

**FAY W. BOOZMAN COLLEGE OF PUBLIC HEALTH
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES
DEPARTMENT OF HEALTH POLICY AND MANAGEMENT**

THE HEALTH CARE SYSTEM

**HSAD 5123 / PBHL 5123
FALL 2009**

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Place: Room 3202, College of Public Health, UAMS
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COURSE DESCRIPTION:

This course will lay the foundation for analytical thinking about the health care system of the United States. The U.S. health care system is segmented into several components that represent major organizational and policy concerns in contemporary U.S. health care delivery. This course is the required for students in the UAMS COPH Graduate Program in Health Services Administration and students seeking the UAMS Master of Public Health degree..

COURSE RATIONALE:

Health care administrators and managers, whether in the public or private sector, have a responsibility to understand the determinants of health status and the modalities of health services delivery that impact health status. This understandings is a preconditions for informed decision-making.

COURSE PREREQUISITES:

None

COURSE OBJECTIVES:

This course is the beginning course in the Health Services Administration curriculum and a core course in Public Health. It is designed to meet the following accreditation related curriculum objectives:

Course Objectives (CAHME, CEPH and HPM Objectives are shown on pages 17-19 of this syllabus)	CAHME	CEPH	HPM
1 <i>To assess and understand the health status of a population</i>	B.1.1 B.1.2 B.1.4	2, 8	6a.
2 <i>To identify determinants of health and illness</i>	B.1.5	2	6a.
3 <i>To identify factors influencing utilization of health services</i>	B.1.5 B.13.2 B.13.3	7	7a.
4 <i>To describe the various types of healthcare organizations involved in the delivery, financing and regulation of healthcare services</i>	B.1.3 B.4.2	7	7b.
5 <i>To describe the basic management functions and processes in a health care organization</i>	B.4.1 B.7.1	7	4a
6 <i>To define application of policy analysis to health services</i>	B.2.1 B.2.2	2.	6b.
7 <i>To describe governance structures of hospitals</i>	B.8.3 B.9.1 B.9.2	7	5
8 <i>To define ethical dilemmas and issues in health care</i>	B.16.1 B.16.2 B.19.3	2	8a.
9 <i>To demonstrate effective written and interpersonal communications skills.</i>	B.11.1 B.11.3 B.11.4		3a, 3b.
11 <i>To identify performance indicators for a health care organization</i>	B.18.2	7	8c.
12 <i>To identify systems to assess and improve the quality of care and services</i>	B.18.2	7	7a

TEXTS:

Required: Shi, L. and Singh, D.A. Delivering Health Care in America: A Systems Approach. 4th Edition. 2008 Gaithersburg, MD: Jones and Bartlett Publishers.

REQUIRED SUPPLEMENTAL READINGS:

Supplementary readings listed in the course syllabus are available on the UAMS library electronic journal system. They are all available in PDF file format. Some articles and reference sources may be available at a defined web site.

COURSE REQUIREMENTS:

	Points
1. 4 Assigned Projects @ 5 Points	20
2. Mid-term exam	25
3. Final exam	25
4. Two ten article analytical reviews	30 (15 each)

Assigned Projects:

There will be four assigned projects during the course. Each project will be worth 5 points.

1. Population assessment
2. Health status assessment
3. Health system assessment
4. Manpower assessment

Examinations: There will be a mid-term and final exam. Both will contain short answer essays and long essay questions. Each exam will be worth 25 points. The mid-term will cover the material from the first half of the course. The final will cover the content not included on the mid-term.

Evidence- Based Ten Paper Analytical Reviews: Each student is required to submit two evidence- based ten article analytical reviews of selected health care topics. Each review will be worth 15 points.

Due Dates for analytical reviews:

The first analytical review must address an issue presented in the content areas: Section I, Population Served, Section II: Delivery Systems.

The second ten article analytical review must address an issue presented in the content areas: Section III. Finance and Insurance including Medicare and Medicaid, Section IV: Health System Inputs or Section V: Health System Performance including cost, access, quality and ethics.

First Review to be delivered in the form of a paper: October 7

Second Review to be delivered in the form of a paper: December 16

Please, hand in your papers in the traditional hard copy form.

First Analytical	Topic and	Paper Due	Paper topic must be on one of the
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Review	Brief Outline Due 9/16	10/7	following content areas: Population served or delivery system
Second Analytical Review	Topic and Brief Outline Due 11/4	Paper Due 12/16	Paper topic must be on one of the following content areas: finance and insurance, manpower, technology, cost, access, quality, ethics

Class Participation: Each student is expected to attend every class and be an active and constructive participant in class discussions. Participation involves the elaboration of an issue, asking for clarification, presenting an opposing point of view or other constructive comments. To participate effectively in discussions, students must read the assigned chapters and readings before class and be prepared to answer questions from the professor.

Grading Scale:

100-90 Points	A
80-89	B
70-79	C
60-69	D
<60	F

STATEMENT ON DISABILITY SUPPORT SERVICES:

It is the policy of the UAMS College of Public Health to accommodate students with disabilities pursuant to federal law, state law, and the University's commitment to equal educational opportunities. Any student with a documented disability who needs accommodation should request to meet with the course instructor or the Assistant Dean for Academic Affairs no later than within the first 14 days (two weeks) following the first class meeting to develop an accommodation plan. Any student with a documented disability who determines later in the semester to seek accommodation or who develops a disability during the semester should refer to the procedures outlined in the college catalogue. Failure to follow these procedures may be construed as a waiver of your rights under the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990.

ATTENDANCE

Students are expected to be diligent in the pursuit of their studies and in their class attendance. Because this class meets only once a week, all students are

required to attend all class sessions unless permission of the instructor is obtained. If an emergency arises please notify the instructor in advance of class.

ACADEMIC INTEGRITY:

UAMS College of Public Health has an Honor Council that responds to allegations of violations of common rules of academic integrity, including plagiarism; giving or receiving any form of aid on quizzes or examinations that is not expressly permitted by the instructor; or falsification of any report, experimental results, or research data. Please review the Honor Code in the CPH Student Handbook, which can be found at <http://www.uams.edu/coph/cophandbook.pdf>.

PLAGIARISM:

Plagiarism is defined as adopting, appropriating for one's own use and/or incorporating in one's own work, without acknowledgement, passages, tables, photographs, models, figures, and illustrations from the writings or works of others; presenting parts of passages of other's writing as products of one's own mind. Any student who plagiarizes may be subject to receiving a zero on the written work and may be dismissed from the College of Public Health. Other penalties may be imposed by the CPH Honor Council, as described in the CPH Student Handbook.

The College of Public Health subscribes to a web-based plagiarism detection and prevention system that is used by colleges and universities nationwide. The system works by scanning the student's document and matching the document against databases of texts, journals, electronic and web sources (including web sites that distribute or sell pre-written essays or term papers). Faculty for this course may, at our discretion, submit student's written work to the plagiarism detection system for the purpose of evaluating whether students have plagiarized.

COURSE OUTLINE

DATE	CONTENT	MPH CORE OBJ.	HPM OBJ.	CAHME OBJ.
8/19	<p>COURSE INTRODUCTION</p> <p>COPH Academic Integrity</p> <p>Discussion of Course Requirements</p> <p>Discussion of Health Policy</p> <p>Discussion of Systems Framework</p> <p>Discussion of Population</p>	7	2a	<p>B.1.3</p> <p>B.2.1</p> <p>B.2.1</p> <p>B.4.2</p> <p>B.11.3</p>
8/26	<p>SYSTEM STRUCTURE AND HISTORY OF US HEALTH CARE SYSTEM</p> <p>Text: Chapters 1, 3</p> <p>Readings:</p> <p>1. Heubel, Friedrich, Patients or Customers: Ethical Limits of Market Economy in Health Care, <u>Journal of Medicine and Philosophy</u>, 200, Vol. 25, 2, 240-253.</p> <p>2. Corso, Liza, et. al., Using the Essential Services as a Foundation for Performance Measurement and Assessment of Local Public Health Systems, <u>Journal of Public Health Management Practice</u>, 200, Vol. 6, 5, 1-18.</p> <p>References:</p> <p>Commonwealth Fund, 2008 National Scorecard on U.S. Health System Performance, www/ Commonwealth.org</p>	7	5c	<p>B.1.3</p> <p>B.2.2</p> <p>B.2.4</p> <p>B.4.2</p>
9/2	<p><i>SECTION I- POPULATION SERVED</i></p> <p><i>Text: Chapters 2, 11</i></p> <p><i>Readings:</i></p> <p>3. Olshansky, S. Jay, et al., <i>A Potential Decline in Life Expectancy in the United States in the 21st Century</i>, <u>New England Journal of Medicine</u>, 352:11, March 17, 2005, 1138-1145.</p> <p>4. Wilensky, Gail and David Satcher, <i>Don't Forget about the Social Determinants of Health</i>, <u>Health Affairs</u>, January 16, 2009, 194-198.</p>	<p>2</p> <p>6</p> <p>8</p>	<p>4a</p> <p>4b</p> <p>6a</p>	<p>B.1.1</p> <p>B.1.2</p> <p>B.1.3</p> <p>B.1.4</p> <p>B.1.5</p> <p>B.11.4</p>

	<p>5. Johnson, Mahlon, <i>Maria</i>, <u>Health Affairs</u>, July-August 2003, 179-183.</p> <p>References:</p> <p><i>Centers for Disease Control, National Center for Chronic Disease Prevention & Health Promotion.</i> http:// www.cdc.gov</p> <p><i>Muller A. Education, Income Inequality and Mortality: A Multiple Regression Analysis. <u>British Medical Journal</u> 2002; 324:1-4 available from:</i> http://bmj.com/cgi/content/full/324/7328/23</p> <p><i>Healthy People 2010, Center for Disease Control, available from</i> http://www.healthypeople.gov/</p> <p><i>Robert Wood Johnson Foundation, www/rwj.org</i></p> <p><i>Annie E, Casey Foundation, www/aecf.org</i></p> <p>Census and Heath Status Information:</p> <p><i>U.S. Census, Factfinder, Available at:</i> http://factfinder.census.gov/</p> <p><i>Health: United States 2008, Center for Disease Control, www.Health United States.com</i></p> <p><i>Arkansas Census, Arkansas State Data Center, Available at: http://aiea.ualr.edu/censusdata/</i></p> <p><i>Arkansas Department of Health – Health Status, Available at: http://www.healtharkansas.com/</i></p>			
9/9	<p>SECTION II – DELIVERY SYSTEM- OUTPATIENT AND PRIMARY CARE Text: Chapter 7</p> <p>Readings:</p> <p>6. Sandy, Lewis, et. al., <i>The Political Economy of U.S. Primary Care</i>, <u>Health Affairs</u>, July/August 2009, 1136-1144.</p> <p>7. Ma, Jun and Randall Stafford, <i>Quality of US</i></p>	7	5c 7b	B.1.3 B.2.2 B.4.1 B.4.2

	<p><i>Outpatient Care</i>, <u>Archives of Internal Medicine</u>, Vol. 165, June 2005, 1354-1361.</p> <p>8. Sia, Calvin, et. al., <i>History of the Medical Home Concept</i>, <u>Pediatrics</u>, Vol. 113, May 5, 2004, 1473-1487.</p> <p>9. Bohmer, Richard, <i>The Rise of In-Store Clinics-Threat or Opportunity?</i> <u>New England Journal of Medicine</u>, February 27, 2007, 356; 8, 765-768</p> <p>References: Medical Group Management Association, http://www.mgma.org/</p>			
9/16	<p>SECTION II-DELIVERY SYSTEM-INPATIENT CARE TEXT: Chapter 8 Readings:</p> <p>10. Inglehart, John K., <i>The Emergence of Physician-Owned Specialty Hospitals</i>, <u>New England Journal of Medicine</u>, 352;1, January 6, 2005, 78-84.</p> <p>11. Studdert, David, et. al., <i>Regulatory and Judicial Oversight of Nonprofit Hospitals</i>, <u>New England Journal of Medicine</u>, February 8, 2007, 356; 6, 625-631.</p> <p>12. Stensland, Jeffrey and Ariel Winter, <i>Do Physician-Owned Cardiac Hospitals Increase Utilization</i>, <u>Health Affairs</u>, Jan/Feb. 2006, 119-129.</p> <p>Reference: HCUPNET, Healthcare Cost and Utilization Project. Agency for Healthcare Research and Quality, Rockville, MD. http://www.ahrq.gov/</p> <p>Arkansas Hospital Association, http:// www.arkhospitals.com/</p> <p>American Hospital Association, http://www.aha.org/</p> <p><u>FIRST ANALYTICAL REVIEW OUTLINE DUE</u></p>	7	5c	<p>B.1.3 B.2.2 B.4.1 B.4.2 B.8.3 B.9.1 B.9.2</p>

9/23	<p>SECTION II-DELIVERY SYSTEM-LONG-TERM CARE</p> <p>Text: Chapter 10</p> <p>Readings:</p> <p>13. National Commission for Quality Long-Term Care, <i>Long-Term Care in America: An Introduction</i>, January 2007, Avalere Health LLC.</p> <p>14. Gazelle, Gail, <i>Understanding Hospice-An Underutilized Option for Life's Final Chapter</i>, <u>New England Journal of Medicine</u>, July 26, 2007, 357; 4, 321-324</p> <p>15. Kane, Rosalie, <i>States as Architects and Drivers of Long-Term Care Reform for Older People</i>, <u>American Society on Aging</u>, Fall 2008, 47-52.</p>	7	5c	<p>B.1.3</p> <p>B.2.2</p> <p>B.4.1</p> <p>B.4.2</p>
9-30	<p>SECTION II-DELIVERY SYSTEM-MANAGED CARE AND INTEGRATED ORGANIZATIONS</p> <p>Text: Chapter 9</p> <p>Readings:</p> <p>16. Mays, Glen Gary Claxton and Justin White, <i>Managed Care Rebound? Recent Changes in Health Plans' Cost Containment Strategies</i>, <u>Health Affairs</u>, August 11, 2004, Available at: http://www.healthaffairs.org/</p> <p>17. Draper, Debra, et. al., <i>The Changing Face of Managed Care</i>, <u>Health Affairs</u>, (Jan.-Feb. 2002), 11-23.</p> <p>References:</p> <p>American Health Insurance Plans, http://www.ahip.org/</p> <p>Kaiser Family Foundation, http://www.kff.com/</p> <p>National Committee on Quality Assurance (NCQA), http://www.ncqa.org/</p>	7	5c	<p>B.1.3</p> <p>B.4.1</p> <p>B.4.2</p> <p>B.13.3</p>
10/7	MID-TERM EXAM			

	<u>FIRST ANALYTICAL REVIEW DUE</u>		3b	B.11.1
10/14	<p>SECTION III- FINANCE & INSURANCE Text: Chapter 6</p> <p>Readings:</p> <p>18. Keehan, Sean, et. al., <i>Health Spending Projections Through 2017: The Baby-Boom Generation is Coming to Medicare</i>, <u>Health Affairs</u>, February 26, 2008, 145-155.</p> <p>19. Baicker, Katherine and Amitabh Chandra, <i>Myths and Misconceptions About U.S. Health Insurance</i>, <u>Health Affairs</u>, October 28, 2001, 533-543.</p> <p>References:</p> <p>BlueCross BlueShield Association. http://bluecares.com</p> <p>Center for Medicare and Medicaid Services. National health care expenditures projections Available from: http://www.cms.hhs.gov/</p>	7	5c 7a	B.1.3 B.4.1 B.4.2 B.13.3
10/21	<p>SECTION III- FINANCE & INSURANCE- MEDICARE & MEDICAID Text: Chapter 6</p> <p>Readings:</p> <p>20. Quinn, Kevin & Martin Kitchener, <i>Medicaid's Role in Many Markets for Health Care</i>, <u>Health Care Financing Review</u>, Summer 2007, 69-82.</p> <p>21. Murgolo, Maggie, <i>Characteristics and Perceptions of the Medicare Population: 2001-2005</i>, <u>Health Care Financing Review</u>, Spring 2008, 59-67.</p> <p>References:</p> <p>References:</p> <p>Center for Medicare and Medicaid Services, US Department of Health and Human Services, available at http://cms.hhs.gov/Medicare and</p>	7	5c 7a	B.1.3 B.4.1 B.4.2 B.13.3

	http://cms.hhs.gov/Medicaid			
10/28	<p>SECTION IV-HEALTH SYSTEM INPUTS-MANPOWER</p> <p>Text: Chapter 4</p> <p>Readings:</p> <p>22. Colwill, Jack, James Cultice and Robin Kruse. <i>Will Generalist Physician Supply Meet Demands of an Increasing and Aging Population?</i> <u>Health Affairs</u>, April 29, 2008, 232-241</p> <p>23. Brush, Barbara, Julie Sochalski and Anne Berger, <i>Imported Care: Recruiting Foreign Nurses to U.S. Health Care Facilities</i>, <u>Health Affairs</u>, May/June 2004, 78-87.</p> <p>24. Goodman, David, <i>Twenty-Year Trends in Regional Variations in the U.S. Physician Workforce</i>, <u>Health Affairs</u>, October 7, 2004, 90-97.</p>	7	5c	<p>B.1.3</p> <p>B.4.1</p> <p>B.4.2</p>
11/4	<p>SECTION IV-HEALTH SYSTEM INPUTS-TECHNOLOGY</p> <p>Text; Chapter 5</p> <p>Readings:</p> <p>25. Kassirer JP. <i>Patients, Physicians and the Internet</i>, <u>Health Affairs</u>, 2000, 19(6):115-123.</p> <p>26. Halamka, John, <i>Making Smart Investments in Health Information Technology: Core Principles</i>, <u>Health Affairs</u>, March 9, 2009, 385-389.</p> <p><u>2ND ANALYTICAL REVIEW OUTLINE DUE</u></p>	7	5c	<p>B.1.3</p> <p>B.4.1</p> <p>B.4.2</p> <p>B.7.1</p>
11/11	Veteran's Day – No Class			
11/18	<p>SECTION V-HEALTH SYSTEM PERFORMANCE-COST AND ACCESS</p> <p>Text; Chapter 12</p> <p>Readings:</p> <p>27. Altman, Drew and Larry Levitt, <i>The Sad History of Health Care Cost Containment as Told in One Chart</i>, <u>Health Affairs</u>, Web Exclusive, January 23, 2002</p>	7	8c	<p>B.1.3</p> <p>B.4.1</p> <p>B.4.2</p> <p>B.13.2</p>

	<p>28. Sisko, Andrea, et. al., <i>Health Spending Projections Through 2018: Recession Effects Add Uncertainty to the Outlook</i>, Health Affairs, February 24, 2009, 346-357.</p> <p>29. Kaiser Family Foundation, <i>Health Care Costs: A Primer</i>, August 2007. http://www.kff.com</p> <p>References:</p> <p>Center for Medicare and Medicaid Services (CMS), US Department of Human Services, <i>Data Compendium</i>, Available at : http://cms.hhs.gov/researchers/pubs/datacompendium/</p> <p>Arkansas Blue Cross, <i>Understanding Your Health Care Costs</i>, available at http://ww.arkbluecross.com/members/pdf/cost.pdf</p>			
11/25	<p>SECTION V-HEALTH SYSTEM PERFORMANCE-QUALITY Text: Chapter 12</p> <p>Readings: 30. Jha, Ashish, et. al., <i>Care in U.S. Hospitals-The Hospital Quality Alliance Program</i>, <u>New England Journal of Medicine</u>, 353:3, July 21, 2005, 265-274.</p> <p>31. Pronovost, Peter, et. al., <i>Reducing Health Care Hazards: Lessons from the Commercial Aviation Safety Team</i>. Health Affairs, April 7, 2009, 479-384.</p> <p>References: Institute for Healthcare Improvement, Open School, www.IHI.com</p>	7	8c	B.1.3 B.4.1 B.4.2 B.13.2 B.18.2
12/2	<p>SECTION V-HEALTH SYSTEM PERFORMANCE-ETHICS & VALUES Text: Readings: 32. Darr, Kurt. <i>Moral Philosophies and Principles</i>, Chapters 1, in <u>Ethics in Health Services Management</u>.</p>	7	8c	B.1.3 B.4.1 B.4.2 B.16.1 B.16.2

	<p>3nd edition., 1997, Baltimore MD, Health Professions Press, 15-30.</p> <p>33. Darr, Kurt. <i>Resolving Ethical Issues</i>, in <u>Ethics in Health Services Management</u>. 3rd edition. 1997, Baltimore MD, Health Professions Press, 31-42.</p> <p>34. Annas, George J., “<i>Culture of Life Politics at the Bedside-The Case of Terry Schiavo</i>, <u>New England Journal of Medicine</u>, 352:16, April 21, 2005, 1710-1715.</p> <p>35. Okie, Susan, <i>Physician-Assisted Suicide-Oregon and Beyond</i>, <u>New England Journal of Medicine</u>, 352:16, April 21, 2005, 1627-1630.</p> <p>36. Callahan D, Jennings B. (2002). <i>Ethics and Public Health: Forging a Strong Relationship</i>. <u>Am J Public Health</u> 92: 169-176.</p> <p>References:</p> <p>APHA. Public Health Code of Ethics. Available from: http://www.apha.org/codeofethics/ethics.htm</p> <p>American College of Healthcare Executives. Code of Ethics. Available from: http://www.ache.org/abt_ache/code.cfm</p> <p>American College of Medical Practice Executives. Code of Ethics, http://www.ACMPE.org</p>			B.19.3
12/9	<p>SECTION VI-HEALTH SYSTEM POLICY & CHANGE Text: Chapters 13, 14</p> <p>Readings:</p> <p>37. Fisher, Elliott, et. al., <i>Fostering Accountable Health Care: Moving Forward in Medicare</i>, <u>Health Affairs</u>, January 27, 2009, 219-231.</p> <p>38. Kingsdale, Jon, <i>Implementing Health Care Reform in Massachusetts: Strategic Lessons Learned</i>, <u>Health Affairs</u>, May 29, 2009, 588-594.</p>	7	2a 6b	B.1.3 B.2.1 B.2.2 B.2.4

12/16	FINAL EXAM <u>2ND ANALYTICAL REVIEW DUE</u>		3b	B.11.1
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OUTLINE OF EVIDENCE-BASED TEN PAPER ANALYTICAL REVIEW

The analytical review must research a health system issue related to the content areas defined for each paper. The first paper must include a topic from the content areas: population served and health care delivery system. The second paper must include a topic from the content areas: finance and insurance, manpower, technology, cost, access, quality and ethics.

The evidence-based ten paper analytical review must review ten journal articles on the topic that have been published within the last seven years.

The analytical review must include the following nine items:

1. EXECUTIVE SUMMARY:

The executive summary is designed to provide a brief overview of the topic and recommendations. It must include a statement of the research question, a summary of the research findings and the numbered recommendations.

2. KEY BACKGROUND INFORMATION

The narrative in this section should highlight key significant facts that make the issue a significant one to research. (i.e., annual increase in cost, number one cause of death, fastest growing form of insurance)

3. PROBLEM STATEMENT:

The problem statement section must provide a clear statement of the research question to be examined. Based on your initial review of the key background information, you should arrive at a working diagnosis for the research question. (i.e., Managed care has helped controlled health care costs, Inpatient care quality has improved since 2000, etc.)

4. DISCUSSION OF THE LITERATURE REVIEW

The literature review section is one of the most important sections of the analytical review. It must provide the national research information necessary to clarify your working diagnosis.

The literature review section must begin with an opening paragraph describing the major sections and content to be covered in the review. The section (use subheadings) should follow the variables defined in your working diagnosis.

After the review of national research, the issue should be examined for the assigned Arkansas county. You may not have a significant amount of published research specific to the county, so you may have to use other sources including interviews.

The final paragraph of the literature review section should provide a summary of your research findings.

5. HEALTH SYSTEM POLICY

Your final task in the analytical paper is to propose a set of management or policy recommendations that can be applied to the assigned Arkansas county. The recommendations should be numbered and clearly state what you are recommending. A recommendation to conduct additional research will not be accepted.

The recommendations you propose must be directly linked to the findings related to your working diagnosis.

6. REFERENCES

The 10 articles used in the review must be cited using the American Psychological Association (APA) or American medical Association (AMA) format.

Writing: One of the most important skills for health professionals is the ability to communicate well both verbally and in writing. For that reason, grammar and writing style will be a part of the grade for written work in this class. I would highly recommend the following writer's guide as a good investment. It is available from Amazon.com for around \$20.

The Little, Brown Essential Handbook for Writers (4th Edition)
by [Jane E. Aaron](#) Publisher: Longman; ISBN: 032110045X; 4th spiral edition (August 1, 2002).

Papers will not be accepted late and must follow the analytic paper format described above. The reviews must be typed, double-spaced, 12-point font. Both papers for this class **must** be written using either AMA (American Medical Association) or APA

(American Psychological Association) writing style. A full ten points will be automatically deducted from any paper that does not use one of these styles. The following websites have information on these styles. You can also purchase style manuals in the bookstore or use them in the reference section of the library.

For AMA reference style:

<http://jama.ama-assn.org/misc/ifora.dtl#References>
<http://jama.ama-assn.org/misc/ifora.dtl#References>

<http://www.liu.edu/cwis/cwp/library/workshop/citama.htm>

http://www.nlm.nih.gov/bsd/uniform_requirements.html

For APA reference style:

<http://www.crk.umn.edu/library/links/apa5th.htm>

<http://www.wisc.edu/writetest/Handbook/DocAPA.html>

CURRICULUM OBJECTIVES

MPH Core COPH Objectives (CEPH)

- 1) Define the components of community-based public health practice.
- 2) Describe basic and contemporary issues of public health, including tools of community-based health assessment, surveillance, health promotion, disease prevention, policy, cultural competency, and ethics.
- 3) Demonstrate the ability to complete descriptive analyses as well as nonparametric, regression, multiple comparisons of means and analysis of variance for one- and two-factor experiment biostatistics for datasets.
- 4) Demonstrate an understanding of core statistical concepts, including database principles, basic probability principles, diagnostic test statistics, tests of hypotheses, sample-size estimation, and power of tests.
- 5) Describe the elements of the common chemical, physical, and biological hazards in the occupational and community settings, along with the ways in which these hazards are evaluated, controlled, and regulated.
- 6) Define the major components of at least two models of health behavior change, i.e., the Health Belief Model, Transtheoretical Model, Social Cognitive Theory.
- 7) Describe the organizational arrangements, financing, health status issues, health insurance, health manpower, cost of health care, quality of health care, access and regulatory issues of the health care delivery system in the United States.
- 8) Describe the core concepts of epidemiology, including its history and theoretical basis; measures of morbidity, mortality, disease transmission and risk; major study designs; measures of association; bias, confounding and interaction; evaluation of screening tests; inference; and causality.

HEALTH POLICY AND MANAGEMENT COURSE OBJECTIVES:

1. Analytic/Assessment Skills

- 1a. Obtaining and interpreting information regarding costs and benefits associated with programs effecting populations and implemented through community organizations.
- 1b. Developing, implementing, and evaluating a community public health assessment.

2. Policy Development/Program Planning Skills

- 2a. Understanding governmental health policy formulation, regulation and impact.
- 2b. Identification, interpretation, and implementation of public health laws, regulations, and policies related to specific programs.

3. Communication Skills

- 3a. Effectively presenting accurate demographic, statistical, programmatic, and scientific information for professional and lay audiences.
- 3b. Effective writing and communication techniques.

4. Cultural Competency Skills/Attitudes

- 4a. Identification of the role of cultural, social, and behavioral factors that influence the delivery of public health services.

- 4b. Identification of issues surrounding health disparities their interface with public health.
- 5. Community Dimensions of Practice Skills**
 - 5a. Understanding community health planning, development, and evaluation of community-based public health programs.
 - 5b. Collaborating with community partners to promote the health of the population.
 - 5c. Identification of how public and private organizations operate within a community.
- 6. Basic Public Health Sciences Skills/Attitudes**
 - 6a. Understanding the health status of populations, determinants of health and illness, and managing health risks and behaviors in diverse populations.
 - 6b. The identification and retrieval of current scientific evidence relevant public health administration and to policy formulation, analysis and implementation.
- 7. Financial planning and management Skills**
 - 7a. Development of necessary skills for effective management in the public health sector.
 - 7b. Understanding the historical development, structure, and interaction of public health and health care systems.
 - 7c. Establishing and maintaining linkages with key stakeholders.
- 8. Leadership and Systems Thinking Skills**
 - 8a. Understanding legal and ethical analysis applied to public health decision-making, and to policy formulation, analysis and implementation.
 - 8b. Utilization of leadership, team building, negotiation, and conflict resolution skills to build community partnerships.
 - 8c. Identification of performance indicators for a health care systems and organizations.

HEALTH ADMINISTRATION PROGRAM COMPETENCIES (CAHME)

B.1.1 Create a health status profile of a population in a market area using available resources (P)

B1.2 Create a profile of health disparities for a population in a market service area (P)

B.1.3 Analyze interactions between the subsystems of a health system using a systems framework (P)

B.1.4 Use epidemiological principles to assess the disease burden in a population (P)

B.1.5 Describe the impact of health knowledge, risk behaviors and lifestyle on health status (P)

B.2.1 Describe the formulation, implementation and evaluation components of the policy development process (P)

B.2.2 Analyze the influence of major internal and external stakeholders of a healthcare organization (P)

B.2.4 Assess the social, economic, political and ethical impact of a health policy (S)

- B.4.1 Describe the basic management functions and processes in a healthcare organization (P)**
- B.4.2 Describe the various types of healthcare organizations involved in the delivery, financing and regulation of healthcare services. (P)**
- B.7.1 Describe the components of an information system for a healthcare organization. (P)**
- B.8.3 Discuss the fiduciary and compliance responsibilities of a governing Board. (P)**
- B.9.1 Describe the structure and roles of governing boards in healthcare organizations. (P)**
- B.9.2 Describe the roles of a CEO in a healthcare organization. (P)**
- B.11.1 Demonstrate the ability to construct a well written paper defining a management or policy approach. (P)**
- B.11.3 Apply effective listening skills (P)**
- B.11.4 Demonstrate cultural sensitivity in all communications (P)**
- B.13.2 Describe the economic interactions between cost, access and quality in a healthcare delivery system. (P)**
- B.13.3 Describe the impact of health insurance on demand for health services (P)**
- B.16.1 Understand ethical principles in the management of healthcare organizations (P)**
- B.16.2 Apply ethical principles to an ethical dilemma in a healthcare organization (P)**
- B.18.2 Discuss a quality improvement strategy using available quality improvement tools. (P)**
- B.19.3 Understand the ethical requirements of a healthcare professional association. (P)**