - mutual-help and self-help programs,
 - coerced and voluntary care models,
 - brief and longer-term interventions.
 - b. Helping strategies and treatment modalities tailored to the client's stage of dependence, change, or recovery.
4. Philosophies, practices, policies, and outcomes of the most generally accepted and scientifically supported models of treatment, recovery, relapse prevention, and continuing care for addiction and other substance-related problems.
 - a. Generally accepted models, such as but not limited to:
 - pharmacotherapy,
 - mutual help and self help,
 - behavioral self-control training,
 - mental health,
 - self-regulating community,
 - psychotherapeutic,
 - relapse prevention,
 - multimodality.

- b. The philosophy, practices, policies, and outcomes of the most generally accepted models.
 - c. Alternative models that demonstrate potential.
- 4. Medical and pharmacological resources in the treatment of substance use disorders.
 - a. Current literature regarding medical and pharmacological interventions.
 - b. Assets and liabilities of medical and pharmacological interventions.
- 5. Interdisciplinary approach to addiction treatment
 - a. Roles and contributions of multiple disciplines to treatment efficacy.
 - b. Terms and concepts necessary to communicate effectively across disciplines.
 - c. The importance of communication with other disciplines.
- 6. Research and outcome data and their application in clinical practice
 - a. Sources of research literature relevant to the prevention and treatment of addiction.
 - b. Specific research on epidemiology, etiology, and treatment efficacy.
- 7. Social, political, economic, and cultural context within which addiction and substance abuse exist, including risk and resiliency factors that characterize individuals and groups and their living environments.
 - a. Basic concepts of social, political, economic, and cultural systems and their impact on drug-taking activity.
 - b. The histories of licit and illicit drug use.
 - c. Research reports and other literature identifying risk and resiliency factors for substance use.
 - d. Statistical information regarding the incidence and prevalence of substance use disorders in the general population and major demographic groups.
- 8. Behavioral, psychological, physical health, and social effects of psychoactive substances on the user and significant others.
 - a. Fundamental concepts of pharmacological properties and effects of all psychoactive substances.
 - b. Knowledge of the continuum of drug use, such as initiation, intoxication, harmful use, abuse, dependence, withdrawal, craving, relapse, and recovery.
 - c. Behavioral, psychological, social, and health effects of psychoactive substances.
 - d. The effects of chronic substance use on consumers, significant others, and communities within a social, political, cultural, and economic context.
 - e. The varying courses of addiction.
 - f. The relationship between infectious diseases and substance use.

9. The potential for substance use disorders to mimic a variety of medical and psychological disorders to co-exist with addiction and substance abuse.
- Normal human growth and development.
 - Symptoms of substance use disorders that are similar to those of other medical and/or psychological disorders and how these disorders interact.
 - The medical and psychological disorders that most commonly exist with addiction and substance use disorders.
 - Methods for differentiating substance use disorders from other medical or psychological disorders.
10. The importance of family, social networks, and community systems in the treatment and recovery process.
- The role of family, social networks, and community systems as assets or obstacles in the treatment and recovery process.
 - Methods for incorporating family and social dynamics in treatment and recovery processes.
11. Understanding diverse cultures and how to incorporate the relevant needs of culturally diverse groups, as well as people with disabilities, into clinical practice.
- Information and resources regarding racial and ethnic cultures, lifestyles, gender, age, ethnic, racial, and relevant needs of people with disabilities.
 - The unique influence the client's culture, lifestyle, gender, and other relevant factors may have on behavior.
 - The relationship between substance use and diverse cultures, values, and lifestyles.
 - Assessment and intervention methods that are appropriate to culture and gender.
 - Counseling methods relevant to the needs of culturally diverse groups and people with disabilities.
 - The Americans with Disabilities Act and other legislation related to human, civil, and client rights.
12. Treatment services appropriate to the personal and cultural identity and language of the client.
- Various cultural norms, values, beliefs, and behaviors.
 - Cultural differences in verbal and non-verbal communication.
 - Resources to help develop individualized treatment plans.
13. Understanding the importance of self-awareness in one's personal, professional, and cultural life.
- Personal and professional strengths and limitations.

- b. Cultural, ethnic, or gender biases.
14. Understanding the obligation of the addiction professional to participate in prevention as well as treatment.
- a. Research-based prevention models and strategies.
 - b. The relationship between universal, selective, and indicated prevention and treatment.
15. Understanding the addiction professional's obligations to adhere to ethical and behavioral standards of conduct in the helping relationship.
- a. State and Federal regulations related to the practice of addiction treatment.
 - b. Scope-of-practice standards.
 - c. Legal, ethical, and behavioral standards.
 - d. Discipline-specific ethics codes.

Methods of Instruction & Learning Activities:

- A. Lecture/PowerPoint Presentations with Discussions
- B. Films/Videos with Discussions
- C. Individual Writing Assignments
- D. Facilitating Internet Resources
- E. In-Class and Small Group Discussions
- F. Out-of-Class Experiential Learning
- G. Readings
- H. Online discussion board postings

Required Text:

Hari, J. (2015). *Chasing the Scream: The first and last days of the war on drugs*. New York, NY: Bloomsbury Publishing.

Recommended Text:

Hart, C. (2014). *High Price: A neuroscientist's journey to self-discovery that changes everything you know about drugs and society*. New York, NY: Harper Perennial.

www.streetdrugs.org. (2016). *Street Drugs: Drug Identification Guide*. Plymouth, MN: Publishers Group.

Field Experience

Students will visit the Prevention Point Needle Exchange Program in Philadelphia, PA. They will receive a formal volunteer training and spend the afternoon volunteering on the

needle exchange van itself. They will be afforded the opportunity to speak with users of the exchange, package 'works kits' to supply the van, as well as distribute literature about area treatment programs. Students WILL NOT be handling dirty needles in any capacity.

Students will also attend a fellowship meeting of their choice.

In-Class Presentations

Guest speakers will share their stories in class and allow students to have a Q&A regarding their experiences with both mental health and substance abuse disorders and treatments. Speakers will include individuals in recovery from sex, gambling, heroin, and alcohol addictions. A portion of your class participation grade will be dedicated to your engagement with the guest presenters. It is important that you actively listen to their stories and ask questions.

Student Assessment Methods, Plan, and Rationale:

1. Class Participation and Active Presence: 20 points

It is important that you think critically about issues related to substance and behavioral addictions, and their roles not only on individuals, but also their families as well as greater society. Our roles as counselors go beyond treating individuals and their families, and must include an understanding of related social policy, and our responsibility for advocacy in this area. To this end, we will approach this topic from a social-ecological perspective. There will be ample opportunities for you to explore issues in addictions and express your critical thoughts and opinions in small group, whole class, and online discussions. Your in-class and online responses to topics of discussion should demonstrate your ability to integrate ideas and concepts from the readings with those of your own critical thought processes, as well as the experiences provided you through field exposure and invited guest presentations. Your active presence in the daily face-to-face meetings, as well as the online components of this course is essential.

Class participation/ on-line presence will be graded according to the following rubric:

0	→	→	→	→	→	→	10
Does not engage in class or online discussions	Slightly engaged in class or online discussions when called upon	Slightly engaged in class or online discussions when called upon	Moderately engaged in class or online discussions when called upon	Fully engaged in class or online discussion	Highly involved in class or online discussions		
0	→	→	→	→	→	→	10
	No evidence of integration of readings and class topics	Minimal evidence of integration of readings and class topics	Some evidence of integration of readings and class topics	Volunteers to participate and comments that reflect moderate engagement with readings and class topics	Readily volunteers with relevant questions and comments that display a solid effort to integrate ideas from readings and class topics		

2. Needle Exchange Reflection Paper (10 points):

Students will write a two-page reflection paper on their experience of participating with the needle exchange program. This reflection should focus on what (if anything) has changed about your perceptions of addiction, addicts and harm reduction methods as a result of your participation. A scoring rubric is posted on CANVAS. Participation in this experience requires that you read the program expectations for volunteers, complete a volunteer identification form, as well as a sign a consent statement. All of these documents can be found on CANVAS under this designated assignment.

3. Attendance at one self-help group meeting (10 points):

In order to understand the basic philosophy and experience of self-help groups, you are required to attend a fellowship meeting of your choice during the current semester. You will provide a 2-3 page written observation of the meeting (typed; double-spaced, 12 pt. font) following the guidelines below. The due date for this paper is indicated in the "Course Schedule" section below. The scoring rubric is posted on CANVAS.

In-class I will have an activity that offers students the chance to choose from several different types of meetings. You will attend a fellowship meeting designated for you during this activity. The purpose of this is to enrich class discussion via students' exposure to a wide variety of different fellowship meetings. Please do not attend a meeting for this assignment until we hold this activity in class.

GUIDELINES for visiting the Self-help/Mutual-help groups

1. Attendance at one fellowship meeting, or other alcohol/drug/addiction related self-help groups, must be completed during the current semester.
2. Attend only meetings that are designated as “Open” meetings. Open meetings are designed to accommodate visitors, whereas “Closed” meetings are designated for individuals who are in recovery (e.g., in the case of AA, for those who “have a desire to stop drinking.”) When you arrive at the meeting, it’s a good idea to ask if the meeting is an open meeting (a meeting may have changed from an open to a closed meeting).
3. In general, the chair of the meetings will ask if there are any visitors (or “newcomers”) to the meeting. You may wish to say: “Hello, my name is _____ (first name only), and I am a visitor.” If you wish to say that you are a student hoping to learn more about addiction, or that you are a “counselor-in-training,” feel free to do so. Group members are very likely to approach you to introduce themselves and to greet you. In most cases they are “reaching out” to help others (e.g., in the case of AA, they are reaching out to those “still suffering.”)
4. Please do not take notes during the meeting.
5. Most importantly --- remember to respect the anonymity of the participants: “Who you see there, and what you hear there, let it stay there.”

Reaction Papers “Write-up” guidelines

1. “Write-ups” of the meetings are to be in the form of a 2-3 page reaction paper (typed; double-spaced, 12-pt. font). Papers should be presented as professional documents, i.e., grammar, misspelled words, typos, etc. all reflect upon the professional presentation of your work and will influence your grade. The paper should be written in APA format.
2. I am looking for your reactions (gut level and intellectual) instead of a summary of what happened at the meeting. Please do not re-tell the story of what you heard. I am not interested in other people’s stories, I am interested in your reaction to this experience.
3. Integrate ideas and concepts from the readings and class discussions whenever possible.
4. Questions to Ponder: What are your biases around Self-help/Mutual-help groups? Will these biases affect whether or not you would refer clients to fellowship meetings? What do you personally have in common with the other people who attended this meeting (demographics do not count)?

4. Presentations (10 points):

As a professional counselor, one is often called upon to give presentations on relevant counseling topics, such as in-service trainings for school personnel or as a consultant for community agencies or other organizations. Additionally, as an addiction counselor, one is often called upon to provide client, family, and /or community educational programming focused on aspects of addiction and recovery as part of a comprehensive treatment approach. To help prepare for this task, you will work in groups of 2 to provide an on-line audio or video recorded presentation and participate in on-line discussions covering a topic that is focused on substance abuse and addiction issues and that will be relevant to your future work as a counselor. This assignment will be discussed in more detail in class (e.g., length of presentation, content and format, etc.) The scoring rubric is posted on CANVAS.

Students must post their determined topic on the Discussion Board designated for such. There can be no duplication of topics among students. Topics will be allowed on a first- come-first-serve basis, so if someone else has already posted a topic that you wish to present, you will be required to change your topic.

Students are required to specify whether or not they offer their permission for other students to download their presentation to use as a part of their own professional library. Students who do so should remember to offer credit to the developer of the presentation when using the resource. In doing so, students are helping to prepare one another in entering the workforce, and having a beginning 'library' of important and current counseling topics for presentation.

5. Letter to Legislator (10 points):

Each student will be responsible for choosing a New Jersey Legislator to write a letter, expressing concerns related to issues related to Substance Abuse Prevention or Treatment in New Jersey. Students are welcome to choose a legislator based on the legislator's role on a particular committee or based on the constituency s/he represents. Information presented in the letter may be an expression of opinion or concern. If information offered in the letter is stated as fact, it must be backed up with sources and research. Students are expected to turn in a copy for grading via CANVAS dropbox, and are also expected to send a copy directly to the legislator the letter is addressed to.

6. Test #1 (20 points):

The test will cover topics from classroom lectures, discussions, experiences and readings.

7. Final Test (20 points):

The test will be comprehensive and cover topics from classroom lectures, discussions, experiences and readings for the entire semester.

Grading Systems:

<i>Activities</i>	<i>Points</i>
1. Class Participation	20 pts.
2. Attendance at a self-help meeting & Write-up	10 pts. – October 11
3. Needle Exchange Reaction Paper	10 pts. –1 week from date
4. Presentation	10 pts. – November 22
5. Letter to legislator	10 pts. – November 29
6. Test #1 Due	20 pts. – November 1
7. Final Test Due	<u>20 pts. – December 13</u>
Total Points	100 pts.

A	95-100 pt.	A-	91-94 pt.	
B+	88-90 pt.	B	84-87 pt.	B- 80-83 pt.
C+	77-79 pt.	C	74-76 pt.	

TCNJ Attendance Policy

TCNJ's Absence and Attendance Policy can be found at the following link:

<http://policies.tcnj.edu/policies/digest.php?docId=9134>

STUDENTS WHO MISS CLASS ARE RESPONSIBLE FOR ALL MATERIALS COVERED FOR EACH MISSED CLASS.

Although your grade will not be reduced solely due to absences, if you are absent from class, you are not participating. Class participation is 20% of your course grade.

Late Assignments

Ten percent will be deducted for each day an assignment is late (i.e. handed in after class) including weekend days. **No** assignments will be accepted after **one week**. It is the student's responsibility to ensure assignments are submitted on time. Last minute emergencies will not be an exception, therefore it is best not to wait until the last minute to complete an assignment.

Electronic Communication Devices

Please ensure that any cellular phones are turned off (or set on "vibrate") for the duration of the class. The professor reserves the right to answer any ringing telephone.



Laptops

You may absolutely use your laptops to take notes. Please, do not use your laptop for other purposes during class, such as checking e-mail, looking at Facebook, etc. If you use your laptop for non-class related activities you will be asked not to use your laptop in class at all. Nobody should have their laptop open when we have guest speakers. If you wish to take notes from the guest speakers, you will need to do it via paper and pen.

Food

Our class is dinnertime! I recognize many of you may work, have Internship, or chase kids around all day, and are faced with the struggle to find parking, and run across campus to make a 5:00 class. I get it. Please feel free to bring your dinner and eat during class. Please do try to avoid loud crunchy foods though (i.e. ditch the carrot sticks and chips).

TCNJ Academic Integrity Policy:

Academic dishonesty is any attempt by the student to gain academic advantage through dishonest means, to submit, as his or her own, work which has not been done by him/her or to give improper aid to another student in the completion of an assignment. Such dishonesty would include, but is not limited to: submitting as his/her own a project, paper, report, test, or speech copied from, partially copied, or paraphrased from the work of another (whether the source is printed, under copyright, or in manuscript form). Credit must be given for words quoted or paraphrased. The rules apply to any academic dishonesty, whether the work is graded or ungraded, group or individual, written or oral.

TCNJ's academic integrity policy is available on the web:

<http://policies.tcnj.edu/policies/digest.php?docId=9394>

Disability Support Services

Disability Support Services (DSS) collaborates with students, faculty, staff and guests to advance access within the campus community and to further extend both the mission of The College of New Jersey and the mission of the Division of Enrollment Management to persons with disabilities. As part of this effort, DSS promotes an awareness of disability as a facet of diversity with underpinnings of collaborative efforts being rooted in social justice. Should you desire the assistance of Disability Support Services, you may find further information at the following link.

<http://differingabilities.pages.tcnj.edu>

Procedures for Evaluating the Course:

- A. Student evaluations of course (both college and departmental forms)
- B. Review by department colleagues
- C. Faculty self-assessment
- D. I will administer an anonymous Qualtrics survey at the end of the semester to ask for student evaluation of the course, specifically as it relates to being blended. This is the first time offering this course in a blended format, and student feedback about the strengths and hindrances of this method will direct modifications for future semesters and therefore strengthen the course.

TCNJ Attendance and Absence Policy

Every student is expected to participate in each of his/her courses through regular attendance at lecture and laboratory sessions. It is further expected that every student will be present, on time, and prepared to participate when scheduled class sessions begin. At the first class meeting of a semester, instructors are expected to distribute in writing the attendance policies which apply to their courses. While attendance itself is not used as a criterion for academic evaluations, grading is frequently based on participation in class discussion, laboratory work, performance, studio practice, field experience, or other activities which may take place during class sessions. If these areas for evaluation make class attendance essential, the student may be penalized for failure to perform satisfactorily in the required activities. Students who must miss classes due to participation in a field trip, athletic event, or other official college function should arrange with

their instructors for such class absences well in advance. The Office of Academic Affairs will verify, upon request, the dates of and participation in such college functions. In every instance, however, the student has the responsibility to initiate arrangements for make-up work.

Students are expected to attend class and complete assignments as scheduled, to avoid outside conflicts (if possible), and to enroll only in those classes that they can expect to attend on a regular basis. Absences from class are handled between students and instructors. The instructor may require documentation to substantiate the reason for the absence. The instructor should provide make-up opportunities for student absences caused by illness, injury, death in the family, observance of religious holidays, and similarly compelling personal reasons including physical disabilities. For lengthy absences, make-up opportunities might not be feasible and are at the discretion of the instructor. The Office of Academic Affairs will notify the faculty of the dates of religious holidays on which large numbers of students are likely to be absent and are, therefore, unsuitable for the scheduling of examinations. Students have the responsibility of notifying the instructors in advance of expected absences. In cases of absence for a week or more, students are to notify their instructors immediately. If they are unable to do so they may contact the Office of Records and Registration. The Office of Records and Registration will notify the instructor of the student's absence. The notification is not an excuse but simply a service provided by the Office of Records and Registration. Notifications cannot be acted upon if received after an absence. In every instance the student has the responsibility to initiate arrangements for make-up work.

TCNJ's attendance and absence policy *is available on the web:*

<http://policies.tcnj.edu/policies/digest.php?docId=9134>

Grade Appeals Policy

<http://policies.tcnj.edu/policies/digest.php?docId=9302>

American with Disabilities Act Policy

Any student who has a documented disability and is in need of academic accommodations should notify the professor of this course and contact the Office of Disability Support Services (609-771-3199; website: <http://differingabilities.pages.tcnj.edu>). Accommodations are individualized and in accordance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1992. *TCNJ's Americans with Disabilities Act (ADA) policy is available on the web:* <http://policies.tcnj.edu/policies/digest.php?docId=8082>

The College of New Jersey Policy Prohibiting Discrimination in the Workplace/Educational Environment governs the college's commitment to and expectations of having an environment that respects the diversity of all members of the campus community. The link to this policy is: <http://policies.tcnj.edu/policies/digest.php?docId=9122>. Under this policy, forms of discrimination or harassment based upon specific protected categories are prohibited and will not be tolerated. If you wish to report a concern, please contact Kerri Thompson Tillett, Chief Diversity Officer, at 771-3139, or via email at thomsok@tcnj.edu.

EEO Policy

The College of New Jersey Policy Prohibiting Discrimination in the Workplace/Educational Environment governs the college's commitment to and expectations of having an environment that respects the diversity of all members of the campus community. The link to this policy is: <http://policies.tcnj.edu/policies/digest.php?docId=9122>. Under this policy, forms of discrimination or harassment based upon specific protected categories are prohibited and will not be tolerated. If you wish to report a concern, please contact Kerri Thompson Tillett, Chief Diversity Officer, at 771-3139, or via email at thomsok@tcnj.edu.

Class Recording Policy

"Class Recording" is a video and/or audio replication or photographic image of a class (including lectures and discussions) captured on a recording device that captures and stores images and/or sound including, but not limited to, audio recorders, video recorders, cellular phones, digital cameras, MP3 players, computers and handheld devices and stored on such device or other storage device or media.

Students may not create Class Recordings by any means without the prior express authorization of the faculty member teaching the class ("Instructor") or the Office of Disability Support Services pursuant to Section III.B.4. or the Hearing Officer pursuant to Section III.B.5. (see Class Recording Policy for details). All students should be aware that there may be a recording in progress in any class they attend. Except to the extent that the Instructor expressly permits other uses, the use of Class Recordings is solely authorized for the purposes of individual study of the Authorized Student and shall not be otherwise shared, copied, distributed or displayed, including without limitation via the Internet. The grant of permission to record shall create no intellectual property rights in the Class Recording, nor convey any such intellectual property rights to the Authorized Student or the Recorder, except for the Authorized Student's limited license to use the Class Recording in accordance with this Policy. In requesting such permission the Recorder and Authorized student shall expressly agree to be bound by the restrictions set forth in this policy.

Class recording policy is available on the web:

<http://policies.tcnj.edu/policies/digest.php?docId=9236>

Academic Enhancement Center:

The Academic Enhancement Center, which is located in Roscoe West Hall, Suite #131, is an excellent place to get help on your papers. Refer to the *The Writer's Place* at <http://tutoringcenter.pages.tcnj.edu/humanities/writers-place/> or use the *Online Writing Lab* at <http://tutoringcenter.pages.tcnj.edu/humanities/online-writing-lab/>.

Counselor Competency to Practice

The Department of Counselor Education at The College of New Jersey is obligated, as a CACREP-accredited institution, to hold our students to the highest professional, personal, and ethical standards and to respond when those standards are compromised. Therefore, students, throughout their degree work in their respective programs, are expected to be: 1) open, 2) flexible, 3) self-reflective, 4) cooperative, 5) willing to use and accept feedback, 6) aware of their impact on others, 7) able to deal with conflict, 8) able to accept personal responsibility, and 9) able to express feelings effectively and appropriately (Wiggins-Frame & Stevens-Smith, 1995). The Department fully endorses the ACA Code of Ethics and these nine essential elements of a competent and ethical counselor. Counseling not only demands the highest levels of performance, it also subjects counselors to stresses and challenges that may threaten individuals' coping abilities. Therefore, students are encouraged to seek professional assistance if they feel that their work is being affected. Additionally, the faculty recommends that students notify their course instructors and faculty advisor. The department faculty will notify students if their performance requires additional self-assessment and self-reflection. Failure to address the concerns and improve their performance may result in disciplinary action including a review by a Student Retention Committee. The faculty reserves the right to exact grading penalties for any unprofessional or unethical behaviors and discuss ramifications with the department faculty.

Respect Confidentiality

Being actively involved in this class requires some level of self-disclosure and discussion of client concerns. It is extremely important that confidentiality be maintained. Revealing personal information about classmates and/or clients outside of the classroom is a breach of confidentiality. It is expected that anyone who participates in a role-play or demonstration of either an individual or group session will have his or her confidentiality respected.

Course Schedule – Fall 2016

Class	Date	Class Content	Assigned Readings	Assignments Due
1	January 23	- Introduction to course; course requirements - Many Faces of Addiction - Models/Theories of Addiction - Diagnostic Criteria for Substance Use Disorders	All assigned readings and web- links are listed on CANVAS	Sign up for the http://www.drugfree.org/join-together website list-serve to receive weekly updates on national and local drug policy.
2	January 30	How Drugs Work..... Overview: Classes of Drugs -Alcohol	All assigned readings and web- links are listed on CANVAS.	
3	February 6	- Addiction and the Brain - Trauma	All assigned readings and web- links are listed on CANVAS.	
4	February 13	Overview: Classes of Drugs - Marijuana - Tobacco	All assigned readings and web- links are listed on CANVAS.	
5	February 20	- Treatment Modalities Harm Reduction	All assigned readings and web- links are listed on CANVAS.	Presentation by Prevention Point Executive Director

Class	Date	Class Content	Assigned Readings	Assignments Due
6	February 27	- Opioids - Stimulants	All assigned readings and web-links are listed on CANVAS.	Self-Help Reaction Paper is Due
7	March 6	- Substance Abuse/Addiction & Family Systems	All assigned readings and web-links are listed on CANVAS.	Test #1 is released Guest Speaker
8	March 13	SPRING BREAK		
9	March 20	- Public Policy & Ethics	All assigned readings and web-links are listed on CANVAS.	Test #1 is due by 9:00am Guest Speakers
10	March 27	Overview: Classes of Drugs -Inhalants - Club drugs -Psychedelics & Dissociative Anesthetics	All assigned readings and web-links are listed on CANVAS.	
11	April 3	Book Club & Pot Luck	All assigned readings and web-links are listed on CANVAS.	
12	April 10	- Self-help meetings - Gender - Sexual orientation	All assigned readings and web-links are listed on CANVAS.	On-line Presentation Due
13	April 17	- Behavioral Addictions - Eating Disorders - Gambling - Internet - Sex	All assigned readings and web-links are listed on CANVAS,	Advocacy Letter Due
14	April 24	- Ethnicity, culture, and substance use disorders - Adolescents - Elderly Prevention	All assigned readings and web-links are listed on CANVAS.	
15	May 1	- Substance Abuse and Addiction in relation to HIV/AIDS and other Infectious Diseases - Final Exam Released	All assigned readings and web-links are listed on CANVAS.	Final Exam Released
16	May 8	-Catch-Up week		Final Exam Due by 9:00am

*Additional readings for each week are posted directly on the CANVAS site within each week's module.

Readings below are optional unless posted on the CANVAS page within a module. These are resources to further support course content and are referenced in lectures.

Adolescents

- Babowitch, J. D., & Antshel, K. M. (2016). Adolescent treatment outcomes for comorbid depression and substance misuse: A systematic review and synthesis of the literature. *Journal of Affective Disorders*, 201, 25-33. doi:10.1016/j.jad.2016.04.018
- Cavanaugh, D., Kraft, M., Muck, R., & Merrigan, D. M. (2011). Toward an effective treatment system for adolescents with substance use disorders: The role of the states. *Children and Youth Services Review*, 33, S16-S22. doi:10.1016/j.childyouth.2011.06.008
- Chen, P., & Jacobson, K. C. (2012). Developmental trajectories of substance use from early adolescence to young adulthood: Gender and racial/ethnic differences. *Journal of Adolescent Health*, 50, 154-163. doi:10.1016/j.jadohealth.2011.05.013
- Cunningham, P., Foster, S. & Warner, S. (2010). Culturally relevant family-based treatment for adolescent delinquency and substance abuse: Understanding within-session process. *Journal of Clinical Psychology*, 66, 830-846.
- Garcia, T. A., Bacio, G. A., Tomlinson, K., Ladd, B. O., & Anderson, K. G. (2015). Effects of sex composition on group processes in alcohol prevention groups for teens. *Experimental and Clinical Psychopharmacology*, 23(4), 275-283. doi:10.1037/pha0000032
- Guyer, A. E., Silk, J. S., & Nelson, E. E. (2016). The neurobiology of the emotional adolescent: From the inside out. *Neuroscience and Biobehavioral Reviews*, doi:10.1016/j.neubiorev.2016.07.037
- Hammond, C. J. (2016). The role of pharmacotherapy in the treatment of adolescent substance use disorders. *Child and Adolescent Psychiatric Clinics of North America*, doi:10.1016/j.chc.2016.05.004
- Hsiao, R. C., & Walker, L. R. (2016). Understanding adolescent substance use disorders in the era of marijuana legalization, opioid epidemic, and social media. *Child and Adolescent Psychiatric Clinics Of North America*, 25(3), xiii-xiv. doi:10.1016/j.chc.2016.04.001
- Vermeulen-Smit, E., Verdurmen, J. E., & Engels, R. E. (2015). The effectiveness of family interventions in preventing adolescent illicit drug use: A systematic review and meta-analysis of randomized controlled trials. *Clinical Child and Family Psychology Review*, 18(3), 218-239. doi:10.1007/s10567-015-0185-7

Behavioral Addictions

- Benson, A. L., & Eisenach, D. A. (2013). Stopping overshopping: An approach to the treatment of compulsive-buying disorder. *Journal of Groups in Addiction & Recovery*, 8, 3-24. Doi:10.1080/1556035X.2013.727724
- Dozier, M. E., Porter, B., & Ayers, C. R. (2016). Age of onset and progression of hoarding symptoms in older adults with hoarding disorder. *Aging & Mental Health*, 20(7), 736-742. doi:10.1080/13607863.2015.1033684

- Duffy, A., Dawson, D. L., & das Nair, R. (2016). Pornography addiction in adults: A systematic review of definitions and reported impact. *Journal of Sexual Medicine*, 13(5), 760-777. doi:10.1016/j.jsxm.2016.03.002
- Cardi, V., Leppanen, J., & Treasure, J. (2015). The effects of negative and positive mood induction on eating behaviour: A meta-analysis of laboratory studies in the healthy population and eating and weight disorders. *Neuroscience and Bio-behavioral Reviews*, 57, 299-309. doi:10.1016/j.neubiorev.2015.08.011
- Delboy, S. (2015). Evidence-based practice for sex addiction: A clinical case illustration. *Sexual Addiction & Compulsivity*, 22(4), 273-289. doi:10.1080/10720162.2015.1072487
- Gavriel-Fried, B., & Ajzenstadt, M. (2012). Pathological women gamblers: Gender-related aspects of control. *Sex Roles*, 66, 128-142. doi:10.1007/s11199-011-0071-9
- González-Ortega, I. I., Echeburúa, E. E., Corral, P. P., Polo-López, R. R., & Alberich, S. S. (2013). Predictors of pathological gambling severity taking gender differences into account. *European Addiction Research*, 19, 146-154. doi:10.1159/000342311
- Granero, R., Fernández-Aranda, F., Mestre-Bach, G., Steward, T., Baño, M., del Pino-Gutiérrez, A., & ... Jiménez-Murcia, S. (2016). Compulsive buying behavior: Clinical comparison with other behavioral addictions. *Frontiers in Psychology*, 7, 1-12.
- Guillot, C. R., Bello, M. S., Tsai, J. Y., Huh, J., Leventhal, A. M., & Sussman, S. (2016). Longitudinal associations between anhedonia and internet-related addictive behaviors in emerging adults. *Computers In Human Behavior*, 62, 475-479. doi:10.1016/j.chb.2016.04.019
- Hacker, L. E., Park, J. M., Timpano, K. R., Cavitt, M. A., Alvaro, J. L., Lewin, A. B., & ... Storch, E. A. (2016). Hoarding in children with ADHD. *Journal of Attention Disorders*, 20(7), 617-626. doi:10.1177/1087054712455845
- Jorgenson, A. G., Hsiao, R. C., & Yen, C. (2016). Internet addiction and other behavioral addictions. *Child and Adolescent Psychiatric Clinics Of North America*, 25(3), 509-520. doi:10.1016/j.chc.2016.03.004
- Karaca, S., Saleh, A., Canan, F., & Potenza, M. N. (2016). Comorbidity between behavioral addictions and attention deficit/hyperactivity disorder: A systematic review. *International Journal of Mental Health and Addiction*, doi:10.1007/s11469-016-9660-8
- King, D. L., Delfabbro, P. H., Griffiths, M. D., & Gradisar, M. (2011). Assessing clinical trials of internet addiction treatment: A systematic review and CONSORT evaluation. *Clinical Psychology Review*, 31, 1110-1116. doi:10.1016/j.cpr.2011.06.009
- Lambert, L. (2013). Internet sex addiction. *Journal of Addiction Medicine*, 7, 145-146.
- Linville, D., Cobb, E., Lenée-Bluhm, T., López-Zerón, G., Gau, J. M., & Stice, E. (2015). Effectiveness of an eating disorder preventative intervention in primary care medical settings. *Behaviour Research and Therapy*, 75, 32-39. doi:10.1016/j.brat.2015.10.004

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McKeague, E. L. (2014). Differentiating the female sex addict: A literature review focused on themes of gender difference used to inform recommendations for treating women with sex addiction. *Sexual Addiction & Compulsivity*, 21(3), 203-224. doi:10.1080/10720162.2014.931266

O' Connor, J. (2016). A struggle with the contents: Toward an understanding of the dynamics of hoarding. *Journal Of Contemporary Psychotherapy*, 46(2), 63-69. doi:10.1007/s10879-015-9315-2

Rantala, V., & Sulkunen, P. (2012). Is pathological gambling just a big problem or also an addiction? *Addiction Research & Theory*, 20, 1-10. doi:10.3109/16066359.2011.552819

Short, M. B., Wetterneck, C. T., Bistricky, S. L., Shutter, T., & Chase, T. E. (2016). Clinicians' beliefs, observations, and treatment effectiveness regarding clients' sexual addiction and internet pornography use. *Community Mental Health Journal*, doi:10.1007/s10597-016-0034-2

Williams, M., & Viscusi, J. A. (2016). Hoarding disorder and a systematic review of treatment with cognitive behavioral therapy. *Cognitive Behaviour Therapy*, 45(2), 93-110. doi:10.1080/16506073.2015.1133697

Brain

Collerton, D. (2013). Psychotherapy and brain plasticity. *Frontiers in Psychology*, 4, 1-5. doi:10.3389/fpsyg.2013.00548

Heikkinen, N., Niskanen, E., Könönen, M., Tolmunen, T., Kekkonen, V., Kivimäki, P., & ... Vanninen, R. (2017). Alcohol consumption during adolescence is associated with reduced grey matter volumes. *Addiction*, doi:10.1111/add.13697

Lewis, M. (2017). Addiction and the brain: Development, not disease. *Neuroethics*, doi:10.1007/s12152-016-9293-4

Wakefield, J. C. (2016). Addiction and the concept of disorder, part 1: Why addiction is a medical disorder. *Neuroethics*, doi:10.1007/s12152-016-9300-9

Club Drugs

Bracchi, M., Stuart, D., Castles, R., Khoo, S., Back, D., & Boffito, M. (2015). Increasing use of 'party drugs' in people living with HIV on antiretrovirals: A concern for patient safety. *Aids*, 29(13), 1585-1592. doi:10.1097/QAD.0000000000000786

Palamar, J. J., Griffin-Tomas, M., & Ompad, D. C. (2015). Illicit drug use among rave attendees in a nationally representative sample of US high school seniors. *Drug and Alcohol Dependence*, 15, 224-31. doi:10.1016/j.drugalcdep.2015.05.002

Sanacora, G., & Schatzberg, A. F. (2015). Ketamine: Promising Path or False Prophecy in the Development of Novel Therapeutics for Mood Disorders? *Neuropsychopharmacology*, 40(2), 259-267. doi:10.1038/npp.2014.261

Sullivan, A. K. (2015). Club drugs: what's happening?. *Sexually Transmitted Infections*, 91(6), 388. doi:10.1136/sextrans-2015-052057

Yen, L., & Tsuang, J. W. (2015). An Update on Street and Club Drugs: What Clinicians Need to Know. *Psychiatric Times*, 32(4), 11-16.

Cocaine

Carpenter, K. M., Amrhein, P. C., Bold, K. W., Mishlen, K., Levin, F. R., Raby, W. N., & ... Nunes, E. V. (2016). Derived relations moderate the association between changes in the strength of commitment language and cocaine treatment response. *Experimental and Clinical Psychopharmacology*, 24(2), 77-89. doi:10.1037/pha0000063

Co-Occurring Disorders

Andreas, J., Lauritzen, G. & Nordfjaem, R. (2015). Co-occurrence between mental distress and poly-drug use: Ten year prospective study of patients from substance abuse treatment. *Addictive Behaviors*, 4871-4878. doi:10.1016/j.addbeh.2015.05.001

Brown, S., Jun, M., Min, M., & Tracy, E. M. (2013). Impact of dual disorders, trauma, and social support on quality of life among women in treatment for substance dependence. *Journal of Dual Diagnosis*, 9, 61-71. doi:10.1080/15504263.2012.750147

Center for Substance Abuse Treatment. Screening, Assessment, and Treatment Planning for Persons With Co-Occurring Disorders. COCE Overview Paper 2. DHHS Publication No. (SMA) 06-4164 Rockville, MD: Substance Abuse and Mental Health Services Administration, and Center for Mental Health Services, 2006.

Choi, S., Adams, S., Morse, S. & MacMaster, S. (2015). Gender differences in treatment retention among individuals with co-occurring substance abuse and mental health disorders. *Substance Use & Misuse*, 50(5), 653-663. Doi:10.3109/10826084.2014.997828

Chow, C. M., Wieman, D., Cichocki, B., Qvicklund, H., & Hiersteiner, D. (2013). Mission impossible: Treating serious mental illness and substance use co-occurring disorder with integrated treatment: A meta- analysis. *Mental Health and Substance Use*, 6, 150-168. doi:10.1080/17523281.2012.693130

Godly, S., Smith, J., Passeti, L. & Subramaniam, G. (2014). The Adolescent Community Reinforcement Approach (A-CRA) as a model paradigm for the management of adolescents with substance use disorders and co-occurring psychiatric conditions. *Substance Abuse*, 35(4), 352-363. doi:10.1080/08897077.2014.936993

Gotham, H. J., Brown, J. L., Comaty, J. E., McGovern, M. P., & Claus, R. E. (2013). Assessing the co-occurring capability of mental health treatment programs: The Dual Diagnosis Capability in Mental Health Treatment (DDCMHT) Index. *The Journal Of Behavioral Health Services & Research*, 40(2), 234-241. doi:10.1007/s11414-012-9317-8

Lipsky, S., Krupski, A., Roy-Byrne, P., Lucenko, B., Mancuso, D. & Huber, A. (2010). Effect of co-occurring disorders and intimate partner violence on substance abuse treatment outcomes. *Journal of Substance Abuse Treatment*, 38, 231-244.

Substance Abuse and Mental Health Services Administration, General Principles for the Use of Pharmacological Agents to Treat Individuals with Co-Occurring Mental and Substance Use Disorders. HHS Publication No. SMA- 12-4689, Rockville, MD: Substance Abuse and Mental Health Services Administration, 2012.

Watkins, K., Cuellar, A., Hepner, K., Hunter, S., Paddock, S., Ewing, B. & de la Cruz, E. (2014). The cost-effectiveness of depression treatment for co-occurring disorders: A clinical trial. *Journal of Substance Abuse Treatment*, 46(2), 128-133, doi:10.1016/j.sat.2013.08.006

Eating Disorders

Ballard, J. & Crane, S. (2015). Eating disorders treatment patterns by age. *Eating Disorders: The Journal of Treatment & Prevention*, 23(3), 262-274. doi: 10.1080/10640266.2014.981427

Carter, J. & Kelly, A. (2015). Autonomous and controlled motivation for eating disorders treatment. Baseline predictors and relationship to treatment outcome. *British Journal of Clinical Psychology*, 54, 76-90. doi: 10.1111/bjc.12062

Fursland, A. & Watson, H. (2014). Eating disorders: A hidden phenomenon in outpatient mental health? *International Journal of Eating Disorders*, 47(4), 422-425. doi:10.1002/eat.22205

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- McIntosh, V. W., Jordan, J., Carter, J. D., Frampton, C. A., McKenzie, J. M., Latner, J. D., & Joyce, P. R. (2016). Psychotherapy for transdiagnostic binge eating: A randomized controlled trial of cognitive-behavioural therapy, appetite-focused cognitive-behavioural therapy, and schema therapy. *Psychiatry Research*, 240, 412-420. doi:10.1016/j.psychres.2016.04.080
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- Reas, D. L., Pedersen, G., Karterud, S., & Rø, Ø. (2015). Self-harm and suicidal behavior in borderline personality disorder with and without bulimia nervosa. *Journal of Consulting and Clinical Psychology*, 83(3), 643-648. doi:10.1037/ccp0000014
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Ethnicity, Culture and Race

- Flórez, K. R., Derosé, K. P., Breslau, J., Griffin, B. A., Haas, A. C., Kanouse, D. E., & ... Williams, M. V. (2015). Acculturation and drug use stigma among Latinos and African Americans: An examination of a church-based sample. *Journal of Immigrant and Minority Health*, 17(6), 1607-1614. doi:10.1007/s10903-015-0161-9
- Haughwout, S. P., Harford, T. C., Castle, I. P., & Grant, B. F. (2016). Treatment utilization among adolescent substance users: Findings from the 2002 to 2013 National Survey on Drug Use and Health. *Alcoholism: Clinical and Experimental Research*, 40(8), 1717-1727. doi:10.1111/acer.13137
- Mennis, J., & Stahler, G. J. (2016). Racial and ethnic disparities in outpatient substance use disorder treatment episode completion for different substances. *Journal of Substance Abuse Treatment*, 6325-33. doi:10.1016/j.jsat.2015.12.007
- Nam, E., Matejkowski, J., & Lee, S. (2016). Racial/ethnic differences in contemporaneous use of mental health and substance use treatment among individuals experiencing both mental illness and substance use disorders. *Psychiatric Quarterly*, doi:10.1007/s11126-016-9444-0
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Trauma

Anderson, M. L., Glickman, N. S., Mistler, L. A., & Gonzalez, M. (2016). Working therapeutically with deaf people recovering from trauma and addiction. *Psychiatric Rehabilitation Journal*, 39(1), 27-32. doi:10.1037/prj0000146

- Berenz, E. C., Cho, S. B., Overstreet, C., Kendler, K., Amstadter, A. B., & Dick, D. M. (2016). Longitudinal investigation of interpersonal trauma exposure and alcohol use trajectories. *Addictive Behaviors*, 53, 67-73. doi:10.1016/j.addbeh.2015.09.014
- Gielen, N., Krumeich, A., Tekelenburg, M., Nederkoorn, C., & Havermans, R. C. (2016). How patients perceive the relationship between trauma, substance abuse, craving, and relapse: A qualitative study. *Journal of Substance Use*, 21(5), 466-470. doi:10.3109/14659891.2015.1063717
- Hammersley, R., Dalgarno, P., McCollum, S., Reid, M., Strike, Y., Smith, A., & ... Liddell, D. (2016). Trauma in the childhood stories of people who have injected drugs. *Addiction Research & Theory*, 24(2), 135-151. doi:10.3109/16066359.2015.1093120
- Kreis, M. F., Gillings, K., Svanberg, J., & Schwannauer, M. (2016). Relational pathways to substance misuse and drug-related offending in women: The role of trauma, insecure attachment, and shame. *The International Journal of Forensic Mental Health*, 15(1), 35-47. doi:10.1080/14999013.2015.1134725
- Lotzin, A., Haupt, L., von Schönfels, J., Wingenfeld, K., & Schäfer, I. (2016). Profiles of childhood trauma in patients with alcohol dependence and their associations with addiction-related problems. *Alcoholism: Clinical and Experimental Research*, 40(3), 543-552. doi:10.1111/acer.12990



SCHOOL of EDUCATION

Department of Counselor Education **COUN 560-01: Counseling
Women and Girls Summer 2016**

Instructor: Jill Schwarz, Ph.D., N.C.C.
Office: Education Building Room 201B
Phone: 609-771-3308 or ext. 2119 (Main Office)
Fax: 609-637-5166
E-Mail: schwarz@tcnj.edu
Class Location: Education Building, Room 205
Days and Time: Tuesday and Thursday, 10:00am-1:45pm

I. COURSE DESCRIPTION AND INSTRUCTIONAL METHODS

This course is focused on providing students with the opportunity to gain a greater understanding of the female experience from childhood throughout adulthood. Particular emphasis will be placed on the crucial years during adolescence. Students will be challenged to analyze both societal and personal beliefs, assumptions, and expectations regarding girls and women. In this interactive class, there will be an overview of the many counseling issues presented by female clients and the special needs of diverse populations. Lecture, discussion, readings, presentations, and experiential activities will combine to offer students greater insight into what their female clients bring into the therapeutic setting. Effective strategies and techniques for counselors working with women and girls will also be discussed throughout the course.

Prerequisites: Permission of the department.

II. REQUIRED READING:

Pipher, M. (1995). *Reviving Ophelia*. New York: Penguin Group.

Readings on CANVAS as assigned.

III. COURSE OBJECTIVES AND LEARNING OUTCOMES

A. Content Learning Objectives

1. Demonstrate understanding of personal and societal attitudes and values that

affect counseling work with women and girls. (CACREP II G. 2. b, e, f)

2. Demonstrate understanding of the facts and myths regarding the roles and status of women and their implications for counseling. (CACREP II G. 2. a, b)

3. Explain sex differences in incidence and manifestation of psychological disorders and the possible causal factors in the differential distribution. (CACREP II G. 2. a, 3. f)

4. Recognize sex bias in counseling and counselor attitudes towards girls and women. (CACREP II G. 2. a, b, e)

5. Describe special issues of women and girls and their counseling implications: peer pressure, eating disorders, depression, addictions, violence against women, and sexual abuse. (CACREP II G. 2. b, e)

6. State the counseling issues and needs of special populations of women. (CACREP II G. 2. d, e)

B. Performance Learning Objectives

1. Define and demonstrate culturally competent approaches to counseling women and girls. (CACREP II G. 2. c, d, 5. d)

2. Describe and demonstrate effective skills and techniques in counseling women and girls pertaining to the unique issues faced by this population. (CACREP II G. 2. d, 5. c)

3. Demonstrate advocacy and leadership efforts in confronting sexist practices. (CACREP II G. 1. i, 2. d, e, f)

IV. MISSION STATEMENT AND POLICIES

DEPARTMENT OF COUNSELOR EDUCATION MISSION STATEMENT:

The distinguished faculty of the Department of Counselor Education of The College of New Jersey takes pride in offering rigorous, high quality graduate degree programs in clinical mental health counseling, community counseling, school counseling, and marriage, couple, and family counseling and therapy, as well as a certificate program in substance awareness coordination in the schools. The mission of every program in the department is to create exemplary counseling professionals prepared to enrich the lives of the people of New Jersey and the nation through counseling and service and to provide a national model of the preparation of counselors. The department is committed to creating and supporting an inclusive learning community and to serving students from diverse backgrounds who seek initial and advanced degrees in counseling.

Guided by *The Mission of the School of Education*, which emphasizes the themes of demonstrating: subject matter expertise; excellence in planning and practice; a commitment to all learners; a strong, positive effect on student growth; and professionalism, advocacy, and

leadership, and the *Standards of the Council for Accreditation of Counseling and Related Educational Programs*, which emphasize the traditions, values and objectives of professional counseling programs, the faculty of the Department of Counselor Education engage students from the greater New Jersey area in the developmental process of becoming professional counselors who will address the needs of the people they serve in an ethical and competent manner.

RESPECT CONFIDENTIALITY:

Being actively involved in this class requires some level of self-disclosure and discussion of client concerns. It is extremely important that confidentiality be maintained. Revealing personal information about classmates and/or clients outside of the classroom is a breach of confidentiality.

TCNJ ACADEMIC INTEGRITY POLICY:

Academic dishonesty is any attempt by the student to gain academic advantage through dishonest means, to submit, as his or her own, work which has not been done by him/her or to give improper aid to another student in the completion of an assignment. Such dishonesty would include, but is not limited to: submitting as his/her own a project, paper, report, test, or speech copied from, partially copied, or paraphrased from the work of another (whether the source is printed, under copyright, or in manuscript form). Credit must be given for words quoted or paraphrased. The rules apply to any academic dishonesty, whether the work is graded or ungraded, group or individual, written or oral.

TCNJ's academic integrity policy is available on the web:

<http://policies.tcnj.edu/policies/digest.php?docId=9394>

TCNJ GRADE APPEALS POLICY can be found at:

<http://policies.tcnj.edu/policies/digest.php?docId=9302>

TCNJ ATTENDANCE AND ABSENCE POLICY:

Every student is expected to participate in each of his/her courses through regular attendance at lecture and laboratory sessions. It is further expected that every student will be present, on time, and prepared to participate when scheduled class sessions begin. At the first class meeting of a semester, instructors are expected to distribute in writing the attendance policies which apply to their courses. While attendance itself is not used as a criterion for academic evaluations, grading is frequently based on participation in class discussion, laboratory work, performance, studio practice, field experience, or other activities which may take place during class sessions. If these areas for evaluation make class attendance essential, the student may be penalized for failure to perform satisfactorily in the required activities. Students who must miss classes due to participation in a field trip, athletic event, or other official college function should arrange with their instructors for such class absences well in advance. The Office of Academic Affairs will verify, upon request, the dates of and participation in such college functions. In every instance, however, the student has the responsibility to initiate arrangements for make-up work.

Students are expected to attend class and complete assignments as scheduled, to avoid outside conflicts (if possible), and to enroll only in those classes that they can expect to attend on a

regular basis. Absences from class are handled between students and instructors. The instructor may require documentation to substantiate the reason for the absence. The instructor should provide make-up opportunities for student absences caused by illness, injury, death in the family, observance of religious holidays, and similarly compelling personal reasons including physical disabilities. For lengthy absences, make-up opportunities might not be feasible and are at the discretion of the instructor. The Office of Academic Affairs will notify the faculty of the dates of religious holidays on which large numbers of students are likely to be absent and are, therefore, unsuitable for the scheduling of examinations. Students have the responsibility of notifying the instructors in advance of expected absences. In cases of absence for a week or more, students are to notify their instructors immediately. If they are unable to do so they may contact the Office of Records and Registration. The Office of Records and Registration will notify the instructor of the student's absence. The notification is not an excuse but simply a service provided by the Office of Records and Registration. Notifications cannot be acted upon if received after an absence. In every instance the student has the responsibility to initiate arrangements for make-up work.

TCNJ's attendance and absence policy *is available on the web:*
<http://policies.tcnj.edu/policies/digest.php?docId=9134>

STUDENT COMPETENCY TO PRACTICE:

The Department of Counselor Education at The College of New Jersey is obligated, as a CACREP-accredited institution, to hold our students to the highest professional, personal, and ethical standards and to respond when those standards are compromised. Therefore, students, throughout their degree work in their respective programs, are expected to be: 1) open, 2) flexible, 3) self-reflective, 4) cooperative, 5) willing to use and accept feedback, 6) aware of their impact on others, 7) able to deal with conflict, 8) able to accept personal responsibility, and 9) able to express feelings effectively and appropriately (Wiggins-Frame & Stevens-Smith, 1995). The Department fully endorses the ACA Code of Ethics and these nine essential elements of a competent and ethical counselor. Counseling not only demands the highest levels of performance, it also subjects counselors to stresses and challenges that may threaten individuals' coping abilities. Therefore, students are encouraged to seek professional assistance if they feel that their work is being affected. Additionally, the faculty recommends that students notify their course instructors and faculty advisor. The department faculty will notify students if their performance requires additional self-assessment and self-reflection. Failure to address the concerns and improve their performance may result in disciplinary action including a review by a Student Retention Committee. The faculty reserves the right to exact grading penalties for any unprofessional or unethical behaviors and discuss ramifications with the department faculty.

AMERICANS WITH DISABILITIES ACT (ADA) POLICY:

Any student who has a documented disability and is in need of academic accommodations should notify the professor of this course and contact the Office of Disability Support Services (609-771-3199; website: <http://differingabilities.pages.tcnj.edu>). Accommodations are individualized and in accordance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1992. TCNJ's Americans with Disabilities Act (ADA) policy is available on the web: <http://policies.tcnj.edu/policies/digest.php?docId=8082>

The College of New Jersey Policy Prohibiting Discrimination in the Workplace/Educational Environment governs the college's commitment to and expectations of having an environment that respects the diversity of all members of the campus community. The link to this policy is: <http://policies.tcnj.edu/policies/digest.php?docId=9122>. Under this policy, forms of discrimination or harassment based upon specific protected categories are prohibited and will not be tolerated. If you wish to report a concern, please contact Kerri Thompson Tillett, Chief Diversity Officer, at 771-3139, or via email at thompsonk@tcnj.edu.

RECORDING OF CLASS:

“Class Recording” is a video and/or audio replication or photographic image of a class (including lectures and discussions) captured on a recording device that captures and stores images and/or sound including, but not limited to, audio recorders, video recorders, cellular phones, digital cameras, MP3 players, computers and handheld devices and stored on such device or other storage device or media.

Students may not create Class Recordings by any means without the prior express authorization of the faculty member teaching the class (“Instructor”) or the Office of Disability Support Services pursuant to Section III.B.4. or the Hearing Officer pursuant to Section III.B.5. (see Class Recording Policy for details). All students should be aware that there may be a recording in progress in any class they attend. Except to the extent that the Instructor expressly permits other uses, the use of Class Recordings is solely authorized for the purposes of individual study of the Authorized Student and shall not be otherwise shared, copied, distributed or displayed, including without limitation via the Internet. The grant of permission to record shall create no intellectual property rights in the Class Recording, nor convey any such intellectual property rights to the Authorized Student or the Recorder, except for the Authorized Student's limited license to use the Class Recording in accordance with this Policy. In requesting such permission the Recorder and Authorized student shall expressly agree to be bound by the restrictions set forth in this policy.

Class recording policy is available on the web:
<http://policies.tcnj.edu/policies/digest.php?docId=9236>

Disclaimer:

Information contained in this syllabus was, to the best knowledge of the instructor, considered correct and complete when distributed for use at the beginning of the semester. However, this syllabus should not be considered a contract between The College of New Jersey and any learner. The instructor reserves the right, acting within the policies and procedures of TCNJ, to make changes in course content or instructional techniques without notice or obligation.

V. COURSE REQUIREMENTS:

1. Class Participation (15%)

As a community of teachers and learners, we rely on one another's full participation to make this course valuable, useful, and meaningful for everyone. Ultimately, we are all responsible for creating an environment in which everyone can learn and be enriched by

our time together. With this collaboration as a goal, full participation means that all of us make the effort:

- to share our own thoughts, reflections, and questions about the course topics;
- to listen to one another and create space for others to share;
- to speak and behave respectfully toward everyone who enters our learning environment;
- to prepare for each class session by completing all assigned readings and other assignments;
- to engage authentically in the activities and assignments that we do during class;
- to allow our fellow learners to avail themselves of our expertise;
- to ask for help when it is needed and encourage others to do the same; and
- to arrive on time to class and be in attendance for each session.

Your participation grade will be based on these eight central elements of course participation. You are encouraged to share your reactions, opinions, and experiences. I welcome your feedback along the way and seek to be a flexible guide, mentor, and facilitator. Like you, I look forward to learning much in our collective space.

2. Critical Consumer Assignment (10%)

One goal of this course is to increase our awareness of societal messages that are communicated through a variety of means and methods. In working toward this goal, each student will identify an article, advertisement, song, or other form of current media that highlights an area we are addressing in this course. As a critical consumer, you should be prepared to briefly explain to the class why you chose this particular element to share, your initial reaction to it, and how you view it through the lens of what you are learning. The chosen item should be posted in the designated discussion board on CANVAS. Your grade will be based on your brief summarization and discussion in class based on the aforementioned points, as well as your physical posting of the article (or advertisement, etc.) prior to that day's class.

3. Leading Reading Discussions (20%)

During several class sessions, you will be meeting with a small group of your peers to discuss the course readings. Within this group, each person will be assigned one day's worth of readings, with the job of facilitating a critical, analytic discussion about those readings. In preparation for facilitating the discussion on the day you have been assigned, you should submit a 1-2 page word document on CANVAS, which includes the following:

- Summarize each individual text;
- Highlight key things you learned that you would be able to apply directly in your counseling practice with clients or students
- Develop 3 critical, analytic questions that emerge from the assigned reading for that week.

On the weeks when you are not leading a discussion, you are expected to read all assigned texts carefully and come prepared to discuss them with your group.

Grading: Thoroughness of summaries, complexity of synthesis, and usefulness of analytic questions in generating in-depth discussion among your peers.

4. Written Assignments (20%)

- Throughout the course, several guest speakers will share their expertise with the class. Students will write a one-page summary, highlighting the key components of the presentation, for each speaker. Students can choose to reflect on the topic and information in a narrative format or can outline the information in a format conducive to being utilized in professional files.
- Students will also compose a letter to an influential woman in their lives. More details about this assignment will be provided in class.

5. Class Presentations (35%)

- *Individual Presentation-* One of the objectives of this course is to, “Demonstrate advocacy and leadership efforts in confronting sexist practices.” Related to this objective, each student will engage in an act of advocacy around creating a healthier society for women and girls. Students will share their act of advocacy, as well as a reflection of their experience, in a brief oral presentation to the class and in a post on the designated discussion board. The assignment will be discussed in greater detail in class.
- *Group Presentation-* Students will research a special topic related to women and present their knowledge of the counseling issues, needs, and most effective treatment options to the class. In addition to the oral presentation, each group will provide a handout of helpful information and resources to the class. A handout detailing this assignment can be found on CANVAS.

VI. GRADES

Final Grades will be based on the following scale: A

94-100	A- 90-93	B+ 87-89	B 83-86	B- 80-82
C+ 77-79	C 73-76	C- 70-72	F < 70	

VII. IMPORTANT CONSIDERATIONS

1. Although sharing personal viewpoints is critical to this course, you are under no pressure to share personal experiences on a particular topic if you do not want to.
2. You should not share the personal experiences revealed by other members of this class to anyone outside of class.
3. Many of the issues we will discuss may involve our personal or political

philosophies. There is no reward and no penalty for having a particular set of beliefs. It is valuable, however, to share clearly what we believe and why. We can differ respectfully and learn from one another.

4. If at any time you feel uncomfortable about what is being discussed, it is important for you to express your discomfort. Just because you may feel differently than others in the class does not make your feeling or point of view incorrect.

VIII. EVALUATION OF COURSE

1. Student evaluation of course utilizing standardized college assessment form.
2. Review by colleagues.
3. Feedback from department appraisal administered to graduating students.

Course Calendar

Date	Topic	Reading	Assignment Due
6/14	Introduction/Overview of the Course Counseling Women Feminist Counseling		
6/16	Mental and Physical Health Eating Disorders	Pipher, Chapters 1-3	
6/21	Diversity and Empowerment Personal and Social Identities Systemic factors Men As Allies	“Feminism and Feminist Therapy” article “Men as Allies” article	Summary
6/23	Becoming Gendered – Childhood Counseling Girls	“Addressing the Sexualization of Girls” article	Summary
6/28	Sex Trafficking- Prevention and Intervention Gender Differences and Making a Difference	Pipher, Chapters 4-7	Advocacy Presentations

6/30	Becoming a Woman - Puberty and Adolescence Considerations for Learning and Working Environments	Pipher, Chapters 8-10	Summary
7/5	Domestic Violence and Sexual Assault Trauma Counseling	Pipher, Chapters 11-13	Summary
7/7	Special topics: Effective counseling approaches, issues, and needs for diverse groups of women		Summary Special Topic Presentations
7/12	Celebration of Women and Girls	Pipher, Chapters 14-15	Letter
7/14	Reflection and Self care		Discussion Post

This course schedule is subject to change.

I have read and understand all the assignments and requirements within this syllabus for **COUN 560: Counseling Women and Girls** – Summer 2016. I also understand that my grade for the aforementioned class will depend upon my successful completion of these assignments, and my signature below attests to my understanding.

Signature:

Date:

Student Information Sheet

Contact Information

Name (and preference):

Telephone number(s):

Email addresses (TCNJ account and alternate email):

What do you hope to gain from the experience?

Do you have any questions for the professor?

Is there anything else that I need to know about you to help me to teach you more effectively?

DEPARTMENT OF COUNSELOR EDUCATION COUNSELING BOYS
AND MEN

(COUN 561) – 3 SEMESTER CREDIT HOURS Spring Semester 2016
Education Building, Room 110

Mark S. Woodford, Ph.D., LPC, MAC, NCC

Office Location: Education Building, Room 201A

Office Hours: Monday, 2:30-4:30 & Tuesday, 8:30-10:30, and by appointment

Phone: 609-771-3018

Email: woodford@tcnj.edu and through CANVAS course webpage

Snow Emergency: 609-637-6000

I. Course Purposes, Description and Prerequisites

The purposes of this graduate-level course are to provide students with accurate information about the emotional lives of boys and men and to suggest effective strategies for counseling these populations in school and agency settings. Students will explore their implicit assumptions about boys and men and how those assumptions might impact their work as counselors. Myths about boys and men will be dispelled, and some of the common problems of boys and men will be described. Important therapeutic challenges, such as using a strength-based approach to counseling and addressing problems such as misogyny and homophobia in males, will be discussed. The contributions of fraternal humanitarian clubs, men's support groups, and profeminist organizations will be highlighted. Students will identify ways to adjust the traditional process of counseling to match the relational styles and needs of boys and men. Strategies for establishing rapport and intervening with special populations of boys and men (e.g., aggressive males, boys and men who have been sexually abused, depressed and suicidal males) will be recommended.

Prerequisites: None

II. Learning Goals

A. Content Learning Goals

Upon completion of this course, students will have an understanding of:

- 1) Their implicit assumptions about boys, men, and masculinity
- 2) Myths and realities regarding the emotional lives of boys and men
- 3) Common problems experienced by boys and men
- 4) How a harsh socialization process and rigid conceptions of masculinity can adversely affect the psychological, social, and physical adjustment of boys and men
- 5) Prosocial behavior of boys and men
- 6) Theoretical frameworks for counseling boys and men
- 7) Multicultural issues in counseling with boys and men

B. Performance Goals

Upon completion of this course, students will be able to demonstrate:

- 1) An awareness of their assumptions about boys, men, and masculinity during counseling with boys and men
- 2) Counseling skills that are effective in establishing rapport with boys and men
- 3) Describe strategies that are effective in doing individual and group counseling with boys and men
- 4) Advocate for special populations of boys and men whose needs are neglected by society

III. Course Outline of Content Areas

A. Understanding Biases about Boys, Men, and Masculinity

1. Identification of implicit, personal assumptions about boys, men, and masculinity
2. Exploration of transference issues and their potential influence on the counseling process with boys and men

B. History of Counseling with Boys and Men

1. Overview of the pro-feminist counseling perspective on boys, men, and masculinity
2. Overview of the gender role strain and positive psychology frameworks for counseling boys and men

C. Dysfunctional Aspects of Male Behavior and Traditional Masculinity

1. Constricting masculinity
2. Violence toward women by boys and men
3. The sexual objectification of women by boys and men
4. Homophobia
5. Excessive competition
6. Workaholism
7. Excessive emotional restraint

D. The Gender Role Conflict Paradigm

1. Gender role conflict theory
2. Research findings pertaining to gender role conflict theory

2. Adaptive aspects of traditional masculinity
3. Application of the positive psychology model in counseling with boys and men

F. Male-Friendly Counseling

1. Effective strategies for recruiting boys and men for counseling
2. Establishing rapport with boys and men in counseling
3. Women as counselors with boys and men

G. Fathers in Counseling

1. The historical neglect of fathers in public policy
2. The role of fathers in child development
3. Strategies for counseling and parenting skills training with fathers

H. Boys and Men in Groups

1. The historical importance of groups for boys and men
2. Effective group counseling with boys and men

I. Boys, Men and Depression

1. Depression and suicide in boys and men
2. Masked depression in boys and men
3. Counseling depressed boys and men

J. Boys, Men and Aggression

1. Aggression by boys and men
2. Counseling aggressive boys and men

K. Boys and Men Who Have Been Sexually Abused

1. Male survivors of childhood sexual abuse
2. Counseling male survivors of childhood sexual abuse

L. Substance Abuse in Boys and Men

1. Masculinity and substance abuse by boys and men
 2. Substance abuse counseling with boys and men
 3. Therapeutic applications of the gender role conflict theory model
- M. Gay boys and men

1. The experiences of gay boys and men, especially the coming out process
2. Counseling gay boys and men

IV. Methods of Instruction, Learning Activities & Rationale, and TCNJ & Course Policies

Please note that this course is delivered on TCNJ's Canvas Learning Management System; as such, you are expected to be proficient in navigation of the product (e.g., accessing course information; finding relevant assignment instructions; uploading papers). If you are unfamiliar with Canvas, you are encouraged to speak with the instructor as soon as possible to develop a plan for developing proficiency.

Methods:

- ✓ Readings
- ✓ Movies and other media
- ✓ Lectures
- ✓ Discussions
- ✓ Writing assignments
- ✓ Counseling role-plays

Rationale for activities and assignments: The activities of this course are designed to provide students with the opportunity to read and discuss numerous topics and issues in counseling with the goal of fostering a complex understanding about boys and men, the problems they bring to counseling, and how professional counselors can assist them. Related to the process of developing effective counseling skills, students will learn about and practice skills for helping boys and men. Students also will engage in several research and writing activities, which will help them to develop their skills as scholars of counseling boys and men. Students are not required to purchase any textbook for this course; however, students are responsible for viewing assigned movies, which will likely have associated financial cost.

Since discussions form an integral part of the work for this course, conscientious preparation of the

discussion questions and active, productive participation are essential.

The films assigned outside of class are not solely for entertainment purposes (though I suspect you will find the majority quite interesting), but crucial components of the course. We will draw extensively on these films in class discussions. Students will be expected to watch these films attentively and to take them as seriously as they do the readings. All assigned movies are readily available for rental/purchase via services such as Netflix, Amazon Instant Video, Redbox, etc. and may be available for viewing in the Media Center on the 4th Floor of the TCNJ Library.

Philosophy of Instruction and Classroom Environment: My philosophy of teaching is to invite students to join me in the experience of learning from one another. Therefore, I will attempt to create a class environment in which all members of the class are comfortable in contributing toward the learning experience.

Helping Students with Special Needs: I am happy to select and plan instructional strategies for students with special needs (e.g., hearing/vision impairment, learning disability). I ask all students with special needs to inform me about them during the first week of the semester.

Policy Regarding Students with Serious Medical Illnesses: TCNJ policy permits, but does not require, instructors to allow students with serious medical illnesses to take an incomplete for a course. If you have a serious medical illness that might affect your performance in this course, please notify me as soon as you learn about your condition and be prepared to provide verification of your condition by your physician if you intend to request an incomplete for the course.

Attendance Policy: Please note that TCNJ policy highlights the expectation that students attend classes. Therefore, all students are urged to attend every class because experiential learning is an important aspect of this course. Students who miss class will miss important learning opportunities.

STUDENTS WHO MISS CLASS ARE RESPONSIBLE FOR ALL MATERIAL COVERED THAT EVENING.

Missing an Exam or Graded Assignment: If you anticipate missing an exam or graded assignment, you must contact me, in-person or by telephone, in advance of the missed class. The two acceptable reasons for missing any scheduled exam or in-class assignment include: 1. a death in the immediate family, or, 2. an overnight hospitalization (both situations require appropriate documentation).

Late Submission of Work: Students may submit any assigned work product (e.g., self- reflection journal entry, abbreviated transcript, final paper) after the stated deadline (up to three days post) with penalty. For each day late grades will be adjusted down one full letter grade. Beginning on

the fourth day beyond the deadline no assignment will be accepted for any reason and a grade of “0” will be recorded.

Student Competency to Practice: The Department of Counselor Education at The College of New Jersey is obligated, as a CACREP-accredited institution, to hold our students to the highest professional, personal, and ethical standards and to respond when those standards are compromised. Therefore, students, throughout their degree work in their respective programs, are expected to be: 1) open, 2) flexible, 3) self-reflective, 4) cooperative, 5) willing to use and accept feedback, 6) aware of their impact on others, 7) able to deal with conflict, 8) able to accept personal responsibility, and 9) able to express feelings effectively and appropriately (Wiggins-Frame & Stevens-Smith, 1995). The Department fully endorses the ACA Code of Ethics and these nine essential elements of a competent and ethical counselor. Counseling not only demands the highest levels of performance, it also subjects counselors to stresses and challenges that may threaten individuals’ coping abilities. Therefore, students are encouraged to seek professional assistance if they feel that their work is being affected. Additionally, the faculty recommends that students notify their course instructors and faculty advisor. The department faculty will notify students if their performance requires additional self-assessment and self-reflection. Failure to address the concerns and improve their performance may result in disciplinary action including a review by a Student Retention Committee. The faculty reserves the right to exact grading penalties for any unprofessional or unethical behaviors and discuss ramifications with the department faculty.

TCNJ Policies as outlines in the “TCNJ Policy Manual” at
<http://tcnj.pages.tcnj.edu/about/tcnj-policy-manual/>:

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Academic dishonesty is any attempt by the student to gain academic advantage through dishonest means, to submit, as his or her own, work which has not been done by him/her or to give improper aid to another student in the completion of an assignment. Such dishonesty would include, but is not limited to: submitting as his/her own a project, paper, report, test, or speech copied from, partially copied, or paraphrased from the work of another (whether the source is printed, under copyright, or in manuscript form). Credit must be given for words quoted or paraphrased. The rules apply to any academic dishonesty, whether the work is graded or ungraded, group or individual, written or oral.

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<http://policies.tcnj.edu/policies/digest.php?docId=9302>

TCNJ ATTENDANCE AND ABSENCE POLICY:

Every student is expected to participate in each of his/her courses through regular attendance at lecture and laboratory sessions. It is further expected that every student will be present, on time, and prepared to participate when scheduled class sessions begin. At the first class meeting of a semester, instructors are expected to distribute in writing the attendance policies which apply to their courses. While attendance itself is not used as a criterion for academic evaluations, grading is frequently based on participation in class discussion, laboratory work, performance, studio practice, field experience, or other activities which may take place during class sessions. If these areas for evaluation make class attendance essential, the student may be penalized for failure to perform satisfactorily in the required activities. Students who must miss classes due to participation in a field trip, athletic event, or other official college function should arrange with their instructors for such class absences well in advance. The Office of Academic Affairs will verify, upon request, the dates of and participation in such college functions. In every instance, however, the student has the responsibility to initiate arrangements for make-up work.

Students are expected to attend class and complete assignments as scheduled, to avoid outside conflicts (if possible), and to enroll only in those classes that they can expect to attend on a regular basis. Absences from class are handled between students and instructors. The instructor may require documentation to substantiate the reason for the absence. The instructor should provide make-up opportunities for student absences caused by illness, injury, death in the family, observance of religious holidays, and similarly compelling personal reasons including physical disabilities. For lengthy absences, make-up opportunities might not be feasible and are at the discretion of the instructor. The Office of Academic Affairs will notify the faculty of the dates of religious holidays on which large numbers of students are likely to be absent and are, therefore,

unsuitable for the scheduling of examinations. Students have the responsibility of notifying the instructors in advance of expected absences. In cases of absence for a week or more, students are to notify their instructors immediately. If they are unable to do so they may contact the Office of Records and Registration. The Office of Records and Registration will notify the instructor of the student's absence. The notification is not an excuse but simply a service provided by the Office of Records and Registration. Notifications cannot be acted upon if received after an absence. In every instance the student has the responsibility to initiate arrangements for make-up work.

TCNJ's attendance and absence policy is available on the web:

<http://policies.tcnj.edu/policies/digest.php?docId=9134>

AMERICANS WITH DISABILITIES ACT (ADA) POLICY:

Any student who has a documented disability and is in need of academic accommodations should notify the professor of this course and contact the Office of Disability Support Services (609-771-3199; website: <http://differingabilities.pages.tcnj.edu>). Accommodations are individualized and in accordance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1992. TCNJ's Americans with Disabilities Act (ADA) policy is available on the web: <http://policies.tcnj.edu/policies/digest.php?docId=8082>

The College of New Jersey Policy Prohibiting Discrimination in the Workplace/Educational Environment

governs the college's commitment to and expectations of having an environment that respects the diversity of all members of the campus community. The link to this policy is: <http://policies.tcnj.edu/policies/digest.php?docId=9122>. Under this policy, forms of discrimination or harassment based upon specific protected categories are prohibited and will not be tolerated. If you wish to report a concern, please contact Kerri Thompson Tillett, Chief Diversity Officer, at 771-3139, or via email at thompsok@tcnj.edu.

RECORDING OF CLASS:

"Class Recording" is a video and/or audio replication or photographic image of a class (including lectures and discussions) captured on a recording device that captures and stores images and/or sound including, but not limited to, audio recorders, video recorders, cellular phones, digital cameras, MP3 players, computers and handheld devices and stored on such device or other storage device or media.

Students may not create Class Recordings by any means without the prior express authorization of the faculty member teaching the class ("Instructor") or the Office of Disability Support Services pursuant to Section III.B.4. or the Hearing Officer pursuant to Section III.B.5. (see Class Recording Policy for details). All students should be aware that there may be a recording in progress in any class they attend. Except to the extent that the Instructor expressly permits other uses, the use of Class Recordings is solely authorized for the purposes of individual study of the Authorized Student and shall not be otherwise shared, copied, distributed or displayed, including without limitation via the Internet. The grant of permission to record shall create no intellectual property rights in the Class Recording, nor convey any such intellectual property

rights to the Authorized Student or the Recorder, except for the Authorized Student's limited license to use the Class Recording in accordance with this Policy. In requesting such permission the Recorder and Authorized student shall expressly agree to be bound by the restrictions set forth in this policy.

Class recording policy is available on the web:
<http://policies.tcnj.edu/policies/digest.php?docId=9236>

V. Student Assessment

Assessment plan, methods, and rationale. Several assessments will be conducted to evaluate different main performance competencies that are taught in this course. A description of these assessments, and the rationales for their selection, follow:

1. *Two Examinations (Mid-Term and Final Exams = 25 points each)* - The rationale for the administration of an examination is to evaluate the extent to which students understand the core concepts and topics covered in the course. The examinations are non-cumulative and will cover topics addressed in readings, movies, class lectures, and discussion. The exam format is exclusively essay. Students may use any available materials to assist in completing the exam (e.g., articles, notes, audio). While the completion of the exam is an independent endeavor, students are encouraged to share resources in advance of the administration (tools such as Google Docs and EtherPad might work well). The dates for the examinations are indicated in the course calendar. Each examination will count for 25% of the final grade (25 points for each exam). The examinations will be returned to, and reviewed with, the students one week after the administration of the examination.

3. *Interview and Paper (25 Points)* - The rationale for a research paper assignment is to assess students' ability to write scholarly papers on counseling boys and men. Students must write a ten (10) page professional paper in APA format based on an interview with a male who is a husband or partner, boyfriend, father, brother, father-in-law, brother-in-law, nephew, uncle, great-uncle, neighbor, friend, roommate, associate, co-worker, acquaintance, or classmate over the age of 21.

Students are to conduct an approximately 60 minute interview. Please audiotape or videotape (i.e., media recording) the interview. Before meeting with the person to be interviewed, you must inform the interviewee that the interview will be recorded, and that the questions will be asked about personal information regarding his experiences of being a man in today's society. Before the interview, please also tell the interviewee that no identifying information will be included in your paper, that the media recording will be erased or destroyed after finishing the paper, and that he can stop the interview at any point.

You should choose your own questions in conducting the interview. However, you may want to consider using some of the following:

- "When you were growing up what men did you look up to as someone to be like?"

- “Were there certain experiences you went through that taught you how you were supposed to act, think, or feel as a man?”
- “What types of messages did you learn, and still repeat to yourself, about how men are supposed to act, think, and feel?”
- “What do TV/movies/advertising tell you about how you are supposed to act, think, and feel as a man?”
- “What roles do you have (e.g., son, worker, father, partner)?” “Do these roles ever interfere with each other?”
- “What messages do you get about being a man that affect how you are supposed to act, think, and feel in those roles?”
- “Are there some messages about men’s roles that are especially important to you?”
- “Are there some messages that you hear about being a man that you disagree with?”
- “Are there some messages that put pressure on you or affect you in negative ways?”
- “What are some of the costs and benefits to living up to, or not living up to, these messages?”

Length of the paper should be 10 pages, typed and double-spaced. In the paper, please label the following sections and address the following material:

I. Description of Interviewee (i.e., age, race, ethnicity, marital status, sexual orientation, and other demographics relevant to a thorough description of the interviewee)

II. Socialization Influences During Development (i.e., who and what were the most important influences and experiences he had growing up that affected his understanding of what it means to be a man?)

III. Patterns of Men in His Family (i.e., what does he notice or you notice about the ways men in his family live their lives as men in his extended family or across generations?)

IV. Positive and Negative Experiences He Associates with Being a Man (i.e., what does he like and doesn’t he like about being a man?)

V. What does he see as problems for men today?

VI. Masculine Norms and Consequences of Conformity/Non-Conformity to Masculinity Norms (i.e., what messages does he hear about how he is supposed to be a man that he internalizes as important? What messages does he hear that he does not internalize? What benefits does he experience associated with traditional masculine gender roles? What costs? What benefits does he experience associated with acting in non-traditional ways? What costs?)

VII. Your Perception of the Effect of Conformity/Non-Conformity to Masculinity Norms on Interviewee's Well-Being

VIII. Level of Emotional Disclosure and Rapport with Interviewee during Interview (e.g., did you notice your gender affecting what was discussed and how it was discussed?)

IX. Your Personal Reactions to the Interview Material

X. What You Learned That Will Help You Work More Effectively with Men in your Clinical Practice

During each section of the paper (other than "Description") integrate relevant material from the interview (e.g., illustrative quotes or themes) with your readings. As mentioned above, identifying information (e.g., name, town in which the person grew up, place of employment) should be concealed.

The paper assignment has three separate due dates to reflect the components necessary for successful completion. First, students will submit rationale for the individual man selected (remember personal information such as name should be redacted) for approval (no later than Feb 25th). Second, a written transcript of the interview or media recording must be submitted (no later than April 7th). Third, the final paper must be submitted (April 28th). Due dates for this assignment are indicated on the course calendar. Performance on this assignment will count for 25% of the final grade. Papers must be submitted via Canvas. It is important to note that failure to submit one component by the late submission date (3 days after the stated due date) will result in all future component submissions from being accept for grading without written approval from the instructor.

4. *Four Self-Reflection Journal Entries (20% of final grade; 5 points each)* - The rationale for this assignment is that effective counseling with boys and men must involve an awareness of transference issues with males. The journal is a vehicle for engagement with course content in non-academic ways and a way of having a dialogue with yourself (and the instructor, if you wish). For this assignment, students must complete four (4) journal entries, each two-to-three pages in length, where the task is to react, disagree, agree, associate to, or speculate about the assigned movie, a TV show, newspaper article, conversation, observation of behavior, thoughts about an issue, lecture (in this class or another class), introspection, scholarly work, and anything else pertinent to topics such as *male socialization, homophobia, sexuality, fathers, men's health, boys in schools*, etc. Due dates for the four submissions are as follows: February 11th, March

3rd, April 14th, & May 5th.

Each journal entry should be a reactive critique. A reaction goes beyond a summary (please only summarize the article, movie, etc. only to the extent that you need to set a context for your reaction.). I am considerably more interested in how you were affected by the experience (intellectually, emotionally, behaviorally, or otherwise). The grade will be based on my judgment of the degree of engagement with the material. I am looking for a demonstration of interest, insight, and involvement, not scholarly acumen. Performance on this assignment will count for 20% of the final grade (each journal entry worth 5% --- 5 points --- toward final grade).

5. Discussion Facilitation (5% of final grade) – The rationale for this assignment is that oral presentation and group facilitation demonstration reflect mastery of complex readings related to boys and men in counseling. One time during the semester each student will have an opportunity

to lead classroom discussion. The discussion facilitator is responsible for synthesizing all assigned readings for that week for discussion by the class. Careful preparation is highly recommended as evaluation is based on how effective the facilitator is at conveying learnings to, and with, in examination of the readings for that week. Performance on this assignment will count for 5% (5 points) of the final grade.

IMPORTANT: *Creating a Safe Environment for Learning* - Much of the learning that occurs as a result of this course is accomplished through experiential classroom activities. In order for these activities to be successful, each member of the class must feel that the class is a safe environment. Students are expected to treat one another with respect and sensitivity in order to facilitate the learning process. Fulfilling this expectation is a prerequisite for earning any grade higher than an “F” in this course. Failure to meet this expectation will result in a warning from the professor, and could result in an “F” for the course.

GRADING SYSTEM:

A	95-100 pt.	1. Examinations (Mid-Term & Final; 25 pts. each)	50 pts
		2. Interview and Paper	25 pts
		3. Four Self-Reflection Journal Entries (5 pts. each)	20 pts
		4. <u>Discussion Facilitation</u>	<u>5 pts</u>

Total Possible Points for the Course: 100 pts

VI. Evaluation of Course

1. Student evaluation of course using the standardized departmental assessment form
2. Review by colleagues
3. Feedback from department appraisal administered to graduating students

CALENDER AND OUTLINE: SPRING 2016

<u>DATE</u>	<u>COURSE CONTENT</u>	<u>ASSIGNMENTS</u>	<u>DUE</u>
Jan 28 WEEK 1	<i>Introductions & Course Overview</i> <i>Topics:</i> <i>Understanding Biases about Boys, Men, and Masculinities & Exploration of transference issues and their potential influence on the counseling process with boys and men</i>	View: “Michael Kimmel: Why gender equality is good for everyone — men included” (TED Talk) (16 minutes), “Tony Porter: A Call to Men” (TED Talk) 11 minutes) & “Elizabeth Nyamayaro: An invitation to men who want a better world for women” (TED Talk) (13 minutes) (Will be reviewed as a class)	
Feb 4 WEEK 2	<i>Topic: History of counseling with boys and men and the psychological development of boys</i>	Englar-Carlson, M. (2014). Introduction: A primer on counseling men. In M. Englar-Carlson, M. P. Evans, T. Duffey, M. Englar-Carlson, M. P. Evans, T. Duffey (Eds.), <i>A counselor's guide to working with men</i> (pp. 1-31). Alexandria, VA, US: American Counseling Association. Mahalik, J. R., Good, G. E., Tager, D., Levant, R. F., & Mackowiak, C. (2012). Developing a taxonomy of helpful and harmful practices for clinical work with boys and men. <i>Journal Of Counseling Psychology</i> , 59(4), 591-603. doi:10.1037/a0030130 Mercurio, C. M. (2003). Guiding Boys in the Early Years to Lead Healthy Emotional Lives. <i>Early Childhood Education Journal</i> , 30(4), 255-258. doi:10.1023/A:1023343825689	
Feb 11 WEEK 3	<i>Topics:</i> <i>Examination of implicit assumptions about boys, men, and masculinity and their potential influence on the helping process & Dysfunctional aspects of traditional masculinity</i>	MOVIE: Mansome (2012) Land, L. N., Rochlen, A. B., & Vaughn, B. K. (2011). Correlates of adult attachment avoidance: Men's avoidance of intimacy in romantic relationships. <i>Psychology Of Men & Masculinity</i> , 12(1), 64-76. doi:10.1037/a0019928 Lusher, D., & Robins, G. (2010). A social network analysis of hegemonic and other masculinities. <i>The Journal Of Men's Studies</i> , 18(1), 22-44. doi:10.3149/jms.1801.22 O'Neil, J. M. (2015). A developmental model of masculinity: Gender role transitions and men's psychosocial growth. In , <i>Men's gender role conflict: Psychological costs, consequences, and an agenda for change</i> (pp. 95-119). Washington, DC, US: American Psychological Association. doi:10.1037/14501-006	***SELF-REFLECTION JOURNAL ENTRY #1 DUE

Feb 18 *Topic: Gender role*
conflict theory

WEEK
4

MOVIE: Crazy, Stupid, Love (2011)

Allen, J., & Smith, J. L. (2011). The influence of sexuality stereotypes on men's experience of gender-role incongruence. *Psychology Of Men & Masculinity*, 12(1), 77-96. doi:10.1037/a0019678

Galligan, S. B., Barnett, R. V., Brennan, M. A., & Israel, G. D. (2010). The effects of gender role conflict on adolescent and emerging adult male resiliency. *The Journal Of Men's Studies*, 18(1), 3-21.

doi:10.3149/jms.1801.3

Galligan, S. B., Barnett, R. V., Brennan, M. A., & Israel, G. D. (2010). Understanding the link between gender role conflict, resilience, and propensity for suicide in adolescent and emerging adult males. *International Journal Of Men's Health*, 9(3), 201-210.

doi:10.3149/jmh.0903.201

O'Neil, J. M. (2015). Therapeutic assessment of gender role conflict in counseling and psychotherapy. In, *Men's gender role conflict: Psychological costs, consequences, and an agenda for change* (pp. 227-248). Washington, DC, US: American Psychological Association. doi:10.1037/14501-010

Feb 25 *Topic: Positive*
psychology of boys, men,
and masculinity

WEEK
5

MOVIE: Life is Beautiful (La vita è bella) (1997)

Hammer, J. H., & Good, G. E. (2010). Positive psychology: An empirical examination of beneficial aspects of endorsement of masculine norms. *Psychology Of Men & Masculinity*, 11(4), 303-318.

doi:10.1037/a0019056

Kiselica, M. S., & Englar-Carlson, M. (2010). Identifying, affirming, and building upon male strengths: The positive psychology/positive masculinity model of psychotherapy with boys and men. *Psychotherapy: Theory, Research, Practice, Training*, 47(3), 276-287. doi:10.1037/a0021159

O'Neil, J. M. (2015). Gender role journey therapy with men. In , *Men's gender role conflict: Psychological costs, consequences, and an agenda for change* (pp.

249-278). Washington, DC, US: American Psychological Association. doi:10.1037/14501-011

MOVIE: Manic (2001)

Mar 3 *Topic: Establishing*
rapport with boys and
men in counseling

WEEK
6

Davies, J., Shen-Miller, D. & Isacco, A. (2010). The Men's Center approach to addressing the health crisis of college men. *Professional Psychology: Research and Practice*, 41, 347-354.

*****RATIONALE
FOR
SELECTING
MALE
INTERVIEWEE
FOR PAPER
DUE**

*****SELF-
REFLECTION
JOURNAL
ENTRY #2 DUE**

MOVIE: Y Tu Mamá También (2001)

Falicov, C.J. (2010). Changing constructions of machismo for Latino men in therapy: "The Devil Never Sleeps". *Family Process*, 49, 309-329.

Johnson, B. (2010). Toward an anti-sexist Black American male identity. *Psychology of Men & Masculinity*, 11, 182-194.

Lease, S., Hampton, A., Fleming, K., Baggett, L., Montes, S. & Sawyer, R.J. (2010). Masculinity and interpersonal competencies: Contrasting White and African-American men. *Psychology of Men & Masculinity*, 11, 195-207.

Mar 17 **SPRING BREAK –**

ENJOY! NO CLASS

Mar 24

WEEK

8 **Mid-Term Examination**

Mar 31 *Topic: Counseling Gay* **MOVIE: Weekend (2011)**

WEEK 9	<p><i>Men</i> Glassgold, J. (2009). The case of Felix: An example of gay-affirmative, cognitive-behavioral therapy. <i>Pragmatic Case Studies in Psychotherapy</i>, 5, 1-21.</p> <p>Kiselica, M., Mule, M. & Haldeman, D. (2008). Finding inner peace in a homophobic world: Counseling gay boys and boys who are questioning their sexual identity. In M. Kiselica, M. Englar-Carlson & A.M. Horne (Eds.), <i>Counseling Troubled Boys</i> (pp.243-271). New York: Routledge.</p> <p>Riggle, E., Whitman, J., Olson, A., Rostosky, S. & Strong, S. (2008). The positive aspects of being a lesbian or gay man. <i>Professional Psychology: Research and Practice</i>, 39, 210-217.</p> <p>Sanabria, S. (2014). Affirmative therapy with sexual minority men. In M. Englar-Carlson, M. P. Evans, T. Duffey, M. Englar-Carlson, M. P. Evans, T. Duffey (Eds.) , <i>A counselor's guide to working with men</i> (pp. 113-133). Alexandria, VA, US: American Counseling Association.</p>	
Apr 7	<p>Topic: Fatherhood MOVIE: The Other F Word (2011)</p> <p>Hayes, D., Jones, D., Silverstein, L.B. & Auerbach, C. (2010). In their own words: Early head start fathers. <i>Psychology of Men & Masculinity</i>, 11, 241-250. Isacco, A., Garfield, C. & Rogers, T. (2010). Correlates of co-parental support among married and non-married fathers. <i>Psychology of Men & Masculinity</i>, 11, 262-278.</p>	
WEEK 10	<p>Kiselica, Mark S. (2006). Helping a boy become a parent: Male-sensitive psychotherapy with a teenage father. In M. Englar-Carlson & M. Stevens (Eds.), <i>In the room with men: A casebook of therapeutic change</i> (pp. 225-240). Washington, DC, US: American Psychological Association.</p> <p>Rochlen, A., McKelley, R. & Whittaker, T. (2010). Stay- at-home fathers' reasons for entering the role and stigma experiences: A preliminary report. <i>Psychology of Men & Masculinity</i>, 11, 279-285.</p>	<p>***WRITTEN TRANSCRIPT OR MEDIA RECORDING OF INTERVIEW WITH MALE SUBJECT DUE</p>
Apr 14 WEEK 11	<p>Topic: Boys, men, and depression MOVIE: Ordinary People (1980)</p> <p>Chuick, C., Greenfeld, J., Greenberg, S., Shepard, S., Cochran, S. & Haley, J. (2009). A qualitative investigation of depression in men. <i>Psychology of Men & Masculinity</i>, 10, 302-313.</p> <p>Fleming, M. & Englar-Carlson, M. (2008). Examining depression and suicidality in boys and male adolescents: An overview and clinical considerations.</p>	<p>***SELF-REFLECTION JOURNAL ENTRY #3 DUE</p>

		<p>In M. Kiselica, M. Englar-Carlson & A.M. Horne (Eds.), <i>Counseling Troubled Boys</i> (pp.125-161). New York: Routledge.</p> <p>Safford, S. (2008). Gender and depression in men: Extending beyond depression and extending beyond gender. <i>Clinical Psychology: Science and Practice</i>, 15, 169-173.</p> <p>Shepard, D. S., & Rabinowitz, F. E. (2013). The power of shame in men who are depressed: Implications for counselors. <i>Journal Of Counseling & Development</i>, 91(4), 451-457.</p>
Apr 21 WEEK 12	Topic: Helping men and boys with substance abuse problems	<p>MOVIE: Factotum (2005)</p> <p>Greif, G. (2009). One dozen considerations when working with men in substance abuse groups. <i>Journal of Psychoactive Drugs</i>, 41, 387-390.</p> <p>Haberstroh, S., & Duffey, T. (2014). Counseling with addicted men. In M. Englar-Carlson, M. P. Evans, T. Duffey, M. Englar-Carlson, M. P. Evans, T. Duffey (Eds.) , <i>A counselor's guide to working with men</i> (pp. 263-283). Alexandria, VA, US: American Counseling Association.</p> <p>Woodford, M. (2008). Moving beyond “Drinking Like a Man”: Tailoring substance abuse counseling strategies to meet the needs of boys. In Kiselica, M., Englar- Carlson, M., Horne, A.M. (Eds.), <i>Counseling Troubled Boys</i> (pp.218-242). New York: Routledge.</p> <p>Woodford, M. S. (2012). <i>Men, addiction, and intimacy: Strengthening recovery by fostering the emotional development of boys and men</i>. New York, NY, US: Routledge/Taylor & Francis Group.</p>
Apr 28 WEEK 13	Topic: Boys, men, and aggression	<p>MOVIE: Fight Club (1999)</p> <p>Cobbina, J., Like-Haislip, T. & Miller, J. (2010). Gang fights versus cat fights: Urban young men’s gendered narratives of violence. <i>Deviant Behavior</i>, 31: 596-624.</p> <p>Moore, T., Stuart, G., McNulty, J., Addis, M., Cordova, J. & Temple, J. (2010). Domains of masculine gender role stress and intimate partner violence in a clinical sample of violent men. <i>Psychology of Violence</i>, 1, 78-75.</p> <p>Reese, L., Horne, A., Bell, C. & Wingfield, J.H. (2008). Counseling aggressive boys and adolescent males. In M. Kiselica, M. Englar-Carlson & A.M. Horne (Eds.), <i>Counseling Troubled Boys</i> (pp.191-217). New York: Routledge.</p> <p>Tager, D., Good, G. & Brammer, S. (2010). “Walking</p>

*****PAPER
BASED ON
INTERVIEW
DUE**

		Over ‘Em’’: An exploration of relations between emotion dysregulation, masculine norms, and intimate partner abuse in a clinical sample of men. <i>Psychology of Men & Masculinity</i> , 11, 233-239.	
May 5 WEEK 14	<i>Topic: Boys and men who have been sexually abused</i>	MOVIE: Mysterious Skin (2004) Alaggia, R., & Mishna, F. (2014). Self- psychology and male child sexual abuse: Healing relational betrayal. <i>Clinical Social Work Journal</i> , 42(1), 41-48. doi:10.1007/s10615-013-0453-2 Bentovim, A. (2002). Preventing sexually abused young people from becoming abusers, and treating the victimization experiences of young people who offend sexually. <i>Child Abuse & Neglect</i> , 26, 661-678. Kiselica, M. & Novak, G. (2008). Promoting strength and recovery: Counseling boys who have been sexually abused. In M. Kiselica, M. Englar-Carlson & A.M. Horne (Eds.), <i>Counseling Troubled Boys</i> (pp.97-124). New York: Routledge. Prior, S. (2012). 'Pink at the heart of it': The containment of vulnerability by a man and a boy in therapy for sexual abuse. <i>Psychodynamic Practice: Individuals, Groups And Organisations</i> , 18(2), 213-229. doi:10.1080/14753634.2012.664874	***SELF-REFLECTIVE JOURNAL ENTRY #4
May 12 WEEK 15	Final Examination		

Global Health

The College of New Jersey
PBHG 572 Global Health
(Hybrid with PBH/SOC/ANT 372)

Professor Author: J. Lynn Gazley (gazleyj@tcnj.edu)
Department of Sociology and Anthropology
The College of New Jersey

Course Focus:

Who is healthy and where in the world do they live? What are the causes of global health inequalities? What factors support successful health interventions, and where can interventions go wrong?

This class focuses on the underlying factors shaping global patterns of health. Relying on a combination of social scientific analyses, policy documents, and case studies, this class introduces students to a broad range of issues, resources, and perspectives on public health.

Course Description: This course introduces students to the field and disciplines of public health from a cross cultural perspective, looking at both local and global public health issues. Course material and assignments focus on public health initiatives in Western and non-western societies with particular attention to core concepts of public health, responses to bio terrorism and war, prevention of infectious diseases, alternative medical and healing practices, health of school age children and public health personnel. The course emphasizes the impact of culture, social structure, economics and politics on the health and illness and public health policies in both the developing and developed world. War, genocide, terrorism, guerrilla insurgencies, the global economy and international travel are viewed as public health issues. Obesity, new diseases (such as SARS), the idea of being a stakeholder also included.

Course Materials:

Epstein, Helen. 2007. *The Invisible Cure*. New York: Farrar, Straus and Giroux.

All additional course materials available on CANVAS. Although readings are available electronically, please make sure to have access to the material during class. In addition to assigned readings, students will be required to seek out additional resources including opinion pieces, recent reports and other data sources useful for in class discussion.

Learning Goals:

This course aims specifically to develop critical reading and analytical writing skills, emphasizing identification and transmission of salient points in succinct papers and presentations. At the completion of this course, students will be able to contextualize new developments in global public health within a broader understanding of health patterns and think critically about health interventions. In addition,

students will become familiar with the key public health donors, organizations, and publication outlets.

For the Graduate Students: In addition, the above core concepts and skills, you will be expected to evaluate a Global Health program or initiative.

This course meets the following HSS & departmental learning goals:

- Written Communication
- Oral Communication
- Critical Analysis and Reasoning
- Information Literacy
- Intercultural Competence
- Ethical Reasoning and Compassion
- Respect for Diversity
- Preparation to Participate in Civic Life
- Sociological and Anthropological Knowledge
- Applying Sociological and Anthropological Knowledge

Course Assessment:

Students in this course will be assessed based on their content knowledge, speaking and writing skills, and participation in course projects and class discussion.

Health issue in context paper: 10%
Health issue comparison paper: 10%
Intervention Critique Paper: 15%
Intervention Description: 20%
Intervention Presentation: 15%
Grantor's Report: 20%
Guiding Discussion (Epstein): 10%

Course grades will be calculated using the scheme below. In borderline cases, I will use participation in class to adjudicate the final grade.

Total Percentage	Grade
94-100	A
90-93	A-
87-89	B+
84-86	B
80-83	B-
77-79	C+
74-76	C
70-73	C-
67-69	D+
64-66	D
0-63	F

Course Assignments:

Over the course of the semester, each student will investigate a health issue affecting a specific population in a particular country through a series of interlocking assignments that culminate in a final project proposing an intervention program.

Health Issue in Context (February 17, 50pts): Write a 5 page paper describing a public health problem in a particular place, paying careful attention to the proximate and distal factors of the specific context that shape the issue. From this paper, your reader should be able to quickly and easily describe the place, the problem, the people affected, and causal factors.

Health Issue Comparison (March 10, 50pts): Write a 5 page paper to compare & contrast the problem identified in the first paper with a similar problem in a place with different economic circumstances (for example, if you picked a problem in a resource limited setting, compare it to a resource rich setting). Argue for the most important mechanisms shaping the differences between the two places. This paper requires you to retain all the key information from the first paper, but add another case: double the content in the same space. Clarity and brevity are your allies here – be sure to devote adequate time to revisions!

Intervention Critique (April 7, 75pts): Write a 5 page paper which a) identifies and describes an existing intervention designed to address your public health issue, and b) critiques that intervention based on factors identified in class, in course readings, and through your own research.

Intervention Design and Presentation (April 25 to May 3, 100 & 75pts): Design an intervention to ameliorate the public health problem you have identified, and write a grant application to accomplish your goals. You will make a 10 minute presentation about your intervention, accompanied by a project description of no more than 3 pages to a review board made up of your peers.

Funding Recommendation Report (May 12, 100pts): Each student will act as a review board member for a public health NGO. In a paper no more than 10 pages, provide a clear rationale and assessment criteria for evaluating the projects, rank each project, and recommend funding for the 5 projects most likely to successfully ameliorate the targeted health issue based on your rationale.

Guiding Discussion (various dates, 50pts): In teams, students will lead discussion of sections from Epstein's book recounting the local and global efforts to curb HIV in Uganda. Creativity and engagement will be rewarded!

For the Graduate Students: Graduate students will also be requested to develop a full report (Final Project), no more than 15 pages, of an intervention of real Global public health Program or initiate following the CDC – Centers for Disease Control and Prevention guidelines (Appendix). Prepare also a 15 minute presentation about all steps of your evaluation and your recommendations.

Course Policies:

Attendance, Participation, and Class Citizenship: *This course models membership in a scholarly community, and therefore assumes students will follow rules of decorum and active participation. For example, ringing cell phones, texting, arriving late/leaving early are all disruptive to an engaged academic environment. In addition, be sure to utilize tablets or laptops only for note-taking and access to readings –be sure to log out of any online services that will draw your attention away from class. If you will be absent from class, please send me an email before class begins letting me know you will not attend.*

Come prepared to discuss that day's class materials in one of the following ways: 1) send discussion questions to me before class, and raise them during the class session, 2) note a specific passage in the readings that you found compelling, or have questions about, or 3) prepare information on your own case related to the ideas and concepts discussed that day and raise it as an example.

TCNJ's attendance policy is available on the web:

<http://policies.tcnj.edu/policies/digest.php?docId=9134>

Academic Integrity Policy

Academic dishonesty is any attempt by the student to gain academic advantage through dishonest means, to submit, as his or her own, work which has not been done by him/her or to give improper aid to another student in the completion of an assignment. Such dishonesty would include, but is not limited to: submitting as his/her own a project, paper, report, test, or speech copied from, partially copied, or paraphrased from the work of another (whether the source is printed, under copyright, or in manuscript form). Credit must be given for words quoted or paraphrased. The rules apply to any academic dishonesty, whether the work is graded or ungraded, group or individual, written or oral.

TCNJ's academic integrity policy is available on the web:

<http://policies.tcnj.edu/policies/digest.php?docId=7642>

Americans with Disabilities Act (ADA) Policy: Any student who has a documented disability and is in need of academic accommodations should notify the professor of this course and contact the Office of Differing Abilities Services (609-771-2571), <http://differingabilities.pages.tcnj.edu>. Accommodations are individualized and in accordance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1992. Please let me know during the first week of class if you require any such accommodations.

TCNJ's Americans with Disabilities Act (ADA) policy is available on the web:

<http://policies.tcnj.edu/policies/digest.php?docId=8082>

Languages Across the Curriculum: A ¼ unit (one credit) Languages Across the Curriculum independent study (LAC 391) may be added to this course for those students who have intermediate level proficiency

in another language and who wish to complement the work in this course by utilizing their language skills. LAC 391 (P/U grading only) will be noted on the student's transcript. Please contact Dr. Deborah Compte at dcompte@tcnj.edu for more information. Students must contact Dr. Compte to enroll in the LAC independent study by Tuesday, January 31, 2017.

Paper Format: *Papers should be formatted with regular margins, double spacing, and a typeface no smaller than 11 points. References should be formatted in a consistent academic style that uses in-text references such as ASA style (see the guide on CANVAS).*

Paper Submission: *Students are responsible for submitting papers to CANVAS in a readable file format (such as .docx or .pdf) by the time class begins on the day the paper is due. Please note that I will not accept papers submitted via email, nor will I accept internet problems as a reason for late submissions. In addition, I caution students against skipping class in order to put final touches on a paper.*

Related Documents:

The College Final Examination Policy can be found here:

<http://policies.tcnj.edu/policies/digest.php?docId=9136>

Course Outline:

	Topic	Case Study
Jan 24/26	Introduction to Global Public Health	Zika virus
Jan 31/ Feb 2	Causes and Consequences READ: Link & Phelan 2010; Willson 2009 TASK: Identify top causes of death among children in your target country	Mothers' and Children's Health READ: GBD 2015, EWEC summary , EWEC CH2
Feb 7/9	Emerging Disease READ: Chavers & Vermund 2007, Skolnik 2012 TASK: Identify fastest growing causes of death	Ebola (and what we do about it) READ: MSF 2015, CIA World Factbook (Liberia & Sierra Leone) REVIEW: WHO Ebola Response, Hidden Brain episode
Feb 14/16	Water READ: WHO 2015 - WASH TASK: Identify most food/water insecure population	Cholera READ: Drobec 2015, Sontag 2012 REVIEW: http://water.worldbank.org/
DUE: Health Issue Analysis (Feb 17 at midnight)		
Feb 21/23	International Rights and Health READ: UN Right to Health Fact Sheet, WHO rights TASK: Identify legal age of marriage, can women own property, protections for LGBT	Gender READ: Rashid 2011, Krieger 2003, VanderEnde et al 2012
Feb 28/ Mar 2	Global governance of health READ: Frenk & Moon 2013, Yamey 2011, TASK: Identify major NGOs in country	Malaria READ: Cueto 2013, Tichenor 2016 REVIEW: http://www.nothingbutnets.net/
Mar 7/9	Health Delivery REVIEW: Commonwealth Fund 2015 TASK: Using the Commonwealth Fund as a template, fill in as much as you can about your health system	Tuberculosis READ: TB in Bangladesh
DUE: Health Issue Comparison (March 10 at midnight)		
Spring Break		
Mar 21/23	Assessing Interventions READ: Jukes et al 2008, Barretto et al 2011, Smith et al 2014 TASK: Identify % of funding by outsiders in the health system AND on your health issue	BRING: description of an intervention for your health issue
Mar 28/30	Clinical Research, Pharmaceuticals, and Health READ: Petryna 2006, Wendler et al 2004 TASK: Find top three clinical trial topics	Debate: Clinical research as an intervention DEBATE CASE: TBA
Apr 4/6	HIV and Global Health READ: Epstein (1-8)	
DUE: Intervention Critique (April 7 at midnight)		
Apr 11/13	Unintended Consequences READ: Swidler and Watkins 2009; Farmer 2003	READ: Epstein (9-12)
Apr 18/20	After Interventions READ: Epstein (13-15)	TBD

Apr 25/27	Student Presentations (GROUP 1)
May 2/4	Student Presentations (GROUP 2)

Course readings

- Adams, Vincenne. 2013. "Evidence-Based Global Public Health: Subjects, Profits, Erasures." in *When People Come First*, edited by Joao Biehl and Adriana Petryna. Princeton, NJ: Princeton University Press.
- Angell, Marcia. 1997. "The Ethics of Clinical Research in the Third World." *New England Journal of Medicine* 337(12):847-49.
- Barreto, Mauricio L., M. Gloria Teixeira, Francisco I. Bastos, Ricardo A. A. Ximenes, Rita B. Barata, and Laura C. Rodrigues. 2011. "Successes and Failures in the Control of Infectious Diseases in Brazil: Social and Environmental Context, Policies, Interventions, and Research Needs." *The Lancet* 377:1877-89.
- Bartram, Jamie, and Sandy Cairncross. 2010. "Hygiene, Sanitation, and Water: Forgotten Foundations of Health." *PLoS Med* 7(11):e1000367.
- Black, Robert E., Saul S. Morris, and Jennifer Bryce. 2003. "Where and Why are 10 Million Children Dying Every Year?" *The Lancet* 361(9376):2226-34.
- Borchert, Matthias, Imaam Mutyaba, Maria D Van Kerkhove, Julius Lutwama, Henry Luwaga, Geoffrey Bisoborwa, John Turyagaruka, Patricia Pirard, Nestor Ndayimirije, Paul Roddy, and Patrick Van Der Stuyft. 2011. "Ebola Haemorrhagic Fever Outbreak in Masindi District, Uganda: Outbreak Description and Lessons Learned." *BMC Infectious Diseases* 11(1):357-73.
- Cairncross, Sandy, Jamie Bartram, Oliver Cumming, and Clarissa Brocklehurst. 2010. "Hygiene, Sanitation, and Water: What Needs to Be Done?" *PLoS Med* 7(11):e1000365.
- Chavers, L. Scott, and Sten H. Vermund. 2007. "An Introduction to Emerging and Reemerging Infectious Diseases." in *Emerging Infectious Diseases: Trends and Issues*, edited by Felissa R. Lashley and Jerry D. Durham. New York: Springer Publishing Company.
- Cochi, Stephen L, and Walter R Dowdle (Eds.). 2011. *Disease Eradication in the 21st Century*. Cambridge, MA: MIT Press. (p. 1-23)
- Cueto, Marcos. 2013. "A Return to the Magic Bullet?" in *When People Come First*, edited by Joao Biehl and Adriana Petryna. Princeton, NJ: Princeton University Press.
- Drobec, Peter. 2013. "Building an Effective Rural Health Delivery Model in Haiti and Rwanda." in *Reimagining Global Health : An Introduction*, edited by Paul Farmer, Jim Yong Kim, Arthur Kleinman, and Matthew Basilio. Berkeley: University of California Press.
- Editor. 2009. "Who Runs Global Health?" *The Lancet* 373:2083.
- Eisenberg, Joseph, N. S., A. Desai Manish, Levy Karen, J. Bates Sarah, Liang Song, Naumoff Kyra, and C. Scott James. 2007. "Environmental Determinants of Infectious Disease: A Framework for Tracking Causal Links and Guiding Public Health Research." *Environmental Health Perspectives* 115(8):1216-23.
- Epstein, Helen. 2007. *The Invisible Cure*. New York: Farrar, Straus and Giroux.
- Farmer, Paul. 2003. *Pathologies of Power*. Berkeley: University of California Press. (CH1)
- Hawkins, Jennifer S, and Ezekiel J. Emanuel. 2008. *Exploitation and Developing Countries*. Princeton: Princeton University Press. (Intro)
- Hewlett, Barry S., and Richard P. Amola. 2003. "Cultural Contexts of Ebola in Northern Uganda." *Emerging Infectious Diseases* 9(10):1242-48.
- Hunter, Paul R., Alan M. MacDonald, and Richard C. Carter. 2010. "Water Supply and Health." *PLoS Med* 7(11):e1000361.
- Jukes, Matthew, Stephanie Simmons, and Donald Bundy. 2008. "Education and Vulnerability: The Role of Schools in Protecting Young Women and Girls from HIV in Southern Africa." *AIDS* 22(Suppl 4):S41-S56.
- Kaiser Family Foundation. 2012. "The U.S. Government and International Family Planning & Reproductive Health". (<http://www.kff.org/globalhealth/upload/8073-02.pdf>)
- Krieger, Nancy. 2003. "Genders, Sexes, and Health: What are the Connections—and Why Does it Matter?" *International Journal of Epidemiology* 32(4):652-57.

- Liu, Li, Hope L. Johnson, Simon Cousens, Jamie Perin, Susana Scott, Joy E. Lawn, Igor Rudan, Harry Campbell, Richard Cibulskis, Mengying Li, Colin Mathers, and Robert E. Black. 2012. "Global, Regional, and National Causes of Child Mortality: An Updated Systematic Analysis for 2010 with Time Trends Since 2000." *The Lancet* 379(9832):2151-61.
- Link, Bruce G., and Jo Phelan. 1995. "Social Conditions as Fundamental Causes of Disease." *Journal of Health & Social Behavior*: 80-94.
- Lurie, Peter, and Sidney M. Wolfe. 1997. "Unethical trials of interventions to reduce perinatal transmission of the human immunodeficiency virus in developing countries." *New England Journal of Medicine* 337(12):853.
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- McMichael, A. J., A. Nyong, and C. Corvalan. 2008. "Global Environmental Change and Health: Impacts, Inequalities, and the Health Sector." *BMJ: British Medical Journal* 336(7637):191-94.
- Messac, Luke, and Keishna Prabhu. 2013. "Redefining the Possible: The Global Aids Response." in *Reimagining Global Health: An Introduction*, edited by Paul Farmer, Jim Yong Kim, Arthur Kleinman, and Matthew Basilio. Berkeley: University of California Press.
- Muela Ribera, Joan, and Susanna Hausmann-Muela. 2011. "The Straw that Breaks the Camel's Back: Redirecting Health-seeking Behavior Studies on Malaria and Vulnerability." *Medical Anthropology Quarterly (New Series)* 25(1):103-21.
- Nappier, Sharon P., Robert S. Lawrence, and Kellogg J. Schwab. 2007. "Dangerous Waters." Pp. 49-50 in *Natural History*.
- New York Times Editorial Board. 2014. "The C.I.A.'s Deadly Ruse in Pakistan." http://www.nytimes.com/2014/05/27/opinion/the-cias-deadly-ruse-in-pakistan.html?_r=0.
- Office of the United Nations High Commissioner for Human Rights. "The Right to Health (Fact Sheet No. 31)."
- Petryna, Adriana. 2006. "Globalilizing Human Subjects Research." Pp. 33-60 in *Global Pharmaceuticals*, edited by Adriana Petryna, Andrew Lackoff, and Arthur Kleinman. Durham and London: Duke University Press.
- Rashid, Sabina Faiz. 2011. "Human Rights and Reproductive Health: Political Realities and Pragmatic Choices for Married Adolescent Women Living in Urban Slums, Bangladesh." *BMC International Health and Human Rights* 11(Supp 3):S3-S13.
- Ravishankar, Nirmala, Paul Gubbins, Rebecca J. Cooley, Katherine Leach-Kemon, Catherine M. Michaud, Dean T. Jamison, and Christopher J. L. Murray. "Financing of Global Health: Tracking Development Assistance for Health from 1990 to 2007." *The Lancet* 373(9681):2113-24.
- Skolnik, Richard L. 2012. *Global Health 101*. Burlington, MA: Jones & Bartlett Learning.(CH 12)
- Smith, James, Emma Michelle Taylor, and Pete Kingsley. 2014. "One World-One Health and Neglected Zoonotic Disease: Elimination, Emergence and Emergency in Uganda." *Social Science & Medicine*, <http://dx.doi.org/10.1016/j.socscimed.2014.06.044>
- Swidler, Ann, and Susan Cotts Watkins. 2009. "'Teach a Man to Fish': The Sustainability Doctrine and Its Social Consequences." *World Development* 37(7):1182-96.
- VanderEnde, Kristin E., Kathryn M. Yount, Michelle M. Dynes, and Lynn M. Sibley. 2012. "Community-level correlates of intimate partner violence against women globally: A systematic review." *Social Science & Medicine* 75(7):1143-55.
- Varmus, Harold, and David Satcher. 1997. "Ethical Complexities of Conducting Research in Developing Countries." *New England Journal of Medicine* 337(14):1003-05.
- Wendler, David D., Ezekiel J. Emanuel, and Reidar K. Lie. 2004. "The Standard of Care Debate: Can Research in Developing Countries: Can Research Be Both Ethical and Responsive to Those Countries' Health Needs?" *American Journal of Public Health* 94(6):923-28.
- Willcox, A. C. 2012. "'From this Place and of this Place': Climate Change, Sense of Place, and Health in Nunatsiavut, Canada." *Social Science & Medicine* 75(3):538-47.
- Willson, Andrea E. 2009. "'Fundamental Causes' of Health Disparities." *International Sociology* 24(1):93-113.

Yamey, Gavin. 2011. "Scaling Up Global Health Interventions: A Proposed Framework for Success." *PLoS Medicine* 8(6):e1001049.

Appendix – Graduate Students

Evaluation Steps Global Public Health Program

Evaluation is the systematic investigation of the merit, worth or significance of an object (Scriven, 1999), hence assigning “value” to a program’s efforts means addressing those three inter-related domains:

- Merit (or quality)
- Worth (or value, i.e., cost-effectiveness)
- Significance (or importance)

The term “program” is used in the framework to describe any organized public health action.

Six connected steps together can be used as a starting point to tailor an evaluation for a particular Public Health effort, at a particular point in time. An order exists for fulfilling each step – in general, the earlier steps provide the foundation for subsequent progress.

1) Engage stakeholders, including those involved in program operations; those served or affected by the program; and primary users of the evaluation.

2) Describe the program, including the need, expected effects, activities, resources, stage, context and logic model.

3) Focus the evaluation design to assess the issues of greatest concern to stakeholders while using time and resources as efficiently as possible. Consider the purpose, users, uses, questions, methods and agreements.

4) Gather credible evidence to strengthen evaluation judgments and the recommendations that follow. These aspects of evidence gathering typically affect perceptions of credibility: indicators, sources, quality, quantity and logistics.



5) Justify conclusions by linking them to the evidence gathered and judging them against agreed-upon values or standards set by the stakeholders. Justify conclusions on the basis of evidence using these five elements: standards, analysis/synthesis, interpretation, judgment and recommendations.

6) Ensure use and share lessons learned with these steps: design, preparation, feedback, follow-up and dissemination. For additional details, see Ensuring Use and Sharing Lessons Learned as well as a checklist of items to consider when developing evaluation reports.

1. Utility standards ensure that an evaluation will serve the information needs of intended users.
2. Feasibility standards ensure that an evaluation will be realistic, prudent, diplomatic and frugal.
3. Propriety standards ensure that an evaluation will be conducted legally, ethically and with due regard for the welfare of those involved in the evaluation, as well as those affected by its results.
4. Accuracy standards ensure that an evaluation will reveal and convey technically adequate information about the features that determine worth or merit of the program being evaluated.

Source: <http://www.cdc.gov/eval/framework/>

U.S. Health Policy
The College of New Jersey
Department of Sociology and Anthropology
ANT/SOC/PBH 573
Spring 2017

Professor Phil Prassas
Location: Social Sciences Building 321
Phone: (609) 915-9846
E-mail: prassasp@tcnj.edu

Time: Tuesday or Thursday 5:30 to 8:20
Office Hours: By appointment

Course Description:

This course focuses on the structure and practice of U.S. public health. Students will assess public health policy within a historical and institutional framework, and deal with major areas of contemporary debate, including health inequalities, the organization of medical insurance, and the social organization of healthcare.

Course Materials:

TEXTBOOK

Introduction to U.S. Health Policy: The Organization, Financing and Delivery of Health Care in America by Donald A Barr, Third Edition, John Hopkins University Press, 2011.

ISBN-10: 1421402181

ISBN-13: 978-1421402185

Learning Goals:

This speaking-intensive course focuses on the interdisciplinary tools of health policy analysis and advocacy. By the end of the course, students will have improved their skills in:

- 1) Written Communication: Writing is a focus of instruction
- 2) Oral Communication: Public speaking is a focus of instruction
- 3) Critical Analysis and Reasoning: Ability to critique the arguments of others in the discipline and the construction of one's own arguments in the discipline, using data/evidence are a focus of instruction.
- 4) Information Literacy: Evaluating the validity and/or reliability of a source is a focus of instruction

5) Intercultural Competence: The development of understanding of other cultures and/or subcultures (practices, perspectives, behavior patterns, etc.) is an important focus of instruction in the course.

6) Ethical Reasoning and Compassion: The development of ethical reasoning and/or compassion is an important focus of this course

7) Respect for Diversity: An understanding of multiculturalism in US society and/or the world is an important focus of instruction;

8) Preparation to Participate in Civic Life: The development of understanding of political processes in US democracy and/or the development of respect for civil discourse are an important focus of instruction

9) Sociological and Anthropological Knowledge: Students will gain a basic understanding of sociology and anthropology

10) Applying Sociological and Anthropological Knowledge: Students will learn how to apply sociological and anthropological knowledge

Course Assessment:

Students in this course will be assessed based on their content knowledge, speaking and writing skills, and participation in course projects.

Article Briefings: 10%

Reaction Papers: 10%

Exam #1: 30%

Exam #2: 30%

Group Project: 20% (Paper: 10% & Presentation 10%)

Course grades will be calculated using the scheme below. In borderline cases, I will use participation in class to adjudicate the final grade.

Total Class Points	Grade
94-100	A
90-93	A-
87-89	B+
84-86	B
80-83	B-

77-79	C+
74-76	C
70-73	C-
67-69	D+
64-66	D
0-63	F

Course Assignments:

PARTICIPATION

Attendance, Participation, and Class Citizenship: This course models membership in a scholarly community, and therefore assumes students will follow rules of decorum and active participation. For example, ringing cell phones, texting, arriving late/leaving early are all disruptive to an engaged academic environment. If you will be absent from class, please send me an email before class begins letting me know you will not attend.

Come prepared to discuss that day's class materials in one of the following ways: 1) send discussion questions to me before class, and raise them during the class session, 2) note a specific passage in the readings that you found compelling, or have questions about, or 3) come up with another example related to the ideas and concepts discussed that day and raise it as a comparison.

TCNJ's attendance policy is available on the web:

<http://www.tcnj.edu/~recreg/policies/attendance.html>

ARTICLE BRIEFINGS (Due as noted on class outline)

Students are expected to **find** an article related to Affordable Care Act or current subject matter being covered that week. Please use article from a reputable source. Below is the format expected of the student:

- Author and Source.
- Concise summary of article, including the impact on health care industry.
- Student's opinion of article.

Briefing must be typed and may be in bulleted or paragraph form and must be at least one page in length with **normal margins**. Students will be expected to upload article briefing on Canvas prior to class in **MS Word** format. Submissions that I don't receive on the date assigned, without my prior knowledge, will be considered late and will affect their participation grade.

REACTION PAPERS (Due as noted on class outline)

During the semester students are expected to read the (3) selected articles and provide opinions based on the article in addition to what the student has learned from the class so far. The student must state whether or not they agree or don't agree with themes/points in the article. Students must provide

justification why they are “for” or “against” *any topic* mentioned in the article. Please type Reaction Paper in the same format as paper assignment and limit the Reaction Paper to three pages. Students are expected to upload Reaction Papers onto Canvas. Students will not be expected to present their Reaction Paper to the class.

EXAMS

There will be two exams during the course of this class. Both exams are not cumulative and will be structured in the same format: 40 % multiple choice, 30% short answer and 30% essay. Primarily, multiple choice questions will focus on definitive concepts learned during the weeks prior to the exam. Short answer questions will assess the students’ knowledge of more in-depth topics and ask students to provide either an analysis or a comparison of subject matter. There will be five short answer questions of which students will be required to answer only three. The essay will be a comprehensive question that may require the student to incorporate all subject matter from the text and supplemental readings in their response from the weeks preceding the exam.

GROUP PROJECTS

Students are responsible to form groups with classmates (between 3-5 students per group) to write a paper on a selected topic and are expected to formally present their topic to the class. Group projects are a cumulative assessment of the student’s knowledge from the beginning of class. It will be expected of groups to incorporate aspects learned throughout the semester into their project.

Project topic is for your group to identify a current problem in healthcare and determine a theoretical solution to the problem. We will go into more detail during class about finding solutions.

Paper: Groups are responsible to submit a minimum 10 page paper on their selected topic.

Format: Papers should be formatted with regular margins, double spacing, and a typeface no smaller than 11 points. References should be formatted in MLA style.

Submission: Students are responsible for submitting papers to Canvas in a readable file format by the **last day of class (5/4)**. Please note that I will not accept papers submitted via email, nor will I accept internet problems as a reason for late submissions. In addition, I caution students against skipping class in order to put final touches on a paper.

Presentation: Groups are responsible to present to the class their selected topic.

Format: Group presentations are limited to 20 minutes with an additional 5 minute question and answer portion following the presentation. Groups are welcome to be creative in their

presentation: Powerpoint, Prezi, use poster boards etc... and class engagement is always welcome.

Submission: Groups are responsible for submitting their presentation to me on the day the groups present. **Please provide a hard copy to me on day of presentation.**

Course Policies:

Academic Integrity Policy

Academic dishonesty is any attempt by the student to gain academic advantage through dishonest means, to submit, as his or her own, work which has not been done by him/her or to give improper aid to another student in the completion of an assignment. Such dishonesty would include, but is not limited to: submitting as his/her own a project, paper, report, test, or speech copied from, partially copied, or paraphrased from the work of another (whether the source is printed, under copyright, or in manuscript form). Credit must be given for words quoted or paraphrased. The rules apply to any academic dishonesty, whether the work is graded or ungraded, group or individual, written or oral.

TCNJ's academic integrity policy is available on the web:

<http://www.tcnj.edu/~academic/policy/integrity.html>.

Americans with Disabilities Act (ADA) Policy: Any student who has a documented disability and is in need of academic accommodations should notify the professor of this course and contact the Office of Differing Abilities Services (609-771-2571). Accommodations are individualized and in accordance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1992. Please let me know during the first week of class if you require any such accommodations.

TCNJ's Americans with Disabilities Act (ADA) policy is available on the web:

<http://policies.tcnj.edu/policies/viewPolicy.php?docId=8082>

Class Outline:

Week		Text Reading	Supplemental Reading	Assignments Due
Tues/Thurs	Subject			
1/24 or 1/26	Introduction of Course/ Syllabus Review/Affordable Care Act	Text: Chapter 1	Post Election, The Affordable Care Act Leaves The Intensive Care Unit For Good & Barr Web Update	n/a
1/31 or 2/2	Hot Topic: Reason's For Health Care Reform		Bitter Pill & What I Learned From My \$190,000 Open-Heart Surgery	Article Briefing
2/7 or 2/9	Health, Health Care and Economy	Text: Chapter 2	Value in Health Care & Value in Medical Spending & Two Most	Article Briefing

			Important Numbers in Healthcare	
2/14 or 2/16	Health and Culture	Text: Chapter 3	Triple Aim: Care, Health and Cost & Healthcare Paradox	Article Briefing& Group Members, Topics and Dates
2/21 or 2/23	Access to Health Care/The Uninsured	Text: Chapter 11 & Chapter 12	Hot Spotters: Can We Lower Medical Costs by Giving the Neediest Patients Better Care?	Reaction Paper #1: Hot Spotters
2/28 or 3/2	Health Profession and Organization/Exam Review	Text: Chapter 4	The Road to Becoming a Doctor & Nurses Take on New and Expanded Roles in Health Care	Article Briefing
3/7 or 3/9	Exam #1			
3/13-3/17	SPRING BREAK	SPRING BREAK	SPRING BREAK	SPRING BREAK
3/21 or 3/23	Private Health Insurance	Text: Chapter 5	How Private Health Coverage works: a Primer 2008 Update	Reaction Paper #2: (How Private Health Coverage Works) Pick any topic about health insurance discussed in summary that captures your attention and respond with pros and cons of that topic, e.g., underwriting, ERISA, Loss Ratio
3/28 or 3/30	Medicare	Text: Chapter 6	If This Were a Pill, You Would Do Anything to Get It	Article Briefing
4/4 or 4/6	Medicaid/CHIP/Exam Review	Text: Chapter 7	Measuring Medicaid and CHIP Enrollment Progress Under ACA & Health Plans Prepare for Pent-Up Demand	Article Briefing

			Under Medicaid Expansion	
4/11 or 4/13	Exam #2	Exam	Exam	Exam
4/18 or 4/20	Pharmaceuticals & Long Term Care	Text: Chapter 9 & Chapter 10	Painful Prescription: Pharmacy Benefit Managers Make Out Better Than Their Customers	Reaction Paper #3: (Painful Prescription)
4/25 or 4/27	Group Projects	Group Projects	Group Projects	Group Projects
5/2 or 5/4	Group Projects	Group Projects	Group Projects	Group Projects
Exam Period	Group Projects	Group Projects	Group Projects	Group Projects

Supplemental Readings:

Chapter 1:

Joel Ario and Lawrence Jacobs. "Post Election, The Affordable Care Act Leaves the Intensive Care Unit for Good," Health Affairs 31(12), 2012: 2603-2608. <http://content.healthaffairs.org/content/31/12/2603.full?ijkey=dUIvbzGIWWqT.&keytype=ref&siteid=healthaff>

Donald A. Barr. "Introduction to US Health Policy, 3rd edition Web Update. <http://www.press.jhu.edu/books/supplemental/documents/WebUpdate201208.pdf>

Hot Topic: Reason's for Healthcare Reform

Steven Brill. "What I Learned From My \$190,000 Open-Heart Surgery," TIME January 19, 2015. (.pdf on Canvas).

Steven Brill. "Bitter Pill: Why Medical Bills are Killing Us," TIME February 20, 2013. (.pdf on Canvas).

Chapter 2:

Michael Porter. "Value in Health Care."

http://www.nejm.org/doi/suppl/10.1056/NEJMp1011024/suppl_file/nejmp1011024_appendix1.pdf

David M. Cutler, Allison B. Rosen and Sandeep Vijan. “The Value of Medical Spending in the United States, 1960 -2000.” <http://www.nejm.org/doi/full/10.1056/NEJMsa054744#t=articleTop>

Ezra Klein. “The Two Most Important Numbers in Healthcare.”

http://www.washingtonpost.com/blogs/wonkblog/wp/2013/09/19/the-two-most-important-numbers-in-american-health-care/?wpisrc=nl_wnkpm

Chapter 3:

Donald Berwick, Thomas W. Nolan and John Whittington. “The Triple Aim: Care, Health and Cost.”

<http://content.healthaffairs.org/content/27/3/759.abstract>

Elizabeth Bradley and Lauren Taylor. The American Health Care Paradix: Why Spending More is Getting Us Less. Chapter Two: ‘Paradox.’ (.pdf uploaded on Canvas).

Chapters 11 & 12:

Atul Gawande. The Hot Spotters: Can We Lower Medical Costs by Giving the Neediest Patients Better Care? January 2011.

http://www.newyorker.com/reporting/2011/01/24/110124fa_fact_gawande?currentPage=all

Chapter 4:

American Association of Medical Colleges. “The Road to Becoming a Doctor.” Unknown.

<https://www.aamc.org/download/68806/data/road-doctor.pdf>

Nurses Take on New and Expanded Roles in Health Care. Robert Wood Johnson Foundation, January 20, 2015.

<http://www.rwjf.org/en/about-rwjf/newsroom/newsroom-content/2015/01/nurses-take-on-new-and-expanded-roles-in-health-care.html>

Chapter 5:

Kaiser Family Foundation. “How Private Health Coverage Works: A Primer, 2008 Update.” April 2008.

<http://kaiserfamilyfoundation.files.wordpress.com/2013/01/7766.pdf>

Chapter 6:

Ezra Klien. "If this were a pill, you would do anything to get it." April 2013 <http://www.washingtonpost.com/blogs/wonkblog/wp/2013/04/28/if-this-was-a-pill-you-d-do-anything-to-get-it/>

Chapter 7:

Lisa Dubay, Genevieve Kenney, Matthew Buettgens, Jay Dev, and Erik Wengle

The Urban Institute. "Measuring Medicaid and CHIP Enrollment Progress Under the Affordable Care Act: An Update." July 2014.

http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2014/rwjf414765

Laurie Felland, M.S., Emily Carrier MD, Rebecca Gourevitch. "Health Plans Prepare for Pent-Up Demand Under Medicaid Expansion." Robert Wood Johnson Foundation, November 2014 Issue Brief.

http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2014/rwjf417242

Chapters 9 & 10:

Katherine Eban. "Painful Prescription: Pharmacy Benefit Managers Make Out Better Than Their Customers." October 2013.

<http://katherineeban.com/2013/10/23/painful-prescription-fortune-com/>

PBHG 603: Health and Risk Communication Campaigns: A Social Marketing Approach

COM403/PGBH 603 HEALTH AND RISK COMMUNICATION CAMPAIGNS:

A SOCIAL MARKETING APPROACH

Dr. John C. Pollock

MR 3:30-4:50 PM

COMM 403:01

Office Hours: Kendall #238, **by appointment**; by telephone at office or home -- Tel (Off) 609-771-2338 (Cell) 732-371-7022; or by e-mail: pollock@tcnj.edu; or jcp3rd@earthlink.net. For ongoing information about the course, please access: www.tcnj.edu/~pollock .

Introduction

This course examines the impact of public communication campaigns, in particular health communication campaigns, aimed at informing and persuading mass audiences. Special attention is given to a wide range of strategies and tactics for designing effective campaign strategies. Since most campaigns are targeted to mass audiences, the primary emphasis will be on communication through mass media channels. The following lists of core concepts, understandings, technical knowledge and skills and common misunderstandings represent opportunities and challenges addressed in this course on public communication campaigns:

A. Core Concepts

The course is intended to help you learn:

- 1) A theoretical understanding of how campaigns influence audiences.
- 2) A substantive familiarity with the effects of various types of socially significant campaigns in recent years.
- 3) Practical guidance and experience in analyzing and constructing campaign plans and messages in applied settings.

B. Understandings

This course also seeks to help you acquire key understandings, specifically:

- 1) Understanding theoretical frameworks of mediated and non-mediated campaigns
- 2) Understanding concepts of mass communication processes and effects
- 3) Understanding variations in audience responses, channel differences, communication sources and message appeals
- 4) Awareness of research literature on campaign effectiveness regarding specific health issues (including smoking, drugs, heart disease, drunk driving or other health topics).
- 5) Detailed criteria used to evaluate success or failure of communication campaigns.

C. Technical Knowledge and Skills

- 1) Craft a thorough literature review/information search addressing a specific campaign issue.
- 2) Design a strategic health promotion campaign, including general goals, measurable objectives, broad strategies and specific tactics for each strategy.
- 3) Outline the advantages and disadvantages of distinct target audiences.
- 4) Explain rationales for using three theories of behavior change (e.g., health belief, theory of planned behavior, social cognitive learning theory)
- 5) Develop pre-tests of message concepts, including questionnaire construction, data

collection and data analysis

- 6) Construct multimedia materials after evaluating pre-test results, for example: brochures, videos, radio spots, press kits.
- 7) Fashion and make an oral presentation using PowerPoint, making a case for a sophisticated, integrated public information campaign
- 8) Write results into a formal grant proposal worthy of submission to a grant funding organization

D. Common Misunderstandings

- 1) *Group Work and Responsibility.* Since most of the coursework is a group process – crafting a strategic public communication campaign plan, isolating key strategies, elaborating imaginative tactics, devising evaluation programs, designing and implementing pre-tests, crafting message materials – it is important that individuals be available to meet with one another to compare ideas. Anyone who fails to meet regularly with others in the group jeopardizes both the morale of the members and the quality of the final product. Please remember that students will evaluate the contribution of each of their group members at the end of the semester, providing feedback to the instructor on individual contributions.
- 2) *Division of Work by Skill, not by Section.* Sometimes students mistakenly regard themselves as responsible only for a particular section of the course, resulting in uneven, sometimes inaccurate products. Instead, rather than dividing work by “sections” of the course, individuals should divide work by “skill” categories. If someone is an especially good writer, that person should do most of the writing. If others are particularly good at database searches or data entry or data analysis or telling stories from numbers – all useful in launching and analyzing message pre-tests, those skillful at those endeavors should do most of the work in those areas. The result is typically far better than if individuals simply divide the semester-long project into discrete sections, paying attention only to a single slice of the entire enterprise.
- 3) *Immediate Revision after Ongoing Deadlines.* Since feedback on the ongoing project is offered frequently for each of the project’s sections, it is important to adopt an “incremental” mindset, reviewing instructor comments and revising each section immediately. Sometimes groups mistakenly wait until the end of the term to revise sections

of the project, resulting in hurried, less than optimal revisions because so many other analysis and interpretation tasks require attention at the end of the semester.

For the Graduate Student: an extra draft of the final paper will be done for submission for presentation at a refereed state, national, or international level scholarly or professional conference-suitable for paper presentation.

The **Graduate Student** will also submit a list of relevant policy makers to the instructor, and after the list is approved, email the polished student draft to each one requesting a student interview for comments, with the student expected to complete at least three in-depth interviews (face to face or through some digital platform); and present and/or craft a presentation (e.g., poster) materials if the paper is accepted for presentation.

- 4) *Quickly Shift Gears from “Research” to “Production”.* One of the opportunities this course affords is the possibility of “applying” what students learn to the actual “production” of communication campaign materials. These can take the form of brochures, posters, radio spots, short videos or a host of other communication vehicles. Sometimes students have difficulty making a transition from strategic campaign “planning” to “production”. The planning phase is quite rigorous, with many clear deadlines to maintain student focus; while the “production” phase is perhaps more creative, with more flexible deadlines. It is important that students not lose focus or momentum in the “production” phase of the course. Otherwise, all of the useful work that led to clear conceptions of an effective health campaign may be diminished. It is essential that groups maintain momentum as they approach the final, more creative phase of the course.
- 5) *Class Attendance is Critical.* Since there will be additional course readings and case studies assigned or discussed in class, class attendance is imperative. Class attendance is also important for another reason: Each student/team will be asked to lead discussion of an assigned article at least once. Elementary courtesy suggests that everyone listen to everyone else's presentations.

Required Textbooks

Rice, Ronald E., and Atkin, Charles, K. (Eds.). (2001). *Public communication campaigns, 2nd Edition*. Newbury Park, CA: Sage Publications (labeled **PCC** in syllabus)

Weinreich, Nedra Kline. (1999). *Hands-on social marketing*. Thousand Oaks, CA: Sage Publications (labeled **SOMARK** in syllabus).

Atkin, Charles and Lawrence Wallack (Eds.). (1990). *Mass communication and public health: complexities and conflicts*. Newbury Park: Sage Publications (labeled **MC** in syllabus)

Recommended Supplement

Lederman, Linda C. (Ed.). (2007). *Beyond these Walls: Readings in health communication*. NY: Oxford U. Press (labeled **Walls** in the syllabus)..

Other Recommended Texts:

Haider, Muhiuddin (Ed.). (2005). *Global public health communication: Challenges, perspectives and strategies*. Sudbury, MA: Jones and Bartlett (labeled **GPHC** in syllabus)

Piotrow, Phyllis Tilson, Kincaid, D. Lawrence, Rimon II, Jose G., & Rinehart, Ward. (1997). Health Communication: Lessons from Family Planning and Reproductive Health. Westport, CN: Praeger. (This book describes lessons from Johns Hopkins researchers.)

Wallack, Lawrence, Lori Dorfman, et. al. Media Advocacy and Public Health: Power for Prevention. Newbury Park, CA: Sage Publications, 1993. (labeled **ADVOCATE** in syllabus)

Office of Cancer Communications. Making Health Communication Programs Work. Bethesda, MD: National Cancer Institute, 1992. (NIH Publication # 92-1493 (labeled **MAKING**))

Donohew, Lewis, Sypher, H.E., & Bukoski, W.J., eds. Persuasive Communication and Drug Abuse Prevention. Hillsdale, NJ: Lawrence Erlbaum and Associates, 1991 (or latest edition.) (labeled **PERSUASIVE** in syllabus)

Ratzan, Scott, ed. AIDS: Effective Health Communication for the 90s. Washington, D.C.: Taylor & Francis, 1993. (labeled **AIDS** in syllabus)

Ray, Eileen Berlin, and Donohew, Lewis, eds. Communication and Health: Systems and Applications. Hillsdale, NJ: Lawrence Erlbaum Associates, 1990 (**COMHEALTH** in syllabus)

U.S. Dept. of Health and Human Services. Healthy People 2010: National Health Promotion and Disease Prevention Objectives. Washington, D.C. U.S. Government Printing Office (DHHS Publication No. (PHS) 91-50212), 1990. (labeled **HEALTHY** in syllabus)

ASSIGNMENTS

(Dates refer to Monday of the weeks in which the topic will be discussed, except for Sept. 2.)

Week I	Sept. 2	<i>Intro to Public Communication Campaigns: Learning the Lingo; Templates from Previous Classes; The Johns Hopkins P-process; Healthy People 2010 Objectives</i>
Week I	I Sept. 6	<i>Processes and Principles of Strategic Health Communication</i> PCC, Chpts. 1, 3 (Paisley, Atkin); MC, Chpts. 3,4 (Meyer, Klaidman); SOMARK, pp. 1-32; Rec: HEALTHY, Chpts. 1-5; Health Images in Media: COMHEALTH 7
Week III	Sept. 13	<i>Designing a Campaign/Designing Research / Statistical Issues</i>

PCC, Chpts. 2, 4 (McGuire, Dervin & Frenette); MC, Chpt. 1 (Atkin & Bratic); SOMARK, pp. 51-78; Rec: MAKING, pp. 1-16

Week IV Sept. 20 *Strategic Design; Doing a Study*

PCC, Chpts. 5, 10 (Stephenson & Witte, Snyder); MC, Chpts. 2, 8 (Wallack, Signorelli); SOMARK, pp. 79-115; Rec: MAKING, pp. 21-27: Selecting Channels and Materials; AIDS (Maibach, et. al.)

Week V Sept. 27 *Campaign Design (who, what, where, when, how and why)*

Targeting Audiences and Behaviors

PCC, Chpts. 11,12 (Flora, Capella, et. al); MC, Chpt. 10 (Flay & Burton); GPHC – to be assigned; Rec: MAKING, pp. 31-51;

AIDS (Hein, et. al.; Fabj & Sobnosky)

Week VI Oct. 4 *Source/Channel/Destination and Message/Product Variables*

PCC, Chpts. 14, 27 (Piotrow & Kinkaid, Bracht); MC, Chpt. 5, 6 (Stuyck, Novelli); GPHC - to be assigned; Rec: AIDS (Ratzan); PERSUASIVE, Chs. 9, 10

Week VII Oct. 11 *Entertainment Education, Web-based Tobacco Cessation for kids*

12-15; Interactive Media for Children; Media Advocacy

PCC, Chpts. 28, 29, 30, 31; GPHC – to be assigned

Week VIII Oct. 18 MID-SEMESTER BREAK

Week IX Oct. 25 *VD, AIDS and Crime Prevention*

PCC, Chpts. 15, 24, 16; MC, Chpt. 7 (Silverglade); ADVOCATE, Chpt. 3;
Rec: HEALTHY, pp. 391-413; AIDS (Marlier; Ratzan & Payne)

Week X Nov. 1 *Fire Prevention, Littering, Rat Control*

PCC, Chpts. 17, 18, 19; MC, Chpt. 9 (Montgomery); ADVOCATE, Chpt. 4;
Rec: HEALTHY, pp. 415-440

Week XI Nov. 8 *Government Incentives & Punishments, Designated Driver,
Campus Drinking*

PCC, Chpts. 20, 21, 22; ADVOCATE, Rec: Chp. 5; HEALTHY, pp. 391-413;
COMHEALTH, Ch. 8; PERSUASIVE, Chs. 8, 14, 15

Week XII Nov. 15 *Anti-drug Sensation Seeking, Milk, Nazi Antitobacco Campaign*

PCC, Chpts. 23, 25, 26; MC, Chpt. 11 (Wallack); ADVOCATE, Ch. 6 (Beer -
Spuds McKenzie); Rec: HEALTHY, 93-110;185-206

Week XIII Nov. 22 *Campaign Evaluation (formative, summative) presentations*

PCC, Chpts. 6, 7 (Atkin & Freimuth, Valente); MC(Arkin, et. al.);
ADVOCATE, Ch. 6 (MADD – Ryan White). Student presentations.

Week XIV Nov. 29 Student presentations

Week XV Dec. 6 Student presentations/

Week XVI Dec. ? Final/Student presentations

COURSE EVALUATION:

1. Ongoing Reading Presentations, Outline, Handouts and Participation (15%): Each student or team: a) will be assigned a specific reading assignment to present to the class, as well as; b) select a current health communication campaign (domestic or international) to present to the class. The assignment includes a presentation, an outline and handouts used to present the case. Sources worth consulting for this assignment include: Piotrow, et. al. Health Communication: Lessons from Family Planning and Reproductive Health. Praeger, 1997; Eileen Berlin Ray, ed. Case Studies in Health Communication. Hillsdale, NJ: Lawrence Erlbaum Associates, 1993; and Thomas E. Backer, Everett M. Rogers and Pradeep Soporty. Designing Health Communication Campaigns: What Works? Newbury Park, CA: Sage, 1992. These presentations are due on dates assigned to each team. Failure to make a scheduled presentation can result in an automatic deduction of one grade for the course. Teams themselves, not the instructor, are responsible for rescheduling with one another

Because this course involves a significant amount of in-class participation, your verbal participation in class discussions and your work on any additional assignments for this class (such as finding and documenting various communication library sources, critiquing an article in a communication journal, summarizing optional readings for presentation in class, etc.) will be evaluated. Class attendance is expected and noted. Any absences beyond four missed classes can result in a deduction of one full grade from the final grade.

2. Major Project: (85%)

The assignment has five parts:

a. Information Search (15%): Each student will identify a health related topic (subject to instructor approval) and compile a lengthy organized and annotated list of sources of information related to that topic, using the APA Style Manual, 4th Edition. The sources should include, but not necessarily be limited to: professional journals, organizations, support and self-help groups, government agencies, toll-free numbers, etc. The annotation will describe the types of information available from that source and appropriate audiences for the source. Include sources appropriate for the general population as well as sources for patients, families and friends; health care professionals; and scholars. Each student is expected to engage in a computer search of the Library holdings as well as Internet sources.

Some typical database and website sources for searching include the following in the library:

Comm Search: a database produced by the National Communication Association, it indexes at least 22 journals in communication studies.

Com Index: provides complete bibliographic information for at least 65 key international journals and annuals from the communication field.

Found on the Internet:

CIOS (Communication Institute for Online Scholarship). Since TCNJ is an institutional member of CIOS, students can go from the library's home page to "Electronic Resources", then to the CIOS link. This site contains an abundance of resources, including ComAbstracts, web sites, forums, tables of contents and a wide range of periodicals. CIOS has an excellent hotline resource and keyword assisted searches. This service is a superb place to begin looking for significant communication topics.

Topics for the search must be approved no later than **Sept. 6. Due Date: September 20.**

b) Design a Strategic Health Promotion Campaign – Steps One and Two of the Johns Hopkins P-process, URL to be supplied in class (25%): In teams of two, students will design a strategic plan for a hypothetical health communication campaign. In designing the plan, students will develop a written project plan that includes:

- o identification of a general objective, plus an explanation of its importance;
- o one or more specific and related objectives, and rationales for their selection;
- o a target audience (or subset of an audience), and reasons for its selection;
- o one or more specific "messages" (statement of message), and reasons;
- o exploration of at least three theories (e.g., health belief, theory of planned behavior, social cognitive learning theory); and
- o a rationale for the completed final product (leaflet or video) in a professional format

Due: October 14

c) Pre-test Procedures: Questionnaire Development, Data Collection, and Brochure (25%)

Teams will develop questionnaires, administer them to a target population, and develop materials, at minimum a leaflet, to use in a public communication campaign:

- o) Develop a questionnaire operationalizing three theories to administer to a target population;

- o) Administer the questionnaire in face-to-face interviews with at least 20-30 members of the target population;
- o) Develop a leaflet (or if you wish, an audio or video PSA).

Due: November 9

d) Designing a Health Promotion Campaign - Steps Three and Four of the P-Process (5%)

Due: November 29

e) Develop Formal Oral Report and Research Proposal – Report on all Six Steps of the P-process (15%)

This final portion of public communication campaign design asks students to:

- o) Complete and present a formal oral report (typically using PowerPoint), making a case for a sophisticated, integrated public information campaign; and
- o) Write the results of the presentation into a formal grant proposal worthy of submission to a grant funding organization.

The final portion of the assignment requires the team to organize the results of the pretest evaluation and leaflet (audio/video) into a formal oral report and a formal grant proposal. These projects will be presented to the class.

Due by December 9, and two copies are due December 15.

COURSE EXPECTATIONS AND ASSUMPTIONS

The dates on the syllabus refer to the Monday meetings of the weeks in which the topics will be discussed. Come to class having studied and prepared to discuss the assigned material.

Research projects will progress simultaneously with readings and class lectures/discussions. Each student will be asked to report on work in progress periodically, with an overall oral report due in the last half of the course.

Since each of you will be pursuing different areas of investigation, you will be expected to read far beyond the formal assignments, sharing your progress and dilemmas with the class. Your project work increases in importance in the last half of the semester. Do not underestimate the importance of integrating reading and primary research in the final phase of the course.

Some students encounter trouble by not keeping in touch with me or by not coming to class. Please make appointments with me or come in during my office hours to talk with me about any aspect of the course, in particular the semester research project. Please take full advantage of this offer. The more I know about your progress and problems, the better you are likely to do in the course. Remember: There are three ways to contact me:

o by appointment during the following office hours: Mon, Thurs 2- 3:15 PM, Tues. 1-4 PM;

(please look for me in any of the following: my office in Kendall #210; the Kendall student lounge; or Brower cafeteria);

o by telephone at office or home -- Tel (Off) 609-771-2338 (Cell) 732-371-7022; or

o by e-mail: pollock@tcnj.edu; or jcp3rd@earthlink.net

Sample topics:

- Pediatric Immunization
- Water contamination
- Posttraumatic Stress
- Alcoholism (in general, or DWI in particular)
- Various proposals for a “public option” for health insurance
- Health insurance reform requiring each person to have/carry health insurance
- Health insurance reform preventing insurance companies from using “pre-existing conditions” to exclude coverage of policy-holders.
- Portable health insurance (portability from one employer to another)
- Regulating the co-pays insurance companies are allowed to charge.
- Various kinds of abuse (e.g., drugs such as cocaine, extreme dieting – bulimia, anorexia)
- Various kinds of addiction (e.g., gambling, fast food)
- Partner addiction (high abuse tolerance)
- Tobacco use

- Obesity and/or nutrition (especially in children)
- Improving physician-patient interaction
- Reducing the risk of coronary disease
- Depression
- Autism or Asperger's conditions
- Safe sex, or preventing the spread of STDs and HIV/AIDS
- Plan B (emergency contraception, or the "morning after" pill)
- Early detection exams (e.g., breast, colon, prostate, skin)
- Fast-food (or even fast-food relationships)
- Affordable Care Act

GOOD LUCK!

The assignments and readings are from a previous Quarter.
They are subject to change – use as an example ONLY.

HSMGMT 514 B & C Health Economics

**University of Washington
School of Public Health
Executive Health Management Administration Program**

Instructor: Brian W. Bresnahan, Ph.D.
325 Ninth Ave. Box 359736
Seattle, WA 98104-2499

(206) 744-1805 (phone)
bres@uw.edu

Office hours: By appointment

Course objectives:

After this course, the student will be able to:

- Competently discuss key economic concepts and the analytical tools used to assess human economic behavior in general.
- Understand and apply microeconomic principles to analyze the major issues of the health care sector.
- Understand the key institutional and market factors that affect the incentives of the stakeholders in the key health care markets.
- Understand both the perspective and limits of economic analysis applied to health care.
- Gain historical economic perspective on the evolution of major health policy issues.

General description of the course

This course, offered by the School of Public Health, explores the application of microeconomic principles to understand the nature of health care markets and systems. Economic models and analytic tools are used to explore a wide range of health sector activities and policy issues. This course is intended to be a rigorous analysis at the level of intermediate microeconomics, coupled with a review of key econometric and empirical analyses.

The course is run using a combination of in-person lecture/seminar didactic sessions and telephone or web-based sessions between on-site course dates. The onsite class and team meeting sessions require substantial student input throughout the educational sessions. Monthly web-based

conferences will be held to provide additional lecture material, allow for open discussion and question and answer sessions, as well as to discuss course projects.

A case-study approach and team-based assignments will be used to investigate and explore economic concepts in healthcare. In addition, the course, with monthly onsite sessions, requires independent work during the four-week interim periods between onsite meetings. Students are expected and encouraged to use examples from their real-world work environment to facilitate their learning experience and ability to apply their coursework to their daily work lives.

Students are expected to have completed their monthly assignments by beginning of the onsite course sessions. They are expected to have read the assigned readings and completed the monthly homework assignments, as well as to participate in class discussions. Participants are expected to take this course for credit.

Grading will be based on student performance using the grading system for graduate students published in the 2002 - 2004 University of Washington General Catalog for Graduate and Professional Students, p. 13.

Final course grades will follow the Department of Health Services grading policy. See <http://depts.washington.edu/hserv/grading>

Course Readings:

Course Textbook: Paul J. Feldstein
Health Policy Issues: An Economic Perspective, 4th Edition, 2007

List of Key Economic Concepts and Principles to Be Covered:

- Positive/behavioral vs. normative economics
- Welfare economics (vs. extra-welfarism)
- Efficiency; Technical, cost, and economic; x-inefficiency; dynamic vs. static efficiency
- Opportunity cost
- Efficiency vs. equity
- Health vs. medical care
- Health-- unique/merit good; normal vs. superior good
- Health production function; consumption vs. investment; human capital; health capital; household production
- Economies of scale vs. economies of scope
- Economic rents; dissipation of rents
- Private goods vs. public goods; externalities; intellectual property; global public goods
- Experience goods; post-experience goods
- Optimal Insurance; uncertainty; moral hazard; adverse selection; information asymmetry;
- Self-insurance; self-protection; experience vs. community rating; risk adjustment; managed competition; tax subsidies
- Copayments; coinsurance; flat indemnity; deductibles; out-of-pocket limits
- Demand; consumer surplus; supplier-induced demand; deadweight loss
- Supply; producer surplus
- Marginal costs and marginal benefits
- Cost function

- Equilibrium; market equilibrium

- Elasticity—price, cross-price, income
- Price discrimination
- Free vs. administered pricing (DRGs, RBRVS)
- Income and substitution effects
- Perfect competition
- Market failure
- Monopoly
- Oligopoly
- Cartels
- Monopolistic competition
- Market concentration
- Labor markets
- Capital markets
- Economic regulation; licensure; certification
- Political economy; Theory of interest groups
- Cost-effectiveness analysis; cost-utility; cost-benefit

A. Writing Assignments

B. Group Projects

DISABILITY ACCOMMODATIONS

If you would like to request academic accommodations due to a disability, please contact Disabled Student Services, 448 Schmitz, 543-8924 (V/TDD). If you have a letter from Disabled Student Services indicating you have a disability that requires academic accommodations, please present the letter to me so we can discuss the accommodations you might need for class.

STA21x/MPHxxx: Statistical Inference for Public Health
Course Syllabus

Textbook: Daniel and Cross, *Biostatistics: A Foundation for Analysis in the Health Sciences*, 10th Ed.

Instructor: Professor Michael Ochs
Office: P246 Phone: 609-771-2189
Email (preferred): ochsm@tcnj.edu

Office Hours:

Course Description: This course will present the basics of statistical inference for public health studies, including treatment of categorical and quantitative *data*, concepts of random error and distributions, and limits on prediction and confidence. Sampling theory will be introduced to link population distributions to sample measurements, including the deduction of population statistics and their confidence intervals from samples. This will permit development of hypothesis *tests*, including *t-tests*, ANOVA, chi-squared *tests*, and Fisher exact tests. These will lead naturally to a discussion of multiple testing, odds-ratios and effect *sizes*, including as checks on the misuse of *p*-values. Bivariate measurements will be introduced, including correlation analysis and the basics of linear regression. Finally, classification problems will be introduced through study of logistic regression as an extension of linear regression to the problem of prediction of a probability, and a brief discussion of more advanced classification methods will be provided. Discussion of ROC analysis, sensitivity and specificity, and the importance of prevalence to testing for disease and biomarker development will be addressed. The course will conclude with a brief look at survival analysis, proportional hazards, and confounding, so that students have a sense of additional areas of importance to the field.

Course Philosophy: Our world has become data full, to the point of bursting in the public health studies. The recovery of knowledge from data has been the focus of statistical study since the early days of the scientific revolution, demonstrated by the work of Bayes and Laplace. Thanks to computers and user-friendly programs, it has become trivially simple to apply many statistical methods to data. However, proper application of these methods requires an understanding of the mathematical assumptions underlying the methods and knowledge of the available methods. This course will provide an initial introduction to statistical analysis for public health data.

Evaluation: Evaluation will be based on PSETs (20%), random short quizzes in class (10%), two exams during the semester (20% each), and the final exam (30%). Each PSET will include a series of problems from the book with solutions in the back, which students are expected to understand *completely* but not turn in. Each problem set will also include a problem to be turned in. This problem will be designed to require synthesis of concepts into an analysis of real public health data. **Students are expected to work together on this problem, however all PSETs must be written individually without copying each other's work.** Also note that it will be statistically impossible to pass this course without doing sufficiently well on *exams*, so students should insure that they understand the problems. Late homework turned in the day prior to the next class meeting will receive a 25% penalty. No credit will be given for homework after this time.

Schedule (Subject to Non-Random Variation)

Date	Topic	Note	Ch	Date	Topic	Note	Ch
29-Aug	Introduction		1	24-Oct	Introduction to ANOVA		8
1-Sep	Summary Statistics		2	27-Oct	ANOVA and Experimental Design	PSET Due	8
5-Sep	MONDAY SCHEDULE			31-Oct	Chi Squared Tests		12
8-Sep	Introduction to Probability	PSET Due	3	3-Nov	KS Tests and Other Fit Tests	PSET Due	13
12-Sep	Bayes Rule,Sensitivity,and PPV/NPV		3	7-Nov	Correlation of Random Variables		9
15-Sep	Discrete Probability Distributions	PSET Due	4	10-Nov	Linear Regression and Pitfalls	PSET Due	9
19-Sep	The Normal Distribution		4	14-Nov	Logistic Regression and Classification		11
22-Sep	Sampling Distributions of Proportions	PSET Due	5,6	17-Nov	ROC Analysis and Prevalence Revisited		
26-Sep	Confidence Intervals		6, 7	21-Nov	EXAM 2		
29-Sep	The Central Limit Theorem	PSET Due	5,6	24-Nov	THANKSGIVING BREAK		
3-Oct	Confidence Intervals and Z-Tests		6, 7	28-Nov	Fisher Exact Test, Odds Ratios		12
6-Oct	EXAM 1			1-Dec	Kaplan-Meier Analysis	PSET Due	14
10-Oct	FALL BREAK			5-Dec	Censored Data		14
13-Oct	The t-Test		7	8-Dec	Cox Proportional Hazards Modeling	PSET Due	14
17-Oct	Nonparametric Tests		13	12-Dec	Public Health Statistical Summaries		
20-Oct	Hypothesis Tests, Multiple Testing, p-Values	PSET Due		15-Dec	Review		
19-Dec					Review		

Classroom Policies

In this class, the deep learning outcomes associated with TCNJ's 4th hour are accomplished by a series of rigorous educational assignments that extend beyond the typical scheduled class time. These include learning to use statistical analysis tools on calculators, completion of extended homework problems set by the professor, which will include working with fellow students on these difficult statistical problems. In addition, it is expected that many students will require additional time with tutors or the professor during the semester to develop the skills needed to apply the statistical concepts learned.

Attendance: All students are expected to attend all classes and are responsible for all information provided. A student who is absent for a test will not be permitted to make up the test unless prior arrangements with the instructor have been made. Approval for missing a test will only be permitted in exceptional circumstances. In the case of illness, a doctor's note will be required. Please view TCNJ's attendance policy at <http://fpolicies.tcnj.edu/fpoliciesfdigest.php?docId=9134>

Academic Honesty: Please make sure you are familiar with TCNJ's academic integrity policy. Any suspected violation of this policy will be confronted in the strict accordance with the policy: <http://fpolicies.tcnj.edu/fpoliciesfdigest.php?docId=7642>

Americans with Disability Act Policy:
<http://fpolicies.tcnj.edu/fpolicies/digest.php?docId=8082>

Final Exam-Evaluation-Reading Days Policy:
<http://fpolicies.tcnj.edu/fpoliciesfdigest.php?docId=9136>

Learning Goals

The field of public health biostatistics involves the analysis of data. More specifically it may involve the planning for data collection, the actual collection of data, the subsequent analysis of the data, the drawing of inferences from these analyses and the presentation of the results. Students in STA215 are not expected to have any prior exposure to statistics but are expected to have completed a one semester course in Calculus. Thus, the majority of the course is a systematic introduction to the various techniques employed in the statistical analysis of data and, in addition, some of the mathematical underpinnings of the techniques are introduced. The student, on satisfactory completion of the course, is prepared to take further courses either in statistical theory or in applied areas, though more mathematics may be needed for some courses.

On completion of the course the student should have a foundation in the following areas: a. Determining the appropriate statistical distribution related to a data analysis problem b. Choosing and applying the appropriate statistical test to answer an analysis question c. Interpreting p-values, odd-ratios, and effect sizes in real world terms d. Performing simple analysis of correlated variables and interpreting results e. Understanding survival analysis and proportional hazards f. Applying and interpreting ROC analysis

The statistical techniques covered in the course include at a minimum:

1. Basic techniques of data display and data summarization
2. Introduction to probability theory and conditional probability
3. Introduction to random variables and discrete and continuous probability distributions
4. Techniques of inference – estimation involving confidence intervals and hypothesis testing, p-values, odds-ratios, effect sizes, and ROC analysis
5. Concepts of correlation, causation, and linear regression
6. Introduction to survival analysis

Unlike mathematics, statistics generally applies to problems for which there is not a single correct solution. The criterion for success is whether or not the chosen solution is the result of a reasonable approach to the analysis. For example, there are a variety of ways to display and summarize something as simple as the spread of flu and the public health response during a seasonal outbreak. In this context, mathematics (calculus and probability in this case) provides the tools to develop the techniques. Appreciation of the subtleties of statistical analysis in public health decision making is a major learning objective of the course.

COM 460/PBHG 660: Global Health Communication and Social Change

SYLLABUS

Dr. John C. Pollock

Spring, 2016

M 5:30 –8:20 PM

COMM 487:01 (1 unit of credit); PBHG 660 - 6 credits

Off Hrs (by appointment):

M,Th: 1:00-1:45, 3:30–4:30 PM

Office Hours: Kendall #238, **by appointment only (Make appointment in Comm Studies Dept. office in appointment book.)**. I can also be reached by e-mail: pollock@tcnj.edu; or by telephone at home -- (cell) 732-371-7022; NOT at office 609-771-2338. For ongoing information about the course, please access the “CANVAS” course information site or www.tcnj.edu/~pollock. For information on the instructor’s background, please click on the “faculty staff” section of the comm studies dept. website.

Introduction (and Catalogue Paragraph)

This advanced student-faculty research course offers opportunities for students to explore the role of Entertainment-Education, a strategy for promoting healthy behavior and reducing risk, primarily in developing countries. This course examines not only “behavior” change at the individual level, but also “development” change that emphasizes changing environments and contexts (such as poverty or gender relations) in different societies and cultures that affect so strongly the likelihood of change. Choosing their own critical topics, students craft multiple drafts of policy papers similar to those produced by professionals at the World Health Organization and the United States Agency for International Development.

Course Purpose, Learning Goals, and Key Health Communication Questions

- A. The purpose of the course is to help students address critical health issues in developing countries by using Education-Entertainment tools to promote effective health communication that improves health and reduces risk. The learning goals include: 1) asking critical questions about a health communication topic (selected by students) in developing countries; 2) surveying available literatures on groups and practices that have proven effective; 3) designing a policy paper based on a procedure confirmed effective throughout the world, the Johns Hopkins “P-Process”; and 4) elaborating the impact of that policy paper through carefully targeted and crafted public relations or advertising materials.
- B. **Exploring Key Health Communication Questions**

Exploring significant questions developed both from health communication theory and from modern technology channels, students will explore how much emphasis prevention messages should place on:

1. Fear of disease or risk (e.g., AIDS) generally, and personal risk to the targeted group specifically, balanced with:
2. Instructions in disease or risk prevention methods to increase personal confidence in their use.
3. Perceived values/norms of peers? parents? teachers/coaches? medical experts?
4. Role models such as peers, parents, teachers/coaches, physicians, or “celebrities”?
5. Simplifying prevention/contraception use so that it is relatively easy to try.
6. Linking prevention/contraception use to prevailing cultural values.
7. Target audience participation in specific message creation and transmission.
8. Prevention messages communicated through mass media.
9. Face-to face interaction: Discussing prevention methods with friends or relatives.
10. Digital interaction with people: Discussing prevention methods electronically (for example, through texting or email) with friends or relatives.
11. Digital interaction with computer games: Selecting different pathways to successful AIDS prevention activities through specially designed mobile phone apps (This is consistent with a modern emphasis on what the chair of the Interactive MultiMedia program, calls “serious” games. Indeed the IMM field has organized an international group called “Games for Health” (www.gamesforhealth.org) and there exists a *Games for Health Journal*).
12. Measuring target audience patterns of media use (whether mass or interactive), and associating those patterns with prevention message recommendations.

Common Misunderstandings

- 1) *Group Work and Responsibility.* Since most of the coursework is a group process – crafting a strategic public communication campaign plan, isolating key strategies, elaborating imaginative tactics, devising evaluation programs, designing and implementing pre-tests, crafting message materials – it is important that individuals be available to meet with one another to compare ideas. Any one who fails to meet regularly with others in the group jeopardizes both the morale of the members and the quality of the final product. Please remember that students will evaluate the contribution of each of their group members at the end of the semester, providing feedback to the instructor on individual contributions.
- 2) *Division of Work by Skill, not by Section.* Sometimes students mistakenly regard themselves as responsible only for a particular section of the course, resulting in uneven, sometimes inaccurate products. Instead, rather than dividing work by “sections” of the course, individuals should divide work by “skill” categories. If someone is an especially good writer, that person should do most of the writing. If others are particularly good at database searches or data entry or data analysis or telling stories from numbers – all useful in launching and analyzing message pre-tests, those skillful at those endeavors

should do most of the work in those areas. The result is typically far better than if individuals simply divide the semester-long project into discrete sections, paying attention only to a single slice of the entire enterprise.

- 3) *Immediate Revision after Ongoing Deadlines.* Since feedback on the ongoing project is offered frequently for each of the project's sections, it is important to adopt an "incremental" mindset, reviewing instructor comments and revising each section immediately. Sometimes groups mistakenly wait until the end of the term to revise sections of the project, resulting in hurried, less than optimal revisions because so many other analysis and interpretation tasks require attention at the end of the semester.

For the Graduate Student: This paper should be prepared so that it is suitable for submission for presentation at a refereed state, national, or international level scholarly or professional conference or for publication in a professional journal.

In addition the **Graduate Student** will submit a list of relevant policy makers to the instructor, and after the list is approved, email the polished student draft to each one requesting a student interview for comments, with the student expected to complete at least three in-depth interviews (face to face or through some digital platform); and present and/or craft a presentation (e.g., poster) materials if the paper is accepted for presentation.

- 4) *Quickly Shift Gears from "Research" to "Production".* One of the opportunities this course affords is the possibility of "applying" what students learn to the actual "production" of communication campaign materials. These can take the form of brochures, posters, radio spots, short videos or a host of other communication vehicles. Sometimes students have difficulty making a transition from strategic campaign "planning" to "production". The planning phase is quite rigorous, with many clear deadlines to maintain student focus; while the "production" phase is perhaps more creative, with more flexible deadlines. It is important that students not lose focus or momentum in the "production" phase of the course. Otherwise, all of the useful work that led to clear conceptions of an effective health campaign may be diminished. It is essential that groups maintain momentum as they approach the final, more creative phase of the course.
- 5) *Class Attendance is Critical.* Since additional course readings and case studies may be assigned or discussed in class, class attendance is imperative. Class attendance is also important for another reason: Each student/team will be asked to lead discussion of an assigned article at least once. Elementary courtesy suggests that everyone listen to everyone else's presentations

Academic Integrity

The College of New Jersey is a community of scholars and learners who respect and believe in academic integrity. This integrity is violated when someone engages in academic dishonesty. Complaints of student academic misconduct will be addressed and adjudicated according to the Academic Integrity Procedural Standards.

Class Attendance Policy

Students are expected to check the College calendar, and plan their course schedules and vacations so as to enroll only in those courses that they can expect to attend on a regular basis. Students are expected to participate in each of their courses through regular attendance at lectures and laboratory sessions, complete assignments as scheduled, and to avoid outside conflicts. It is further expected that every student will be present, on time, and prepared to participate when scheduled class sessions begin.

Class Absence Policy

Absences from class are handled between students and the instructor. The instructor may require documentation to substantiate the reason for the absence.

Americans with Disability Act policy

The College of New Jersey is committed to ensuring equal opportunity and access to all members of the campus community in accordance with Section 503/504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 (ADA). The College prohibits discrimination against any student, employee, or applicant on the basis of physical or mental disability, or perceived disability. The College will provide reasonable and appropriate accommodations to enable employees and students to participate in the life of the campus community. Individuals with disabilities are responsible for reporting and supplying documentation verifying their disability. Requests for accommodations must be initiated through the Disability Support Services office, Roscoe West, 609.771.3199.

Required Readings:

Human Sciences Research Council (HSRC) Survey (2008) South African National Stu
Prevalence, Incidence, Behaviour and Communication Survey. Available at:
http://www.hsrc.ac.za/Media_Release-379.phtml

Investigating Communication, Health, and Development: 10 Years of Research in the Centre for Communication, Media, and Society. (Download from website; ICHD in syllabus):
http://www.academia.edu/2207666/Investigating_Communication_Health_and_Development_10_Years_of_Research_in_The_Centre_for_Communication_media_and_Society_CCMS_

Singhal, A., & Rogers, E. (1999). *Entertainment-Education: A communication for social change*. Mahwah, NJ: Lawrence Erlbaum (now Routledge). (EE in this syllabus)

Singhal, A., Cody, M., Rogers, E., & Sabido, M. (2004). *Entertainment-Education and social change: History, research, and practice*. Mahwah, NJ: Lawrence Erlbaum (now Routledge). (EESC in this syllabus).

Tomaselli, K.G & Chasi, C. (2011) (ed.) *Development and Public Health Communication*. Cape Town: Pearson Publishing. (DPHC in this syllabus).

Strongly Recommended Readings:

Dearing, J.W. & Singhal, A. (Eds.) (2006). *Communication of Innovations: A Journey with Everett M. Rogers*. United States: Sage Publications.

Suggested Readings

John Hopkins Health and Education in South Africa (JHESSA):

http://www.jhhesa.org/index_home.html

CCMS website: <http://www.ccms.ukzn.ac.za>. Go to “Projects”, click on “Communication for Participatory Development”.

The Drum Beat website: www.comminit.com and userlist.

Adhikarya, R. (2006) Implementing Strategic Extension Campaigns: Applying Best Practices and Lessons Learned from Ev Rogers. In Dearing, J.W. & Singhal, A. (eds.)

Communication of Innovations: A Journey with Everett M. Rogers. United States: Sage Publications, 172-198.

Bandura, Al. (1997) *Self-Efficacy: the Exercise of Control*. W.H Freeman and Company. New York, 1-35.

Corcoran, N. (2011) *Working on public health communications*. London: Sage.

Freire, P. (1972) *Pedagogy of the Oppressed*. Penguin Books.

Gumucio-Dagron, A. & Tufte, T. (eds.) (2006) *Communication for Social Change Anthology: Historical and Contemporary Readings*. South Orange, NJ: Communication for Social Change Consortium.

Gumucio-Dagron, A. (2001). *Making Waves: Stories of Participatory Communication for Social Change*. A Report to the Rockefeller Foundation. New York: The Rockefeller Foundation.

Kincaid, D.L. (2000) Mass Media, Ideation, and Contraceptive Behaviour, *Communication Research*, 27(6), 723-763.

Lovelife (2001) *Looking at lovelife – The first year: Summaries of Monitoring and Evaluation*, Johannesburg. See website at www.lovelife.org.za.

McAnany, E. (ed.) (2010) *Communication for Development and Social Change*: New

Millennium, *Communication Research Trends* Vol. 29(3). A Quarterly Review of Communication Research: Centre for the Study of Communication and Culture. Available at: <http://octavioislas.files.wordpress.com/2010/06/comunicacion-research-trends.pdf>

McKee, N, Bertrand, J.T & Becker-Benton, A. (2004) Chapter 2 Strategic Communication in the Fight Against HIV/AIDS. In *Strategic Communication in the HIV/AIDS Epidemic*. India: Sage publications, 30-54.

Obregon, R. & Mosquera, M. (2005) Chapter 13: Participatory and cultural challenges for research and practice in health communication. In Hemer, O. & Tufte, T. (eds.) *Media and Glocal Change: Rethinking Communication for Development*. CLACSO Books & NORDEN, 233-246.

Piotrow et al. (1997) *Health Communication: Lessons from Family Planning and Reproductive Health*. London: Praeger Publishers / John Hopkins School of Public Health.

Singhal, A. & Njogu et al (2006) Chapter 9 Entertainment-Education and Health Promotion: A Cross-Continental Journey. In Dearing, J.W. & Singhal, A. (eds.) *Communication of Innovations: A Journey with Everett M. Rogers*. United States: Sage Publications, 199-229.

Singhal, A., Papa, M.J & Sharma, D. et al. (2006) Entertainment Education and Social Change: The Communicative Dynamics of Social Capital, *Journal of Creative Communications*, Vol. 1 (1), 1-16.

Storey, D J & Boulay, M. (2001). *Improving Family Planning Use and Quality of Services in Nepal through the Entertainment-Education Strategy*, The Johns Hopkins University School of Public Health Center for Communication Programs Field Report No. 12, 1 - 40.

Tufte, T. (2001) Entertainment Education and Participation: Assessing the communication strategy of Soul City, *Journal of International Communication*, Vol. 7(2), 25-50.

ASSIGNMENTS

(Dates refer to Monday of the weeks in which the topic will be discussed.)

Flex-Time/4th Hour. It is difficult to cover the all the reading material in the allotted 14 classes. Therefore, I will assign “extra” time (Mondays from 8:20-9 PM) for reading and research that exceeds normal class hours. I shall be available during that time either in person or through email, to answer questions.

Week I	Jan. 25	<i>Intro to Entertainment-Education Campaigns: Development and Communication:</i> DPHC, Introduction (Chpt. 1). Templates from Previous Classes; The Johns Hopkins P-process; Healthy People 2020 Objectives
Week II	Feb. 1	<i>History of Development and Public Health Communication.</i> DPHC: Tomaselli, Chpt. 1, Part I: The Historical Problem (pp. 25-38); Part II: Doing Something (pp. 38-50). EE: Chpt. 1: Entertainment-Education (pp. 1-23); Chpt. 2: “Simplemente Maria” (pp. 24-46). EESC: Chpt. 1, The Status of EE Worldwide;

Chpt. 2, A History of EE 1958-2000 (collectively, pp. 3-38).

Week III	Feb. 8	<i>HIV/AIDS Prevention and Women's Rights in South Africa, Mexico, and India</i> : DPHC: Govender, Chpt. 2: Part I: HIV/AIDS: Health or Development Problem (pp. 51-61); Part II: From Behavior Change to Social Change Communication (pp. 62-75). EE: Chpt. 3: Miguel Sabido and the Entertainment Education Strategy (pp. 47-72); Chpt. 4: The "Hum Log" Story in India (pp. 73-104). EESC: Chpt. 3, EE as a Public Health Intervention; Chpt. 4, The Origins of EE (collectively, 39-74).
Week IV	Feb. 15	<i>Health Communication Theories, Participatory Communication, Music, and Radio</i> . DPHC, Rensburg and Krige, Chpt. 3: Aspects of Health Communication (theories and opportunities) (pp. 77-100); Lubombo, Chpt. 4: Stakeholders and Their Impact on Community Development; OneVoice South Africa Schools Programme (pp. 101-118). EE, Chpt. 5: The Entertainment-Education Strategy in Music (pp. 105-119); Chpt. 6: The Education-Entertainment Strategy in Radio (pp. 120-142). EESC: Chpt. 5, Social Cognitive Theory for Personal and social Change by Enabling Media; Chpt. 6, Celebrity Identification in EE (collectively, 75-116).
Week V	Feb. 22	<i>South Africa's Unusual Democracy, Development Support Communication and the AIDS Foundation of South Africa, and Measuring the Effects of Entertainment Education</i> . DPHC, Fourie, Chpt. 8: South Africa, Democratisation, and Development (pp. 180-205); Govender, McConough, and Mathew, Chpt. 8: Development Support Communication and the AIDS Foundation of South Africa (pp. 206-227). EE, Chpt. 7: The Effects of Entertainment-Education (pp. 144-179); Chpt. 8: Studying Entertainment-Education Effects (pp. 180-204). EESC: Chpt. 7, The Theory Behind Entertainment Education (pp. 117-152).
Week VI	Feb. 29	Presentation of First Two Sections of P-Process ICHHD: "Act Alive": Youth Clubs Communicating Healthy Life Choices (pp. 47-59); Chpt. 3: Participatory Communication Methodologies (pp. 140-195); Chpts 4 & 5: Research into Radio as a Medium for EE; and Drama as a Development Communication Tool (pp. 196-261); Chpt. 6: Television as a Mass Medium Intervention (pp. 262-324); Chpts. 7 & 8: Visual Media and Print Media (pp. 325-408; Chpt. 9: New Media (pp. 409-463).

Week VII	Mar. 7	DPHC: Chpt. 10, Krige, Health Communication and TB Leaflets (pp. 228-243); Chpt. 11, de Plessis, Poverty and Unemployment (pp. 249-273). EE, Chpt. 9, Lessons Learned about Entertainment-Education (pp. 205-227).
Week VIII	Mar. 14	MID-SEMESTER BREAK
Week IX	Mar. 21	DPHC: Ch. 13, Commercializing the HIV/AIDS Crisis: Public Service Broadcasting (pp. 299-315); Ch. 14, Soul City (pp. 316-342). EESC, Chpt. 8, No Short Cuts.. Soul City (pp. 153-176); Chpt. 9, Ethiopia (pp. 177-190).
Week X	Mar. 28	DPHC: Chpt. 14, Tomaselli and Chasi, Quest for a Participatory Society (pp. 343-347). EESC: Chpt. 10, EE Research Agenda; Chpt. 11, US Daytime and Prime-Time TV and Promoting Health; Chpt. 12, EE TV Drama in the Netherlands; Chpt. 13, EE Programs of the UK's BBC (collectively, pp. 191-260).
Week XI	Apr. 4	EESC: Chpt. 14, Social Merchandizing in Brazilian Telenovelas; Chpt. 15, Delivering Internet Messages to Hard-to-Reach US Audiences in the Southwest; Chpt. 16, EE in the Middle East: Egyptian Oral Rehydration Therapy Campaign; Chpt. 17, The Turkish Family Health and Planning Foundation (collectively, pp. 261-330).
Week XII	Apr. 11	EESC: Chpt. 18, Cartoons, Comic Books for changing Social Norms: Meena, the South Asian Girl; Chpt. 19, Integrating EE Broadcasts with Community Listening and Service Delivery in India; Chpt. 20, EE Through Participatory Theater; Chpt. 22, EE and Participation; Population Program in Nepal (collectively, pp. 331-398, 417-434).
Week XIII	Apr. 18	Student presentations.
Week XIV	Apr. 25	Student presentations
Week XV	May 5	Student presentations
Week XVI	Finals Period	Comparing student presentations: Similarities and Differences

COURSE EVALUATION:

1. Ongoing Reading Presentations, Outline, Handouts and Participation (15%): Each student or team: a) will be assigned a specific reading assignment to present to the class, as well as; b) select a current health communication campaign (domestic or international) to present to the class. The assignment includes a presentation, an outline and handouts used to present the case. Sources worth consulting for this assignment include both assigned and suggested reading: These presentations are due on dates assigned to each team. Failure to make a scheduled presentation can result in an automatic deduction of one grade for the course. Teams themselves, not the instructor, are responsible for rescheduling with one another

Because this course involves a significant amount of in-class participation, your verbal participation in class discussions and your work on any additional assignments for this class (such as finding and documenting various communication library sources, critiquing an article in a communication journal, summarizing optional readings for presentation in class, etc.) will be evaluated. Class attendance is expected and noted. Any unexcused absences beyond two of the double-period classes can result in a deduction of one full grade from the final grade.

2. Major Project:(85%)

The assignment has five parts:

- a. **Selecting a topic:** Each team (or in some cases individual) must select both::
 - 1) a disease, condition, or remedy; and
 - 2) three concrete “contexts” in which to compare them, typically: a program to address diseases, conditions, or remedies

Examples of each:

Disease, Condition, or Remedy:

- Mother-child HIV/AIDS transmission
- Stigma of those living with HIV/AIDS
- Intergenerational transactional sex (“sugar daddies” and “sugar mommies”)
- Male circumcision
- HIV/AIDS transmission through drug user needles
- AIDS Pre-Exposure Prophylaxis (PrEP) in South African Women
- Risky behavior in gay sex/relationships
- Modern healer/traditional healer relationships: encouraging cooperation
- Status of Women: Gender domination/submission relationships
- Child brides
- Fidelity/faithfulness
- Abstinence
- Family planning
- Male responsibility
- “Corrective Rape” in South Africa
- Developing an Ebola vaccine
- Child/pediatric vaccination (e.g., polio in Pakistan)

- Coastal water contamination
- Concussions

Programs to address diseases, conditions, or remedies

- TV dramas such as “Intersexions”: Funded by USAID, Johns Hopkins, and the President’s Emergency Plan for AIDS Relief (PEPFAR), this television drama became the number-one-ranked TV drama in South Africa after only four weeks on air, in 2011 winning a highly coveted Peabody Award, the world’s oldest and most respected award for electronic media.
(<http://www.intersexions-tv.co.za/2010/12/intersexions-is-south-african-favourite-television-drama/>).
-
- “4Play: Sex Tips for Girls”: A South African television drama series deals with the realities of life for four thirtysomething South African women living in Johannesburg. (www.cadre.org.za/node/266) ,

“Brothers for Life” ” (<http://www.brothersforlife.org>): Brothers for Life is a national campaign targeting mainly Men aged 30 and over . The campaign was launched on the 29th of August 2009 in KwaMashu and seeks to address the risks associated with having multiple and concurrent partnerships, sex and alcohol ,Gender based Violence and promotes HIV testing , Male involvement in PMTCT and health seeking behaviours in general.

The campaign is a collaborative effort led by South African National AIDS Council (SANAC), the Department of Health, USAID/PEPFAR, Johns Hopkins Health and Education in South Africa (JHHESA), Sonke Gender Justice, UNICEF , IDMT , the United Nations System in South Africa and more than forty other civil society partners working in the field of HIV prevention and Health. The campaign uses Interpersonal communication , Mass Media and Advocacy to reach its audiences.

-
- Animated Character infotainment messages such as “Scrutinize”: a South African HIV prevention TV campaign with identifiable characters, real life situations, cutting edge animation, and humor
(<http://www.scrutinize.org.za/H.I.VICTORY/>);

NGOs fighting HIV/AIDS, ranging from:

- a “911” hotline to groups helping villages create their own dramas, music, and performance art. Examples:
- DramAidE (www.dramaide.co.za);
- The Valley Trust (www.thevalleytrust.org.za); HIV 911 (www.hiv911.org.za);
- ARROWSA (http://coh.ukzn.ac.za/CentreforCommunication-Media-Society_copy1/ARROW.aspx).

Collectively, the diseases, conditions, or remedies, on the one hand, and the concrete contexts on the other, offer opportunities to compare the ways different organizations address common issues.

b. Information Search (15%): After each team (or in some cases, an individual student) identifies a health related topic (subject to instructor approval), it/he/she will compile a lengthy organized and annotated list of sources of information related to that topic, using the APA Style Manual, latest edition. The sources should include, but not necessarily be limited to: professional journals, organizations, support and self-help groups, government agencies, toll-free numbers, etc. The annotation will describe the types of information available from that source and appropriate audiences for the source. Include sources appropriate for the general population as well as sources for patients, families and friends; health care professionals; and scholars. Each student is expected to engage in a computer search of the Library holdings as well as Internet sources.

Some typical database and website sources for searching include the following in the library:

CommSearch: a database produced by the National Communication Association, it indexes at least 22 journals in communication studies.

ComIndex: provides complete bibliographic information for at least 65 key international journals and annuals from the communication field.

Found on the Internet:

CIOs (Communication Institute for Online Scholarship). Since TCNJ is an institutional member of CIOs, students can go from the library's home page to "Electronic Resources", then to the CIOs link. This site contains an abundance of resources, including ComAbstracts, web sites, forums, tables of contents and a wide range of periodicals. CIOs has an excellent hotline resource and keyword assisted searches. This service is a superb place to begin looking for significant communication topics.

Examples of Internet Search Sites for Two Topics:

- 1) Medical Male Circumcision (MMC): students can conduct an evaluative study at/with JHHESA partners; Turn Table Trust (TTT), Drama in Aids Education (DramAidE), The Valley Trust (TVT) as a research site.

Suggested texts to start:

- Social and Behavioural Research on Male Circumcision for HIV Prevention, available at: http://www.malecircumcision.org/research/social_behavioral_research.html
- South African National Implementation Guidelines for Medical Male Circumcision.

- 2) Intergenerational sex: e.g. students can conduct a reception analysis of the 'sugar daddy' government billboards that can include focus groups with semi-rural as well as urban and educated young females (highest HIV prevalence and billboard target audience).

Suggested texts to start:

- Leclerc- Madlala, S. (2008) Age disparate and intergenerational sex in southern Africa: the dynamics of hypervulnerability, *AIDS*, 22 (suppl . 4), 17-25. Available at: <http://siteresources.worldbank.org/INTHIVAIDS/Resources/375798-1103037153392/AgeDisIntergenAIDS2008.pdf>
- Leclerc-Madlala, S., Simbayi, L.C & Cloete, A. (2009) Chapter 2 The Socio-cultural Aspects of HIV/AIDS in South Africa, In P. Rohleder et al. (eds.), *HIV/AIDS in South Africa 25 Years On*. New York: Springer, 13-25.
- Leclerc-Madlala , S. (unknown) Technical Meeting on Young Women in HIV Hyper-endemic Countries of Southern Africa. Intergenerational/age-disparate sex. Policy and Programme Action Brief. UNAIDS & RHRU, 1-5. Available at: http://www.unicef.org/mz/cpd/references/84-womenGirls_AgeDisparate.pdf
- LeClerc-Madlala, S. (2001) Demonising women in the era of AIDS: On the relationship between cultural constructions of both HIV/AIDS and femininity, *Society in Transition*, 32:1, 38-46. Available at: <http://www.tandfonline.com/doi/pdf/10.1080/21528586.2001.10419028>

Topics for the search must be approved no later than **Feb. 1. Due Date: February 15.**

c) Design a Strategic Health Promotion Campaign – Steps One and Two of the Johns

Hopkins P-process, URL to be supplied in class (40%): Typically in teams of three, students will design a strategic plan for a hypothetical health communication campaign. In designing the plan, students will develop a written project plan that includes:

- o identifying strengths and weakness of previous campaigns
- o identification of a general objective, plus an explanation of its importance;
- o one or more specific and related objectives, and rationales for their selection;
- o a target audience (or subset of an audience), and reasons for its selection;
- o three key specific "messages" (statement of message), and reasons;
- o exploration of at least three theories (e.g., health belief, theory of planned behavior, social cognitive learning theory); and
- o a rationale for the completed final product (leaflet or video) in a professional format

Due: March 28

d) Pre-test Procedures: Questionnaire Development, Interactive Data Collection Plan, and (possibly) Brochure (15%)

Teams will develop questionnaires, develop an interactive data collection plan (relying on an expert of some kind in data collection or interactive multimedia), then create a brochure based on reasonably anticipated outcomes suited for a target population, and develop materials, at minimum a leaflet, to use in a public communication campaign:

- o) Develop a short questionnaire operationalizing three theories to administer to a target population; and/or

o) Identify potential advisors/collaborators who have experience in Interactive MultiMedia, then seek his/her/their advice about designing a health communication project for mobile phones. In particular, consider designing some kind of health-related “game” suitable for mobile phones. For ideas, consider visiting the website of the international organization “Games for Health”: (www.gamesforhealth.org) and an associated *Games for Health Journal*; and/or

o) Develop a leaflet or brochure or set of materials (or if you wish, an audio or video PSA).

Due: April 18

d) Designing a Health Promotion Campaign - Steps Three and Four of the P-Process (5%)

Due: April 25

e) Develop Formal Oral Report and Research Proposal – Report on all Four Steps of the P-process (15%)

This final portion of public communication campaign design asks students to:

- o) Complete and present a formal oral report (typically using PowerPoint), making a case for a sophisticated, integrated public information campaign; and
- o) Write the results of the presentation into a formal grant proposal worthy of submission to a grant funding organization.

The final portion of the assignment requires the team to organize the results of the pretest evaluation and leaflet (audio/video) into a formal oral report and a formal grant proposal. These projects will be presented to the class.

Presentations on weeks of April 20, May 2.

Two copies are due May 5.

RUBRICS FOR WRITING ASSIGNMENTS AND ORAL PRESENTATIONS

RUBRIC FOR WRITING ASSIGNMENTS

A –The argument for your writing is scholarly, genuinely debatable, and specific. The organization is clear and logical and connected with effective transitions. The paper is well researched with multiple, reliable sources as evidence to support every debatable assertion. The writing shows exact control of language with effective word choice and superior facility with language.

B – The argument for your writing is clear and debatable by may have shifting focus and specificity. The organization is generally clear and relates most ideas together effectively. The paper uses multiple resources that are not always assessed critically. The writing shows effective control of language and competence with conventions of grammar.

C – The argument is unclear and shifts in focus and specificity. The paper shows some organization and logic but transitions are sketchy and some ideas may seem illogical or not

relevant to argument. The paper uses sources that are not always reliable and assessed critically. The paper shows intermittent control of language in terms of word choice and grammar.

D - The argument is vague or lacking in substance. The ideas are not developed with any kind of logical organization. The paper uses weak evidence that is incorrectly cited. The paper contains major errors in grammar and sentence variety.

F - Lacking in all of the above areas: non-existent claim, little or no research, illogical structure, poor control of language.

Rubric for Presentations

A -- Extremely well organized. □ Introduces the purpose of the presentation clearly and creatively. Information presented in logical, interesting sequence which class can follow. Thorough research of relevant literature with references to sources beyond those mentioned in class. Well-prepared visual aids used creatively to support presentation. Demonstrates extensive knowledge of the topic by responding confidently and appropriately to all audience questions.

B -- Generally well organized. Introduces the purpose of the presentation clearly. Most information presented in logical sequence; A few minor points may be confusing. Some research into literature beyond those mentioned in class. Visual ads support main points. Demonstrates knowledge of the topic by responding accurately and appropriately addressing questions . At ease with answers to all questions but fails to elaborate.

C - Somewhat organized. Introduces the purpose of the presentation but jumps around topics. Several points are confusing. Research is adequate but very little beyond what was assigned in class. Basic power point and generally and familiar examples. Demonstrates some knowledge of rudimentary questions by responding accurately to questions

D - Poor or confusing organization. Does not clearly introduce the purpose of the presentation. Presentation is choppy and disjointed with no apparent logical order. Poor choice of material for visual aids. participation. Demonstrates incomplete knowledge of the topic by responding inaccurately and inappropriately to questions.

F – Non-existent organization. No research beyond materials assigned in class. Poorly chosen or lacking in visual aids. Unable to answer questions because poorly prepared.

COURSE EXPECTATIONS AND ASSUMPTIONS

The dates on the syllabus refer to the Monday meetings of the weeks in which the topics will be discussed. Come to class having studied and prepared to discuss the assigned material.

Research projects will progress simultaneously with readings and class lectures/discussions. Each student will be asked to report on work in progress periodically, with an overall oral report due in the last half of the course.

Since each of you will be pursuing different areas of investigation, you will be expected to read far beyond the formal assignments, sharing your progress and dilemmas with the class. Your project work increases in importance in the last half of the semester. Do not underestimate the importance of integrating reading and primary research in the final phase of the course.

Some students encounter trouble by not keeping in touch with me or by not coming to class. Please make appointments with me or come in during my office hours to talk with me about any aspect of the course, in particular the semester research project. Please take full advantage of this offer. The more I know about your progress and problems, the better you are likely to do in the course.

The Webinar/lesson and CE test are located at: <http://www.healthypeople.gov/2020/e-learning-module/defining-success-systems-approach-san-diego-county-childhood-obesity>

Healthy People 2020 Topic/Paper **15% of course grade**

Individual Health Risk Assessment and Health Promo Plan **20% of course grade**

Community Assessment and Pop Health Promo Plan **30% of course grade**

Learning Goals: The student will:

1. Utilize observation, interviewing, research and data gathering to evaluate a community relative to a specific health threat.
2. Complete a community assessment focused on a health promotion topic and a specific local community
3. Work with a small group to complete the assessment and develop a scholarly paper.

Each group will choose a topic from the list of topics on the Community Guide Website (<http://www.thecommunityguide.org/index.html>). In addition, each student will choose a community of interest on the town/city/county scale. Each group must choose a different combination of topic and community. The course faculty will approve your choice in order to insure there is no duplication. (Example: Topic: Violence, Community: Camden, NJ.)

4. Conduct an internet search for descriptions and statistics about your chosen community, particularly those related to community size, demographics of the population, economics, morbidity and mortality and those directly related to your chosen topic. (Example: Asthma – ER visits, death rates).
5. Look for examples of community programs that address your topic.

As a group, conduct a community “windshield” assessment using the method described in Chapter 5 of Barnett et al: (http://www.cdc.gov/dhdsp/docs/seh_handbook.pdf). Use the Windshield Survey Form in this chapter to make sure you evaluate all important aspects of the community. Make special note of features in the community that impede or foster health related to your chosen topic. (Example: Exercise – track and field and park facilities). Use photographs, and/or videos to document your findings. The group should also appoint a note taker AND use a recording device to document your findings as you see them.

6. Interview key informants. Each group member should interview at least one key informant from the community. Use Chapter 7 of Barnett et al as your guide to these interviews. Create a contact list such as at least one in chapter 7. At least one “key informant” should be from a relevant community government agency, one should be from a relevant health agency, and another “key informant” must be a resident of the community. Choose other key informants based on your topic. (Example: violence – police chief or officer who patrols the area). Your key informants should be queried as to their knowledge or viewpoint on the problem and their knowledge of solutions or attempts at programs to address the problem in place in the community. You may also want to ask about their ideas for additional programs to address the problem. Each interview should be recorded with notes taken during the interview and/or written immediately after the interview.
7. Search for a national program that might be implemented in the community or population based on the above activities. Discuss both promoting factors for implementation and barriers.

The Paper: Writing the group paper: The paper should be scholarly in nature. All sections should include scholarly references to support discussions and conclusions. All group members should participate in writing the paper. You may assign sections to group members or work in another way that works for the group. Make sure that the paper flows nicely from beginning to end and does not present as sections written by different people. It might be wise to assign at least one person as the final editor!

The paper should be in APA style including a title page, abstract, and reference list. A running head should include the following: “Community Assessment:” followed by the last names of the group members. Headings should be used to distinguish paper sections.

The paper should be written in clear, concise graduate-level academic style. Papers that are grossly grammatically incorrect, that do not have internal logic or that do not meet graduate writing standards may receive a failing grade. *Proofread, Proofread, Proofread!*

The paper must be submitted electronically to CANVAS as a WORD file and a paper copy handed to the course faculty, both by 8 PM on the date due.

The paper should not be more than 35 pages in length.

Sections of the paper:

- a. Introduction to the community: Describe your community in terms of such things as size, demographics, ethnic groups, economics **(10 points)**
- b. The problem: Using statistics discovered in your research on the community, describe the scope of the problem (your topic). **(10 points)**
- c. Assessment Findings: Summarize your findings from the “Windshield Assessment.” Include the “Windshield Assessment” worksheet as an attachment to the paper. Summarize the findings from your community interviews and discuss implications of these findings. Describe what you have learned about community strengths and challenges related to your topic. Discuss implications of your findings for the health of the community’s population, particularly as they relate to your chosen topic. Use theory and research to support your discussion. **(30 points)**
- d. Describe the major programs or other efforts in place in the community to address the problem. If there are many initiatives in place, choose the 3 that you feel have the widest impact and discuss those. Discuss the effectiveness of those efforts, using outcome statistics you uncover through your research or through interviews **(25 points)**
- e. Identify and discuss a national or broader program that can be implemented in the population. This can be a government initiative or one supported by a non-profit organization. Briefly describe that program. Discuss how it is or might be implemented in your chosen community. **(15 points)**

***an additional 10 points is granted for quality of writing, including referencing.

PUBLIC HEALTH GENOMICS AND PERSONALIZED MEDICINE
The College of New Jersey
School of Nursing, Health and Exercise Science
PBH 667-01, Class Number XXXX, Spring, XXXX

PROFESSOR BRENDA SEALS
OFFICE: PACKER HALL, 233
PHONE: (609) 771-3090
E-MAIL: SEALSB@TCNJ.EDU

TIME: TUESDAY (5:30-8:20 PM)
CLASS LOCATION: LOSER 201
OFFICE HOURS: MT 3:00-5:00 PM
AND BY APPOINTMENT

COURSE DESCRIPTION

This course focuses on ethical, legal, and social issues and analysis arising from the increasing application of genetic technologies to the health of individuals and populations. The four course segments cover: (1) an historical view of genetics and its impact on society; (2) what is meant by policy-making and the various ways in which genetics issues are being framed and genetics policies are being developed and adopted; (3) issues arising from the application of genetics technology in health care and public health services, and the way these applications affect individual, family, professional and societal interests, with consideration of the role genetics might play in either widening or reducing health disparities; and (4) issues arising from the ownership and application of genetics technology by the health industry with an debate on this application to the food industry.

COURSE MATERIALS

Required texts: Mikail, Claudia N. 2008. Public Health Genomics: The Essentials. Jossey-Bass; 1 edition. Druker, Steven. 2015. Altered Genes, Twisted Truth: How the venture to genetically engineer our food has subverted science, corrupted government and systematically deceived the public. Clear River Press; 1 edition.

Recommended texts: Palmer L, Burton P, & Smith GD, eds. 2011 An Introduction to Genetic Epidemiology. Polilcy Press.
Willard HF, Ginsburg GS, eds. 2013. Genomic and Personalized Medicine, Vols. 1-2. Edition 2.
Khoury M, Bedrosian SR, Gwinn M, Higgins JPT, & Ioannidis, JPA. 2009. Human Genome Epidemiology: Building the Evidence for Using Genetic Information to Improve Health and Prevent Disease. Oxford Univ. Press. 2nd edition.

All other readings will be posted on CANVAS

COURSE PURPOSE & LEARNING GOALS

- Provide a basic knowledge of genomics applied to population health with an emphasis on maternal and child health (*Public Health Knowledge*)
- Consider the public health impact of knowledge and application of genomics to human health and food. (*Critical Analysis and Reasoning, Public Health Knowledge*)
- Discuss individual, family and community sensitivity and health disparities of genomics (*Ethical Reasoning and Compassion*)
- Deliberate over issues in human and food genomics and debate current topics (*Applying Public Health Knowledge; Written and Oral Communication*)
- Recognize the potential impact of genomic intervention programs and best practices for genetic counseling (*Critical Analysis and Reasoning, Written Communication*)
- Gain facility with data systems, policy and practices that impact the application of genomics to human health.

COURSE POLICIES

Academic Integrity: Academic dishonesty is any attempt by the student to gain academic advantage through dishonest means, to submit, as his or her own, work which has not been done by him/her or to give improper aid to another student in the completion of an assignment. Such dishonesty would include, but is not limited to: submitting as his/her own a project, paper, report, test, or speech copied from, partially copied, or paraphrased from the work of another (whether the source is printed, under copyright, or in manuscript form). Credit must be given for words quoted or paraphrased. The rules apply to any academic dishonesty, whether the work is graded or ungraded, group or individual, written or oral. Papers with insufficient, inappropriate, or missing citations will receive no credit, and the student will have no opportunity to make up the work. When in doubt, cite. TCNJ's academic integrity policy is available on the web: [Academic Integrity](#).

Americans with Disabilities Act (ADA) Policy: Any student who has a documented disability and is in need of academic accommodations should notify the professor of this course and contact the Office of Differing Abilities Services (609-771-2571). Accommodations are individualized and in accordance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1992. TCNJ's Americans with Disabilities Act (ADA) policy is available on the web: [Americans with Disabilities Act](#).

Attendance, Participation, and Class Citizenship: This course models membership in a scholarly community, and therefore assumes students will follow rules of decorum and active participation. For example, ringing cell phones, texting, arriving late/leaving early, and using lab time for outside of class computer work are all disruptive to an engaged academic environment. In addition, each week of material in this course builds on previous weeks. Therefore, students will be best served by being in class at every session and paying close attention. TCNJ's absence and attendance policy is available on the web: [Absence and Attendance](#).

COURSE REQUIREMENTS

Case Studies: Three case studies will be completed in class. Each assignment is worth 20 points for a total of 60 points.

Mid-Term and Final Exams: Both exams are approximately 40 multiple choice questions covering the material in that half of the class. In addition, there is one essay worth 10 points for a total of 50 points for each exam.

Policy and Practice reviews: Two exercises are required for this course. One is based on the identification of health policies relevant to applied genetics and the other is a review of best practices for genetic counseling. In both cases, students will evaluate the potential for health risks to the community and families affected by genetic disease. Students will write two brief papers discussing one topic of controversy in the field and recommending ethical and policy changes. (25 points each for a total of 50 points)

Class Debate: Two class periods prior to the final exam period, students will be paired into debate teams. Each team will prepare for a PRO and a CON stance to the question chosen by the class based on the Druker book. During the final exam period, PRO and CON teams will debate the issue. The debate will be graded on: 1) Evidence gathered for the side; 2) Ability to argue and counter argue; and 3) Quality of the ending arguments (40 points).

GRADING

Students in this course will be assessed based on their content knowledge, speaking and writing skills, participation in the course and class discussion.

Overall grades will be awarded as follows:

Assignment	Points Per Assignment	Cumulative Points
Report A	20	20
Report B	20	40
Report C	20	60
Draft grant sections	8 sections; 10 points each for 80 points	140
Compiled draft grant for peer review	10	150
Finalized Grant	20	170
Presentation to class	10	180
Presentation to host	20	200

Course grades will be calculated using the scheme below. In borderline cases, I will use participation in class to adjudicate the final grade.

Total Percentage	Grade
94-100	A
90-93	A-
87-89	B+
84-86	B
80-83	B-
77-79	C+
74-76	C
70-73	C-
67-69	D+
64-66	D
0-63	F

COURSE SCHEDULE:

Dates	Readings and Meetings
Week 1 Introduction to Population Health and Genomics	Text: Chap. 1. The Past, Present and Future of PH Genomics
Week 2. Government and Private interests in Genomics	Text: Chap. 2. Genomics and Government CASE STUDY: Pharmacology and genomics
Week 3. The genetics of genomics	Text: Chap. 3. Basic Molecular Genetics
Week 4. Altered Genes and Health	Text. Chap. 4. Mutations, Population Genetics and Ethnicity CASE STUDY: Sickle Cell Anemia and Family Planning

Week 5. Family dynamics, consent to know and genetics: Legal, ethical and moral aspects of genomics	Text. Chap 5. Inheritance Patterns and Family History Practice Review: Genetic Counseling
Week 6. Inter-connectedness and synergy: Applications of genetic modifications	Text: Chap. 6. Genetic Epidemiology and Environmental Interactions
Week 7. Midterm-exam	
Week 8. Legal and Regulatory genetics	Text: Chap. 7. Genetic Information, Ethics and the Law CASE STUDY: When “not telling” was illegal
Week 9. Prenatal screening, diagnosis and treatment	Text: Chap. 8. Toxicology, Teratology and Prenatal Diagnosis
Week 10. Maternal and newborn aspects of genetic testing	Text: Chap. 9 and 10. Preconceptional Genetic Screening and Cultural Competence; Metabolic Disorders and Newborn Screening
Week. 11. Child health and genetics	Text: Chap. 11 Pediatrics Genetics and Health Supervision
Week 12. Social and Psychological aspects of genomics Discussion of Druker text	Text: Chap. 12 Adult Genetics, Genetic Counseling and Health Behavior
Week 13. Health systems and genetics PREP for Debate	Text: Chap. 13 and 14. Health economics, Health Disparities and Genetic Services; Genomics and Communicable Disease Control Policy Review: Insurance companies and genetics
Week 14. The future of Genetics Choose PRO and CON; divide into pairs	Text: Chap 15 and 16. Hot topics in Genomics; Bioinformatics and Genomics Online
Week 15 Final Exam Debate Practice	
<p>FINAL EXAM TIME ACCORDING TO TCNJ CALENDAR AND POLICIES; 5/9-5/12</p> <p>Class Debate over Genetics and Food – Druker Book (classroom);</p> <p>TCNJ’s final examination policy is available on the web: Final Examination-Evaluation-Reading Days</p>	

PBHG 685: Health Promotion for Individuals, Families, and Communities 3 credits

Course Description: This course focuses on health promotion and disease prevention for individuals, families, communities and populations. Primary, secondary, and tertiary prevention will be addressed. Prevention and modification of disease processes through program development, education, counseling, facilitating, stress reduction, and life style changes will be explored. Emphasis is placed upon strategies that promote health and prevent disease at the individual and aggregate levels. Ethical, cultural, economic, and legal issues will be explored.

Learning Goals: At the completion of this course, the student will be able to:

1. Assist individuals, families, and communities, to attain optimal health through education and counseling.
2. Collaborate with individuals, families and communities to develop a comprehensive health promotion plan.
3. Assess major population health risks that contribute to chronic disease at the national and global levels.
4. Identify individuals, families and communities, at risk for chronic disease in order to plan risk reduction activities.
5. Collaborate with community-based organizations and other health professionals to plan programs that address factors that influence the development of chronic disease.
6. Develop a plan to use existing and/or create new community resources, to assist individuals, families, and communities to attain, restore, and maintain optimal health.

Teaching Methods: A combination of lecture, discussion, independent reading and writing assignments and student presentations will be employed.

Required Textbooks:

- Barnett E, Anderson T, Blosnich J, Menard J, Halverson J, Casper M. (2007). *Heart Healthy and Stroke Free: A Social Environment Handbook*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; available at: http://www.cdc.gov/dhdsp/docs/seh_handbook.pdf
- Healey, B & Zimmerman, R. (2010) *The new world of health promotion: New program development, implementation and evaluation*. Jones & Bartlet.
- Pender, N., Murdaugh, C., Parsons, M.A., (2011), *Health Promotion in nursing practice*. (6th ed). New York: Pearson.
- Rollnick, S., Miller, W., & Butler, C. (2008). *Motivational interviewing in health care: Helping patients change behavior*. New York: Guilford Press.

Other Readings: Additional reading assignments outside of the textbooks are indicated on the weekly outline. In addition, readings and/or research may be assigned or suggested throughout the course. Additional materials assigned or suggested are intended to augment the student's understanding of topics, to clarify areas, and/or to provide additional important or updated information on various topics. There also may be additional brief written or experiential learning tasks assigned in class.

Teaching/Learning Methods: A variety of teaching/learning strategies are employed. Emphasis is placed on experiential learning including in-class exercises and experience with individuals and families in the

community or in health care settings. Student participation in class discussion is a key learning strategy. Assigned readings and lectures are also offered as part of the learning experience.

Students with Disabilities: Any student who has a documented disability and is in need of academic accommodations should notify the professor of this course and/or contact the Office of Differing Abilities Services at 609 771 2571. Accommodations are individualized and in accordance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1992.

Procedure for course evaluation: The course is evaluated in terms of the identified course objectives. At the end of the semester students evaluate the course and faculty using the TCNJ standardized teacher/course evaluation form.

Course Requirements and Student Evaluation:

Population Health: Small Steps Creating Greater Reach and Continuing Ed	5%
Healthy People Webinar/Lesson and Continuing Ed	5%
Healthy People 2020 Topic/Paper	20%
Individual Health Risk Assessment and Health Promotion Plan	25%
<i>Group Project:</i> Community Assessment and Population Health Promo Plan	30%
<u><i>Group Presentation:</i></u> Community Assesment/Population Health Promo Plan	15%
Total	100%

Grading:	A	95-100	C+	78-79
	A-	90-94	C	75-77
	B+	87-89	C-	72-74
	B	83-86	F	71 and below
	B-	80-82		

Course Policies

Students are responsible for adhering to all course, school, and college policies. Failure to adhere to policies may result in a grade decrease or in a course failure at the discretion of the course faculty.

Course Website: This course will use CANVAS. It is important that you get all notices and emails from me in a timely manner so do not change the default settings for announcements and emails.

Policies Regarding Examinations and Assignments: It is expected that students seeking graduate degrees are able to manage their various academic and personal workloads. Students who are having difficulty integrating their academic work and their personal life are urged to withdraw from the course and/or the program and return when they are better able to focus on their academic work. Late submission of assignments is discouraged and points are deducted as follows:

Assignments: Due dates for assignments are indicated on the syllabus. Students are expected to hand in papers and other assignments by the due date. Points will be automatically deducted for lateness as follows. The only exceptions are documented illnesses or emergencies. Weekends and holidays are counted as days in calculating lateness:

- Assignment 1-3 days late – 10 points or 10% of paper grade deducted.
- Assignment 4-7 days late – 10 points or 10% of grade deducted + 5 additional points or 5% deducted deducted per day

- Assignments > 7 days – “0” grade given for assignment/paper

Questions regarding grades for assignments should be raised within 7 working days after paper is returned to student.

Requests to reschedule assignments due to medical or other emergencies: It is understood that students occasionally encounter urgent or emergent situations that make completion of assignments or attendance at class impossible. If a student feels that such a situation exists, they must notify the course faculty as soon as possible. Students may be expected to provide documentation of the reason for rescheduling assignments in the form of a note from a healthcare or other relevant professional. The course faculty reserves the right to refuse any last minute rescheduling requests, if sufficient evidence of an urgent or emergent situation is not presented. Students must notify the faculty member in person or by talking to the faculty member on the phone. If the faculty member cannot be located in a timely manner, the student should call 609 771 2592 and notify School of Nursing office personnel of the emergency situation. Email communication and messages left on a faculty member’s phone are not considered adequate notice.

Electronic Devices:



According to department policy, the use of cell phones, personal computers and other electronic devices is forbidden in the both classroom and during clinical practicums. In this class, medical apps for phone or tablets and personal computers may be used occasionally for in-class assignments (with permission).

Recording of Class Content/Materials: In accordance with the TCNJ Class Recording Policy, no student may make an audio or video recording of any course materials or presentations without permission of the faculty member. For further information see the policy at:

<http://policies.tcnj.edu/policies/digest.php?docId=9236>

Attendance: Students are expected to attend classes and contribute to discussions and other activities. Though grades are not based directly on attendance, they are based in part on classroom participation. When absences are unavoidable, please notify the instructor beforehand. For long absences (more than two consecutive classes), students must also consult the dean of their academic school. Absence from class does not release the student from didactic or practical assignments. Vacations and attendance at professional meetings and conferences are not excusable absences. A note from a healthcare provider (or other appropriate professional) that documents the reason for class absence may be requested by the faculty member.

Promptness and Courtesy: Students are expected to be present and ready to participate in class at the scheduled start time. Students who arrive late to class distract their peers and jeopardize their own educational experience and that of their peers. Points may be taken off the class participation grade for arriving later or for leaving and entering while class is in session.

Preparation for and participation in class discussions: This course relies heavily on student participation in the form of discussion of course readings and application of theories and ideas to nursing care of families. Students are therefore expected to come to class having completed the assigned readings and ready to contribute to class discussions. This is true both for faculty-led classes and student presentations. Class

participation is defined as being prepared for class, being actively present, and contributing in a positive way to the class in terms of asking questions that lead to deeper understanding, sharing your experiences and insights and participating in class discussion. **Up to 10 points may be deducted from the final grade for failure to participate in class discussions in a meaningful and informed manner.**

Writing Standards: Students are expected to write in a manner that scholarly and consistently at a graduate level. Writing must be clear, understandable, and free from grammatical and structural errors. The Publication Manual of the American Psychological Association (6th ed.) should be consulted for standards. Other texts on writing standards and styles are suggested in the recommended reading list. Plagiarism, whether intended or inadvertent, is not tolerated.

Assistance with Writing and Editing Papers: Students are referred to:

1. TCNJ's Humanities and Social Sciences Tutoring Service for assistance. The tutoring service is located in Roscoe West Hall Suite 101. Information can also be accessed by phone at 609 771 2985 or via the internet at <http://www.tcnj.edu/%7Etutoring/humanities/index.html>.
2. The TCNJ library. It is strongly suggested that you spend some time in the library exploring the resources there. Librarians are available to help you utilize the library's resources. The library website and electronic resources can be accessed from the TCNJ home page www.tcnj.edu
3. Other college websites that you may find helpful:
 - a. The OWL at Purdue: <http://owl.english.purdue.edu/owl/resource/560/09/>
 - b. The Writer's Handbook. The Writing Center, University of Wisconsin.
<http://writing.wisc.edu/Handbook/>
 - c. The Writing Center at University of North Carolina at Chapel Hill.
<http://www.unc.edu/depts/wcweb/handouts/index.html>

Academic Honesty: All students are expected to adhere to standards of academic honesty in their study at the College. The College of New Jersey defines academic dishonesty and provides examples of violations on the college website at <http://www.tcnj.edu/~academic/policy/integrity.html> (Accessed 1/5/2013). The following is an excerpt from TCNJ's Academic Integrity Policy. Please see the above website for further information and the full Academic Integrity Policy.

The College of New Jersey is a community of scholars and learners who respect and believe in academic integrity. This integrity is violated when someone engages in any of the dishonest behavior described below.

Academic dishonesty is any attempt by the student to gain academic advantage through dishonest means, to submit, as his/her own, work which has not been done by him/her or to give improper aid to another student in the completion of an assignment. Such dishonesty would include, but is not limited to: submitting as his/her own a project, paper, report, test, or speech copied from, partially copied, or paraphrased from the work of another (whether the source is printed, under copyright, or in manuscript form). Credit must be given for words quoted or paraphrased. The rules apply to any academic dishonesty, whether the work is graded or ungraded, group or individual, written or oral.

All student papers will be evaluated for academic honesty by at least one of the following means:

- 1. Electronic plagiarism checker (via CANVAS)**

2. Faculty review. Faculty may request copies of any/all reference material to assist with this process

Students are advised to pre-screen their papers using the electronic plagiarism checker on CANVAS. Pre-screening your papers and then rewriting any questionable areas is a good way to help you learn to avoid inadvertent/unintentional plagiarism.

Weekly Outline

Week	Topic	Assignment
1	Intro to course and assignments Intro to health promotion and population health Leading causes of death Social Determinants of health	Readings: <ul style="list-style-type: none"> Pender: Introduction & Chapter 1 Healey: Chapter 1 CDC: Leading Causes of Death. Available at: http://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm Click on link to Deaths: Final Data for 2013. Look particularly at table 1, 3, & 9. WHO: Top 10 Causes of Death. (View all 5 pages) Available at: http://www.who.int/mediacentre/factsheets/fs310/en/ Healthy People 2020. Social Determinants of Health. Available at: http://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health
2	Addressing health behavior: the role of health promotion theories Developing, implementing, and evaluating individual or family health promotion plan Assessing and addressing health behaviors risks: Motivational interviewing	Due: Population Health: Small Steps Creating Greater Reach Continuing Ed Program and Certificate. Located at: http://ce.nurse.com/course/ce700/population-health/ Readings: <ul style="list-style-type: none"> Pender: Chapters 2, 4, 5, 10,11 Healey: Chapters 2 Rollnick: Chapters 1-7
3	Population health promotion: Identifying and addressing community health needs and health disparities Population Health “by the numbers” Health Literacy and Culture as considerations in health promotion	Readings: <ul style="list-style-type: none"> Pender: Chapter 3, 10 Healy: Chapter 3, - 6, 9, 12-17 Healthy People 2020: Health Disparities: http://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities The Socioecological Model: A framework for prevention: available at: http://www.cdc.gov/ViolencePrevention/overview/social-ecologicalmodel.html

	<p>and disease prevention programs</p> <p>Assessing the health of a community</p> <p>Program Development and Evaluation</p>	
4	<p>National, state and community health promotion programs: Addressing the leading causes of death in US</p> <p>Population health promotion programs: Addressing global health, leading causes of death around the world</p> <p>The role of the environment in population health</p>	<p>Due: Healthy People 2020 Webinar/Lesson & Continuing Ed Certificate. Be ready to discuss this in class!</p> <p>The webinar and lesson can be found at: http://www.healthypeople.gov/2020/e-learning-module/defining-success-systems-approach-san-diego-county-childhood-obesity</p> <p>Information on obtaining a continuing ed certificate can be obtained at: http://www.healthypeople.gov/2020/tools-and-resources/healthy-people-eLearning/How-To-Obtain-Free-Continuing-Education</p> <p>Readings:</p> <ul style="list-style-type: none"> • Healthy People 2020. http://www.healthypeople.gov/ • World Health Organization: www.who.org • Prüss-Üstün A, Corvalán C. Preventing Disease Through Healthy Environments. Geneva, Switzerland: World Health Organization; 2006. Available from http://www.who.int/quantifying_ehimpacts/publications/preventing_disease.pdf • U.S. Environmental Protection Agency. Our Nation's Air: Status and Trends Through 2008. Washington, DC: 2010. Available from http://www.epa.gov/airtrends/2010 • Barnett E . et al (2007) Heart Healthy and Stroke Free: A Social Environmental Handbook. Available at:
5	<p>Levels of Prevention :</p> <p>Primary Prevention Programs: Immunization, smoking cessation, nutrition, fitness</p>	<p>Due: Healthy People 2020 Paper</p> <p>Readings:</p> <ul style="list-style-type: none"> • Pender: Chapter 6, 7, 8, 9 • Healey: Chapter 10 • CDC: Explore CDC immunization website: http://www.cdc.gov/vaccines/ • CDC "Pink Book" Chapters 1-3. available at: http://www.cdc.gov/vaccines/pubs/pinkbook/index.html • Vaccines Mandates: available at: http://www.cdc.gov/vaccines/pubs/textbks-manuals-guides.htm • The Community Guide: available at: http://www.thecommunityguide.org/index.html
6	<p>Levels of Prevention: Secondary</p>	<p>Readings: TBA</p>

	Prevention: Age-Appropriate Screening Programs Tertiary Prevention: Community Programs to address chronic disease	
7	Population Health: Ethical, legal and economic issues	Readings: Thomas et al. (2002). A code of ethics for public health. Am J Public Health. 92(7), 1057–1059. Available at: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1447186/
8	Improving health outcomes in diverse and vulnerable populations such as Elders, Homeless individuals, immigrant populations	Due: Individual Health Risk Assessment and Health Promotion Plan Readings: <ul style="list-style-type: none"> • Pender: Chapter 12 • Healey: Chapter 7
9	Improving maternal and child health outcomes	Readings: <ul style="list-style-type: none"> • CDC: Explore CDC Maternal and Child Health Website: http://www.cdc.gov/reproductivehealth/MaternalInfantHealth/index.htm
10	Promoting health through protecting/improving the environment Effects on health of the “built environment” Promoting health in the schools	Readings: <ul style="list-style-type: none"> • Pender: Chapter 13, 14 • Healey: Chapter 11
11	Workplace Health Programs and Occupational Health	Readings: <ul style="list-style-type: none"> • Healey: Chapter 8, Appendix B
12	Public Health Preparedness	Due: Group Project: Community Assessment and Population Health Promotion Plan Readings:

		<ul style="list-style-type: none"> • Will be assigned from CDC website for Public Health Preparedness and Response: http://www.cdc.gov/phpr/ • And the WHO website: http://www.who.int/influenza/preparedness/general_plans/en/ • And the USDHHS Office of the Assistant Secretary for Preparedness and Response: http://www.phe.gov/preparedness/Pages/default.aspx
13	Addressing emerging infectious diseases. Ethics of addressing epidemics and pandemics.	Due: Materials required for Group Presentations Readings: TBA
14	Group Presentations	Due: Group Presentations

Assignments

Population Health: Small Steps Creating Greater Reach & Continuing Ed **5% of course grade**

Learning Goals: The student will:

1. Define “Population Health.”
2. Distinguish between population health promotion and individual health promotion
3. Discuss how a community clinic can extend its reach beyond its individual patients to activities that improve local population health

Complete the course and continuing education test. Submit the continuing education certificate documenting completion on the date noted on the syllabus. On the due date: Hand a paper copy to the course faculty and upload an electronic copy to CANVAS. 5 points awarded for documentation of course completion on time as directed above

The course is located at: <http://ce.nurse.com/course/ce700/population-health/>

Healthy People Webinar/Lesson & Continuing Ed **5% of course grade**

Learning Goals: The student will:

1. Discuss how “leading health indicators” in Healthy People 2020 can guide population health efforts
2. Identify the 5 processes of a successful systems approach to population health
3. Outline an evaluation approach for a population health initiative

Complete the webinar/lesson and continuing education test. Submit the continuing education certificate documenting completion on the date noted on the syllabus. On the due date: Hand a paper copy to the course faculty and upload an electronic copy to CANVAS. 5 points awarded for documentation of course completion on time as directed above.

The Webinar/lesson and CE test are located at: <http://www.healthypeople.gov/2020/e-learning-module/defining-success-systems-approach-san-diego-county-childhood-obesity>

Healthy People 2020 Topic/Paper **15% of course grade**

Individual Health Risk Assessment and Health Promo Plan **20% of course grade**

Community Assessment and Pop Health Promo Plan **30% of course grade**

Learning Goals: The student will:

8. Utilize observation, interviewing, research and data gathering to evaluate a community relative to a specific health threat.
9. Complete a community assessment focused on a health promotion topic and a specific local community
10. Work with a small group to complete the assessment and develop a scholarly paper.

Each group will choose a topic from the list of topics on the Community Guide Website (<http://www.thecommunityguide.org/index.html>). In addition, each student will choose a community of interest on the town/city/county scale. Each group must choose a different combination of topic and

community. The course faculty will approve your choice in order to insure there is no duplication. (Example: Topic: Violence, Community: Camden, NJ.)

11. Conduct an internet search for descriptions and statistics about your chosen community, particularly those related to community size, demographics of the population, economics, morbidity and mortality and those directly related to your chosen topic. (Example: Asthma – ER visits, death rates).
12. Look for examples of community programs that address your topic.
13. As a group, conduct a community “windshield” assessment using the method described in Chapter 5 of Barnett et al: (http://www.cdc.gov/dhdsdp/docs/seh_handbook.pdf). Use the Windshield Survey Form in this chapter to make sure you evaluate all important aspects of the community. Make special note of features in the community that impede or foster health related to your chosen topic. (Example: Exercise – track and field and park facilities). Use photographs, and/or videos to document your findings. The group should also appoint a note taker AND use a recording device to document your findings as you see them.
14. Interview key informants. Each group member should interview at least one key informant from the community. Use Chapter 7 of Barnett et al as your guide to these interviews. Create a contact list such as at least one in chapter 7. At least one “key informant” should be from a relevant community government agency, one should be from a relevant health agency, and another “key informant” must be a resident of the community. Choose other key informants based on your topic. (Example: violence – police chief or officer who patrols the area). Your key informants should be queried as to their knowledge or viewpoint on the problem and their knowledge of solutions or attempts at programs to address the problem in place in the community. You may also want to ask about their ideas for additional programs to address the problem. Each interview should be recorded with notes taken during the interview and/or written immediately after the interview.
15. Search for a national program that might be implemented in the community or population based on the above activities. Discuss both promoting factors for implementation and barriers.

The Paper: Writing the group paper: The paper should be scholarly in nature. All sections should include scholarly references to support discussions and conclusions. All group members should participate in writing the paper. You may assign sections to group members or work in another way that works for the group. Make sure that the paper flows nicely from beginning to end and does not present as sections written by different people. It might be wise to assign at least one person as the final editor!

The paper should be in APA style including a title page, abstract, and reference list. A running head should include the following: “Community Assessment:” followed by the last names of the group members. Headings should be used to distinguish paper sections.

The paper should be written in clear, concise graduate-level academic style. Papers that are grossly grammatically incorrect, that do not have internal logic or that do not meet graduate writing standards may receive a failing grade. *Proofread, Proofread, Proofread!*

The paper must be submitted electronically to CANVAS as a WORD file and a paper copy handed to the course faculty, both by 8 PM on the date due.

The paper should not be more than 35 pages in length.

Sections of the paper:

- f. Introduction to the community: Describe your community in terms of such things as size, demographics, ethnic groups, economics **(10 points)**
- g. The problem: Using statistics discovered in your research on the community, describe the scope of the problem (your topic). **(10 points)**
- h. Assessment Findings: Summarize your findings from the “Windshield Assessment.” Include the “Windshield Assessment” worksheet as an attachment to the paper. Summarize the findings from your community interviews and discuss implications of these findings. Describe what you have learned about community strengths and challenges related to your topic. Discuss implications of your findings for the health of the community’s population, particularly as they relate to your chosen topic. Use theory and research to support your discussion. **(30 points)**
- i. Describe the major programs or other efforts in place in the community to address the problem. If there are many initiatives in place, choose the 3 that you feel have the widest impact and discuss those. Discuss the effectiveness of those efforts, using outcome statistics you uncover through your research or through interviews **(25 points)**
- j. Identify and discuss a national or broader program that can be implemented in the population. This can be a government initiative or one supported by a non-profit organization. Briefly describe that program. Discuss how it is or might be implemented in your chosen community. **(15 points)**

***an additional 10 points is granted for quality of writing, including referencing.

PBHG 705: Graduate Capstone Internship

CAPSTONE INTERNSHIP IN PUBLIC HEALTH

The College of New Jersey

School of Nursing, Health and Exercise Science

PBH 705-01, Class Number XXXX, Total 6 credits in 2 – 3 credit sequences

PROFESSOR BRENDA SEALS OFFICE:

PACKER HALL 233

PHONE: (609) 771-3090

E-MAIL: SEALSB@TCNJ.EDU

TIME: MONDAY (8:00 TO 9:50PM)

CLASS LOCATION: LOSER201

OFFICE HOURS: MTW 3:00-5:00 PM

AND BY APPOINTMENT

COURSE DESCRIPTION

This 6 credit graduate internship provides students with practical experience in an approved public health agency. Students are required to complete at least 120 hours over one semester (15 weeks) in research, health education, program implementation and evaluation, or other approved objectives and goals. Completing the requirements in the Graduate Capstone Handbook for the internship and completing a meta-analysis and/or policy white paper for a health topic that is part of the internship satisfies one – 3 credit sequence. The second – 3 credit sequence includes writing a Culminating Graduate Capstone paper with a professional level literature review, a review of practices as well as creating a professional level conference abstract and poster presented in at least one class. Both 3 credits require completing paperwork (contract, Goals and Objectives, journals, etc.) in a timely manner. The Capstone Paper as detailed in the Capstone Paper Guidance includes: 1) a thorough literature review of the disease, intervention or health area; 2) discussion of highlights and feedback of the internship experience, 3) linking the internship experience to national and/or global public health policy, research or practice implications; 4) addressing best practices and policy issues in Public Health; and 5) A conclusion providing recommendations for future internships. All Capstone students participate in on-campus seminars (twice per month) to provide a forum for sharing experiences, further developing career objectives, and stimulating creative thinking related to their professional development. Students must attend at least one Local or regional professional Health or Public Health conference.

Prerequisites: Students in good academic standing who are entering their last two semesters of graduate study. Depending on the internship placement, students may be required to complete several health requirements, drug testing and a criminal background check before the internship commences.

COURSE MATERIALS

Required: TCNJ Capstone Handbook and Senior Paper Guidance

Recommended Readings: Seltzer, B. (2015). *101 Careers in Public Health*. (2nded.). Springer Pub: NY, NY.

Pfizer Pharmaceuticals Group. Advancing Healthy Populations: The Pfizer Guide to Careers in Public Health: <http://www.soph.uab.edu/isoph/pfizer/PHCareerGuide.pdf>

Fiona Sim and Jenny Wright. (2014). *Working in Public Health: An introduction to careers in public health*. Routledge Pub: NY, NY.

All other readings will be posted on CANVAS

COURSE PURPOSE & LEARNING GOALS

- Complete multiple tasks necessary for implementing a public health practice experience (i.e., capstone project) in a setting of their choice outside of the classroom. (*Applying Public Health Knowledge*) including agency contract (if needed must be signed prior to beginning the internship) and approved goals and objectives.
- Complete the Senior Capstone paper. (*Quantitative Reasoning, Technological Competence*)
- Carry-out and satisfactorily complete their public health capstone project including completing all required paperwork in a timely manner. Uploading time-logs and other materials as they are due.
- Communicate in writing and orally how their capstone project contributed to their understanding of public health issues including in-class and public presentations such as a poster presentation at a TCNJ or professional conference. (*Critical Analysis and Reasoning, Written and Oral Communication*)
- Attend at least one Public Health or health focused conference. (*Critical Analysis and Reasoning, Written and Oral Communication*)
- Articulate their personal beliefs, values and goals for how they will contribute to public health problem solving through the application of a multidisciplinary and understanding of enhancing health and prevention of disease. (*Ethical Reasoning and Compassion*)
- Apply knowledge and skills gained in their courses and capstone project to demonstrate mastery of integrating learning needed for further professional development and career exploration. (*Information Literacy*)

COURSE POLICIES

Academic Integrity: Academic dishonesty is any attempt by the student to gain academic advantage through dishonest means, to submit, as his or her own, work which has not been done by him/her or to give improper aid to another student in the completion of an assignment. Such dishonesty would include, but is not limited to: submitting as his/her own a project, paper, report, test, or speech copied from, partially copied, or paraphrased from the work of another (whether the source is printed, under copyright, or in manuscript form). Credit must be given for words quoted or paraphrased. The rules apply to any academic dishonesty, whether the work is graded or ungraded, group or individual, written or oral. Papers with insufficient, inappropriate, or missing citations will receive no credit, and the student will have no opportunity to make up the work. When in doubt, cite. TCNJ's academic integrity policy is available on the web: Academic Integrity.

Americans with Disabilities Act (ADA) Policy: Any student who has a documented disability and is in need of academic accommodations should notify the professor of this course and contact the Office of Differing Abilities Services (609-771-2571). Accommodations are individualized and in accordance with

Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1992. TCNJ's Americans with Disabilities Act (ADA) policy is available on the web: [Americans with Disabilities Act](#).

Attendance, Participation, and Class Citizenship: This course models membership in a scholarly community, and therefore assumes students will follow rules of decorum and active participation. For example, ringing cell phones, texting, arriving late/leaving early, and using class time for outside of class computer work are all disruptive to an engaged academic environment. TCNJ's absence and attendance policy is available on the web: Absence and Attendance.

COURSE REQUIREMENTS FOR first 3 credits:

1. As stated in the Capstone Handbook, the semester prior to taking the Capstone course, ideally students will work with the Capstone course instructor to: A) identify at least 3 internship opportunities and complete interviews; and B) Select one internship site, identify the site contact and complete the TCNJ internship contract. (60 points)
2. Complete all requirements for site placement. Some site placements may require: 1) Background checks, drug testing, proof of vaccination and/or other testing; 2) Site specific trainings such as IRB Training: <https://phrp.nihtraining.com/users/login.php>; and/or 3) Qualitative and/or Quantitative Research skills (SPSS, Excel, Atlas-ti, etc.). (20 points)
3. Attend all Capstone classes, contribute to class discussion and actively participate in workshops and class activities. (40 points)
4. Meet with the site preceptor and complete the Handbook Goals and Objectives within the first week of class. Revise as necessary to meet Council on Education for Public Health (CEPH) and course instructor revisions. Obtain signatures for finalized agreement. (40 points)
5. Attend at least one Public Health or Health focused conference. (10 points)
6. Complete bi-weekly timesheets; gain necessary signatures and upload completed documents. (60 points)
7. Maintain a journal for your internship experience. Bring to class to show to course instructor. (30 points)
8. Notify course instructor at mid-point of internship completion or approximately 60 hours completed. Facilitate completion of the mid-point site preceptor evaluation and site visit. (20 points)
9. Notify course instructor at completion of internship completion or approximately 120 hours completed. Facilitate completion of the final point site preceptor evaluation. (10 points)
10. Complete a meta-analytic review or a policy white paper on a health topic related to the internship experience (80 points).
11. Complete site evaluation. (10 points)

COURSE REQUIREMENTS FOR second 3 credits:

1. As detailed in the Senior Capstone Paper Guidance, in conjunction with the course instructor draft and complete all paper sections including:
 - a. Extensive literature review of health issue, intervention, policy or relevant topic. (50 points)
 - b. Describe and discuss highlights of the internship experience. (30 points)

- c. Describe challenges and ways to overcome challenges of the internship experience. (30 points)
 - d. Link the internship experience with the literature review. Explain how national and international policies, programs and/or situations apply to key features of Public Health as informed by the internship experience. Reference national and international policies and initiatives (e.g. Healthy People 2020). Develop a policy statement or recommendations for national, state and local initiatives relevant to the health topic of the internship (50 points)
 - e. Detail advice for maximizing the internship experience for future interns. (40 points)
2. Attend all Capstone classes, contribute to class discussion and actively participate in workshops and class activities. (40 points)
 3. Present internship experience in-class and in public via a TCNJ or approved alternative setting (e.g. state or local Public Health or relevant conference, American Public Health Association annual conference). Presentation should be a professional quality poster, Power Point, or other approved format. (60 points)

GRADING

Students in this course will be assessed based on the above point system, quality of and timeliness of internship products and activities, successful completion of the tasks outlined above, class participation, and leadership. Paper grades will reflect the above point system, quality and completeness of literature reviews and policy reflections, professional writing styles, citations, and quality of writing. Presentation grades reflect quality of poster or power points, presentation delivery, timely submission and professional organization and citations.

Course grades will be calculated using the scheme below.

Total Percentage	Grade
94-100	A
90-93	A-
87-89	B+
84-86	B
80-83	B-
77-79	C+
74-76	C
70-73	C-
67-69	D+
64-66	D
0-63	F

Dates	Topics
Week 1 January 30, 2017	Introduction and focus on Public Health careers; how to prepare job applications and build resumes. Time sheets and other paperwork DUE
Week3 February 6, 2017	(Optional) Writing Personal Statements and practice interviewing Draft Outlines for papers Due
Week February 20, 2017	Sharing of internship experiences; Writing professional literature reviews Time sheets and other paperwork DUE; Draft Chapter 1 DUE
Week7 March 6, 2017	(Optional) Creating a Professional poster Draft poster abstract due; Draft Chapter 2 DUE
Week9 March 27, 2017	Sharing of internship experiences; Preparation for and selection of graduate schools. Writing responses and statements. Draft poster due; Time sheets and other paperwork DUE; Draft Chapter 3 DUE
Week 10 April 3, 2017	Posters and Presentations DUE; Time sheets and other paperwork DUE PUBLIC HEALTH WEEK; TCNJ Poster Conference Draft Chapter 4
Week 12 April 17, 2017	Sharing of internship experiences; Graduation, and the future of Public Health. Time sheets and other paperwork DUE; Draft final paper DUE
Week 14 May 1, 2017	Presentation of Capstone Papers; Final paper DUE Final Time sheets and other paperwork DUE
Finals Week	TBA