TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™

School *of* Nursing

NURS7331
Population Health at the Organizational & Public Policy Level

Course Syllabus

Course Facilitators:
Joyce Batcheller RN, DNP, FAAN & Alexia Green RN, PhD, FAAN

Fall 2015

A.Green/J.Batcheller
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TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER
SCHOOL OF NURSING

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Course Description

This course provides nurse leaders in the DNP role with the skills to evaluate care delivery systems and strategies related to community, environmental, occupational, cultural and socioeconomic dimensions of health. Students will examine historical events and trends within the healthcare delivery and public health systems to address population health. A systems approach is used as a lens by which students will evaluate current services provided to improve population health. Students will compare and contrast historical events in the US to current agendas, and compare the US to other countries on key health indicators. The students will use their knowledge of epidemiology and policy analysis to apply to population health concerns

Prerequisites: Epidemiology & Population Health

Objectives

Upon successful completion of this course, the student will be able to:

1. Analyze a population health approach within care delivery systems that considers the multiple determinants of health.

2. Analyze methods to align the organization's priorities with the needs and values of the community.

3. Debate the issues in US health care reform policy and regulations to improve care of populations.

4. Design health care programs in line with population–based wellness needs and national health agendas.

5. Appraise systems of emergency preparedness at the organization, community, regional and state levels.

Evaluation/Grading

Evaluation will be based on techniques designed to determine if course objectives have been met.

These measures are associated with the following Assignments resulting in a final course grade:

The course grade is composed of the following:	**Proportion of Grade**
1. National Healthcare Leader Population Health Policy Blog – Specific to US Healthcare Policies	15%
2. Population Health/Systems Based Case Study – Using *Middleboro Casebook* – In the Context of Texas Health Policy	30%
3. Global Health &/or Disaster Preparedness *Practicum* (8 hours Global Health or Disaster Preparedness – all 8 hours may be obtained via web based activities)	5%
4. Population Health Policy *Practicum* (64 hours focused on US/Texas Healthcare Policy – note only 4 hours can be accrued via web based activities)	45%
5. Intensive Attendance and Participation	5%
Total	**100%**

Assignments:

Individual modules contain detailed information related to assignments. The information below is provided as a global overview. Modules provide specifics on each of these assignments including grading rubric and due dates. See evaluation grading approach above for weighting of assignments.

1. National Healthcare Leader Population Health Policy Blog (Group Work)

This forum "blog" will focus on the improvement of health care systems focusing specifically on health care policies / transformations intended to improve US population health. Specifics on seeking approval and arranging your blog with national policy expert are contained in Module 1.

2. Population Health/Systems Based Case Study – Using *Middleboro Casebook* – In the Context of Texas Health Policy (Group Work)

Students will use *the Middleboro Casebook* - See specific Module 2 activities for further explanation of participation expectations. Active participation in group work/dialogue will be highly dependent upon the student collaborating with colleagues to solve the *Middleboro Cases.* Students will be expected to develop a Power Point presentation addressing the case, and an accompanying policy brief.

3. Global Population Health &/or Disaster Preparedness Practicum (Independent Work - Practicum)

Identify a field experience which exposes you to either/or both Global Population Health and Disaster Preparedness composed of 8 hours. This 8 hour experience accrues toward your practicum but must be independently negotiated with faculty and approved by faculty. Your identified course Practicum Preceptor may or may not be engaged in this particular activity. Write and submit objectives for this field experience and submit to course faculty no later than beginning date on Syllabus for Module 3 for approval. The entire 8 hours can be achieved via electronic learning.

4. Population Health Leadership/Policy Practicum Experience (Independent Work - Practicum)

Identify Practicum Preceptor (Executive Leader engaged in State or National Healthcare Reform/Transformation Policy Initiatives) and initiate Practicum experience – see specific guidelines for Practicum. Seek final approval of Executive Leader Preceptor from course faculty prior to implementing Practicum. Review course calendar and assure the practicum experiences are completed by date assigned. Submit summary analysis of Practicum experience by assigned date. Note: Practicum consist of a 64 hour field experience related to population health leadership/policy with primary focus being US or Texas healthcare reform. Only 4 hours of the 64 may be acquired via electronic/web based activities.

5. Intensive Attendance and Participation

Students will have Intensive class sessions over multiple days representing about 20 didactic hours. The dates, times and topics are listed in the course schedule. Students are expected to fully engage in discussion, debates and attend all intensive sessions. See specific Module activities for further explanation of participation expectations. Please discuss with faculty if you cannot attend an intensive to arrange an alternative assignment.

6. Rich Site Summary Feed

Subscribe to Rich Site Summary (RSS) Feeds and monitor RSS weekly for new information relating to population health and the US and Texas healthcare/insurance reform implementation. The purpose of this assignment is to monitor up to date and emerging information on US Health Care Reform and Transformation (see also "Enrichment Resources for examples of RSS). Note: This activity is NOT connected to course grade – but is an enrichment activity.

Final Course Grade Calculation:

A = Excellent	90-100
B = Above Average	80-99
C = Average	70-79
D = Below Average	60-69
F = Unsatisfactory	59 or below

Required Student Satisfaction Assessment Tool Completion

The School of Nursing provides several opportunities for student feedback regarding the effectiveness of educational programs and services provided for students. Both formal and informal feedback is solicited. Satisfaction and feedback are solicited through student membership on School of Nursing Standing Committees, focus groups, and completion of satisfaction assessment tools. Additionally, individual or groups of students may provide unsolicited feedback to faculty and administrators at any time in person, via phone, and via email messages. The satisfaction assessment tools students are required to complete include the following:

- Orientation Satisfaction Assessment (available via Outlook email invitation link sent to the student's TTUHSC e-mail address and completed once only for attendance of your Orientation session);
- Course Satisfaction Assessment (available via Outlook email invitation link sent to the student's TTUHSC e-mail address and completed for each course each semester); and
- Satisfaction at Graduation Assessment (available via Outlook email invitation link's TTUHSC e-mail address and completed once during the final semester of your degree completion).

When less than 85% of students have completed the tool(s) by the deadline, students not completing the tools are given a temporary grade of "I" until the tool is completed. The grade of "I" is replaced with the earned grade as soon as confirmation of tool completion is verified.

~excerpts from SON OP. 10.015 Mandatory Student Satisfaction Tool Completion Policy

COURSE ASSIGNMENTS & SCHEDULE

Course Component	Assignment	Due Date
Orientation Webinar	**Optional Attendance** – See Announcements for Connection Information	Monday August 10, 2015 7:00 PM
Intensive 1	**Current Status of Population Health in Texas -** Engage in Conversation with State Policy Leaders	Thursday Sept 10, 2015 8:30 AM to 5:00 PM Austin - St. David's South Medical Center
Module I - Introduction to Population Health & US Healthcare Reform, Systems of Finance and Insurance	**National Healthcare Leader Population Health Policy Blog** – each Group blogs for one week with national leader. **Practicum Experience**	Group 1 & 2 - Sept 14 - 20 Group 3 & 4 – Sept 21-27 Group 5 & 6 – Sept 28 – Oct 4 Group 7 & 8 – Oct 5 – 11 Identify Practicum Preceptor no later than Oct 1 & submit to Assignment Tab for approval. Launch practicum as early in semester as possible. Final Practicum Evaluation Form to be submitted to Assignments by Tuesday, Dec 1 at 5PM
Intensive 2	**Texas Population Health Policies** and Work in your Groups to Address Mod II Assignment	Saturday Oct. 24, 2015 8:00 AM – 2:00 PM Lubbock
MODULE II US Healthcare Reform and Systems of Care Delivery: Impact on Texas Population Health	**Population Health/Systems Based Case Study** – Using *Middleboro Casebook* – In the Context of Systems Leadership & Texas Health Policy	PowerPoint Presentation and 2 Page Policy Brief due on Monday Nov. 16, 2015 8AM
MODULE III Global Population Health & Disaster Preparedness	**Practicum Experience**	Negotiate learning experience with assigned course faculty & Submit Plan to Assignment Tab on Sunday Oct 25 by 5PM Submit Final Evaluation to Assignments by Dec 1 at 5PM
Intensive 3	**Present Population Health/Systems Based Case Study Recommendations** in Context of Systems Leadership and Texas Health Policy	Friday Nov. 20, 2015 8:00 AM – 5:00 PM Lubbock
Final Course Evaluations	Complete On-Line Course Evaluations	Tuesday Dec 1 at 5PM

Required Resources

1. Grogan, C. (Ed.) (2011). *Journal of Health Politics, Policy & Law. Special Issue: Critical Essays on Health Care Reform,* 36(3), Duke University Press: Durham, NC.
2. Seidel, L. & Lewis, J. (2014). The Middleboro casebook: Healthcare strategy & Operations. Healthcare Administration Press. Chicago, Ill. ISBN: 978-1-56793-628-5.
3. Institute of Medicine (2010). The future of nursing: Leading change, advancing health. National Academies Press: Washington, DC. Available online at http://www.iom.edu/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health.asp

Optional Resources:

1. Grogan, C. (Ed.) (2011). *Journal of Health Politics, Policy & Law. Themed Issue: Affordable Health Insurance: What's Fair & Who Decides?*, 36(5), Duke University Press: Durham, NC.
2. Grogan, C. (Ed.) (2011). *Journal of Health Politics, Policy & Law. Special Issue: Public Opinion, Health Policy, and American Politics,* 36(6), Duke University Press: Durham, NC.
4. McLaughlin, D. (2011). Responding to healthcare reform: A strategy guide for healthcare leaders. Health Administration Press: Chicago, IL. ISBN 13: 978-1-56793-416-8
5. Companion website to McLaughlin text ache.org/books/reform

Faculty

Joyce Batcheller, RN, DNP, FAAN
Course Faculty
Professor
Cell: 512-415-6870

Outlook Email:
joyce.batcheller@ttuhsc.edu

The first point of contact for Dr. Batcheller is: Cell phone

Dr. Batcheller is Professor of Nursing at Texas Tech University Health Science Center. She served as the Senior Vice President/System Chief Nursing Officer for the Seton Healthcare Family in Austin, TX for over 19 years. She created and implemented shared governance at the system level and led a pilot site for the RWHJF/IHI Transforming Care at the Bedside, eventually implementing its principles into patient care at all system facilities. During her tenure, nine of the system hospitals achieved ANCC designation-four with Magnet and five with Pathway to Excellence. She is a fellow in the American Academy of Nursing, a Robert Wood Johnson Executive Nurse Fellow, and serves as a director for the RWJENF Alumni Association, co-chair for the Texas Practice Team for Advancing Health Through Nursing. Joyce has specialized in chief nursing officer on-boarding and authored several publications on the subject. She is an ANCC consultant and President of CNO Solutions.

Alexia Green RN, PhD, FAAN
Course Facilitator
Professor & Dean Emeritus
Cell: 806-392-0412
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The first point of contact for Dr. Green is through the course e-mail or Outlook email. For an immediate response please call or text Dr. Green on her cell phone.

Dr. Green is Professor of Nursing and Dean Emeriti at Texas Tech University Health Science Center. She has been actively engaged in teaching systems leadership, quality improvement sciences, patient safety, and health policy leadership for many years. Dr. Green's work has focused primarily on state health policy initiatives. She was appointed by the Governor as the only nurse to the Board of Directors of the Texas Institute of Health Care Quality and Efficiency (2012-2015) and the Texas Health Care Policy Council (2006-2010). Dr. Green is immediate past Co-Chair of the Texas Center for Nursing Workforce Studies Advisory Committee, working with a team of other nurse leaders to provide sound evidence based data for use in policy making by state legislators. She is a Fellow in the American Academy of Nursing and a Robert Wood Johnson Executive Nurse Leader Fellow (2001). Dr. Green is also a past president of the Texas Nurses Association and a founding member of the Texas Nursing Education Policy Coalition, Texas Nursing Legislative Policy Coalition, the Texas Patient Safety Alliance and the Texas Team Advancing Health through Nursing. She has led multiple community and statewide coalitions during her career, including obtaining grant funding for these initiatives with agencies such as the National Science Foundation, the U.S. Department of Labor, and the Health Resources and Services.

Policies and Expectations

School of Nursing Policies and Expectations

The School of Nursing Student Handbook contains information about policies and expectations that apply throughout a student's academic life. Attention is specifically required for the following policies and expectations:

Academic Integrity
Attendance
Communicable Diseases
Computer Requirements
Confidentiality
Disabilities - Students

> "Any student who, because of a disabling condition, may require some special arrangements in order to meet course requirements should contact the instructor as soon as possible to make necessary accommodations. Students should be prepared to present a disability verification form from the TTUHSC Director of Students Services."

First Aid/BCLS (certifications)
Immunization Requirements
Sexual Harassment
Standard Precautions
Unsafe Practice

The TTUHSC Student Handbook and Code of Professional and Academic Conduct contains information about policies and expectations that apply throughout a student's academic life. Attention is specifically required for the following policies and expectations:

Code of Professional and Academic Conduct

Reporting and Responding to Possible Violations of Code of Professional and Academic Conduct: School of Nursing

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER
SCHOOL OF NURSING

Essential Eligibility Requirements for Participation in the School of Nursing

ADA Guidelines apply to all qualified disabled persons. A qualified disabled person is a person with a disability who, with or without reasonable modifications to rules, policies, or practices, the removal of architectural, communication, or transportation barriers, or the provision of auxiliary aids and services, meets the essential eligibility requirements for the receipt of services, or the participation in programs or activities provided by a public entity **and** who can perform the **"essential functions"** of the position. The following essential eligibility requirements for participation in the School of Nursing (Standards/Factions) and examples of necessary activities (NOT all inclusive) should be used to assist each applicant/student in determining whether accommodation or modification is necessary.

Standard	**Some Examples of Necessary Activities (not all inclusive)**
Critical thinking abilities sufficient for clinical judgment	Identify cause-effect relationships in clinical situations, develop nursing care plans.
Interpersonal abilities sufficient to interact with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds	Establish rapport with patients/clients and colleagues.
Communication abilities sufficient for interaction with others in verbal and written form	Explain treatment procedures, initiate health teaching, document and interpret nursing actions and patient/client responses.
Abilities sufficient to move from room to room and maneuver in small spaces	Moves around in patient's rooms, work spaces, and treatment areas, administer cardio-pulmonary procedures.
Abilities sufficient to provide safe and effective nursing care	Calibrate and use equipment; position patients/clients.
Abilities sufficient to monitor and assess health needs	Hears monitor alarm, emergency signals, auscultatory sounds, cries for help.
Abilities sufficient for observation and assessment necessary in nursing care	Observes patient/client responses.
Abilities sufficient for physical assessment	Perform palpation, functions of physical examination and/or those related to therapeutic intervention, e.g., insertion of a catheter.

ADA **- Guidelines for Students – Americans with Disabilities Act**

MODULE I
Introduction to Population Health & US Healthcare Reform, Systems of Finance and Insurance

Introduction: DNP graduates are expected to engage in leadership to integrate and institutionalize evidence-based clinical prevention and population health services for individuals, aggregates and populations **(AACN Essentials, Essential VII).** This module is foundational for the course and reviews the definition and multiple determinates of population health, focusing on the US healthcare care delivery system in detail, including the history of the system, and how it has evolved over time. The focus of the module is to establish how that evolution has and will influence population health, emphasizing analysis of the historical context for health care reform and debate of the impact of reform on population health. The student will explore health care reform and its impact upon systems of care delivery, finance and insurance.

Module I Objectives

At the end of this module, the learner will be able to:

1. Synthesize and evaluate historical and current healthcare delivery system components and how those components have evolved over time.
2. Analyze the effects of globalization on American health benchmarks for multiple determinants of health by comparing and contrasting the US healthcare delivery system with other low and high resource countries.
3. Analyze the political significance of health care reform and the historical context of reform in the U.S.
4. Rethink conceptual frameworks of a reformed health care system, including the role of insurance in promoting population health.
5. Debate intergovernmental politics, including the role of states (federalism) in population health.
6. Analyze and debate issues relating to health disparities and gaps in access for individuals, aggregates or populations, and relate how healthcare reform should address these issues.
7. Examine the meaning of health care costs and review factors that have resulted in recent trends in cost escalation.
8. Discuss how health care reform is projected to result in cost-containment while expanding access to care.
9. Analyze the role of the reformed health care financing system and its anticipated impact upon the delivery of health care.
10. Examine the basic concept of insurance and anticipated changes under a reformed health care system.
11. Analyze the role of the DNP in promoting population health through a systems and policy perspective.

Reading/Viewing Assignments

Required Reading:

1. Grogan, C. (Ed.) (2011). *Journal of Health Politics, Policy & Law. Special Issue: Critical Essays on Health Care Reform.* Duke University Press: Durham, NC. (Required-Read Entire Issue)
2. Emanuel, E., Tanden, N., Altman, S., Armstrong, S., Berwick, D., de Brantes, F., Calsyn, M., Chernew, M., Colmers, J., Cutler, D., Daschle, T., Egerman, P., Kocher, R., Milstein, A., Lee, E., Podesta, J., Reinhardt, U., Rosenthal, M., Sharfstein, J., Shortell, S., Stern, A., Orszag, P., & Spiro, T. (2012). A systemic approach to containing health care spending. *N Engl J Med*, Aug, 1-6. (Available in course files) Need to find this and assure it is in files

Congressional Research Service Reports:

1. Chaikind, H. (2010). Health reform and the 111th Congress. *Congressional Research Service: CRS Report for Congress,* 7-5700: R40581
2. Chaikind, H., Fernandez, B., Newsom, M., & Peterson, C. (2010). Private health insurance provisions n PPACA (P.L. 111-148). *Congressional Research Service: CRS Report for Congress,* 7-5700: R409742.

3. Copeland, C. (2010). Regulations pursuant to the Patient Protection & Affordable Care Act (P.L. 111-148). *Congressional Research Service: CRS Report for Congress,* 7-5700: R41180.
4. Davis, P., Hahn, J., Morgan, P., Stockdale, H., Stone, J. & Tilson, S. (2010). Medicare provisions in PPACA (P.L. 111-148). *Congressional Research Service*: *CRS Report for Congress,* 7-5700: R41196.
5. Davis, P. (2010). Medicare program changes in H.R. 3962, Affordable Health Care for America Act. *Congressional Research Service: CRS Report for Congress,* 7-5700: R40988.
6. Herz, E., Baumrucker, E., Binder, C., Stone, J. and Hoffman, G. (2010). Medicaid and Children's health insurance program (CHIP) provisions in Affordable Health Care for America Act (H.R. 3962). *Congressional Research Service*, *CRS Report for Congress,* 7-5700: R40900.
7. Peterson, C. (2010). Medicaid: The federal medical assistance percentage (FMAP). *Congressional Research Service: CRS Report for Congress,* 7-5700: RL32950.
8. Copeland, C. (2010). Regulations pursuant to the Patient Protection & Affordable Care Act (P.L. 111-148). *Congressional Research Service,* 7-5700: R41180.
9. Davis, P., Hahn, J., Morgan, P., Stockdale, H., Stone, J. & Tilson, S. (2010). Medicare provisions in PPACA (P.L. 111-148). *Congressional Research Service*, 7-5700: R41196.

Additional Optional Resources: (All Available in WebCT Course Folder)

Most Current 2015: Multiple articles in course folder entitled "Articles 2015"

Less Current 2014: Multiple articles in course folder entitled "Articles 2014"

Module I Assignments:

I.A. **Rich Site Summary Feed** - Subscribe to a Rich Site Summary (RSS) Feed and monitor the RSS weekly for new information relating to population health and the US healthcare reform debate. The purpose of this assignment is to monitor up to date and emerging information on US Health Care Reform (see also "Enrichment Resources for examples of RSS). There are multiple sites – recommend at a minimum: CMS site, Commonwealth Fund, & Healthcare Payers. Note: This activity is NOT connected to course grade – but is an enrichment activity.

I.B. **Required Readings –** read required readings to prepare/gain perspectives on national health care reform.

I. C **National Healthcare Leader Population Health Policy Blog -** The intent of this assignment is to engage with a **national** population health policy leader on a topic collectively agreed upon by the blog group and the national leader. This national leader may or may not be a nurse. Self-select to a Blog Group on the Sakai website. Seek faculty approval of potential national blog leader PRIOR to contacting the national leader. **See Module Addendums (A & B) for specifics.**

I.D. **Practicum Experience** - Identify Practicum Preceptor (Executive Policy Leader at State or national level) and initiate Practicum experience. See Practicum Guidelines for specifics. Seek final approval of Executive Policy Preceptor from course faculty prior to implementing Practicum. Review course calendar and assure the practicum experience is in progress early in semester complete Practicum end of course assessment while assuring that Preceptor does same. **See Module Addendums (C & D) for specifics.**

MODULE II
US Healthcare Reform and Systems of Care Delivery: Impact on Texas Population Health

Introduction: DNP graduates are expected to engage in leadership related to policy for advocacy of healthcare and to engage in the process of policy development to improve the healthcare delivery system and ultimately the health of individuals and populations **(AACN Essentials, Essential V & VII).** This module focuses on health care reform, specifically Texas Healthcare Reform and the influence reform bears on systems of care delivery and population health. This module will review the historical background and current environment of population health and public policy in Texas, with a particular focus to healthcare reform. A main focus will be the examination of the projected impact of healthcare reform on systems of care delivery, including cost, quality, and efficiency of both public and private healthcare and insurance systems (including Medicare and Medicaid), transparency, the medical home, accountable care organizations, and the nursing workforce.

Module II Objectives

At the end of this module, the learner will be able to:

1. Compare and contrast the historical background of population health and public policy to the current political environment related to healthcare reform in Texas.
2. Discuss the scope and role of health policy in the United States and Texas.
3. Debate the substantive issues of transparency, quality and efficiency of a reformed health care system in Texas.
4. Critically analyze the impact on Texans of the 1115 Medicaid Transformation Waiver and the CMS Center for Innovation.
5. Analyze the issues relating to implementation of the Affordable Care Act and engage in the discussion of key issues within the plan and the impact upon systems of care delivery, including outpatient and primary care services, acute care services, managed care and integrated services, long-term care, and health services for special population.
6. Debate the impact of the medical home and Accountable Care Organizations (ACOs) on Population Health in Texas.
7. Analyze the impact of a reformed Texas health care system on resources, including organizational finances, nursing workforce and medical technology.
8. Synthesize information on how to plan, implement, and evaluate programs in this complex healthcare environment that will improve population health.

Reading/Viewing Assignments

Websites/Journals/Materials (Suggested):

1. Texas Medicaid Transformation Waiver at http://www.hhsc.state.tx.us/1115-waiver.shtml
2. Texas Institute for Healthcare Quality and Efficiency at www.ihcqe.org/ (if still available)
3. Texas Institute of Health at *www.**texashealthinstitute**.org/*
4. Texas Tribune at www.**texastribune**.org
5. CMS Center for Innovation http://**innovation**.**cms**.gov/
6. Select materials archived in "2015" & "2014 Articles" in Mod 2 course resources.
7. If additional resources are needed on a particular topic, please contact faculty as we have archived significant resources in files not readily available to students.

Module II Assignments:

II.A. **Rich Site Summary** - Compare the information posted on your subscribed to Rich Site Summary (RSS) Feed to the above required reading/viewing assignments and optional materials on issues of population health and the US healthcare reform implementation. The purpose of this assignment is to monitor up to date and emerging information on US & Texas Health Care Reform (see also "Enrichment Resources for examples of RSS). Note: This activity is NOT connected to course grade – but is an enrichment activity. Note how each RSS site (such as CNN, Commonwealth, RWJ, Washington Post, Austin Statesman, Texas Tribune) approaches these issues. Is the approach moderate? Liberal? Conservative? Pro-administration? Locate a

web site that offers a challenge to those opinions offered in the reading above and/or your selected RSS feed(s). Who are the *pundits, moon bats and wing nuts*? (http://www.nytimes.com/2006/09/03/magazine/03wwln_safire.html)

II.B. ***The Middleboro Cases* – Solving Population Health Issues Via Systems Leadership and Policy Changes**

Students will self -select to one of seven work groups. Each group will engage in the process of mock systems leadership and policy development to improve the Middleboro, Texas healthcare delivery system and ultimately the health of Texans. Each Intensive will provide students with information and/or opportunity to engage in work groups to discuss and provide mock recommendations related to *the Middleboro* Cases.

Student work will occur outside and during the course "Intensives" – including Intensive 2 & 3. Workgroups will be provided time to work during the October intensive – with final recommendations being presented at the November intensive. However, groups will need to schedule additional work time together to assure solid population health policy recommendations are achieved.

The *Middleboro Casebook* is a flexible and highly integrated case study focusing on strategy and operations of seven healthcare organizations (two hospitals, a long-term care facility, a home health agency, two physician group practices, and a local health department) located in and around the community of Middleboro in Hillsboro County. Students are introduced to the community, and its demographic, socioeconomic, political, epidemiological and environmental characteristics. It enables students to analyze the community in detail, focusing on those factors that drive the need for and use of healthcare services, as well as framing the strategic decisions made by healthcare organizations as service providers to improve population health. Students are presented with information about a specific healthcare entity, including its history, governance, organizational structure, programs and services, finances, and particular issues and challenges. Challenges present opportunities to improve quality, lower cost, and enhance access to care – all contributing to improved population health.

Case study analysis requires students to ask questions, identify systems and population health issues and problems, analyze and solve organizational and population health issues, all within a realistic community setting. Each group will develop three deliverables focused on their respective organizations trajectory toward improving the Population Health of Middleboro - via individual and collective actions which might be taken by the organizations in the community as well as by the state in adopting, implementing and/or retaining state and/or federal health policies.

Deliverables for Module 2 Middleboro Cases:

1. **Case Solution** - A PowerPoint presentation to be presented to classmates during the third Intensive which solves the assigned Middleboro case via systems leadership initiatives and makes health policy recommendations to improve the population health of Middleboro. The length of the presentation should be no more than 45 minutes. Consideration should be given as to how the organization might engage in a current CMS Innovation initiative and/or engagement in the Texas 1115 Medicaid Waiver or other similar initiative related to improving population health. Total length of presentation time = 45 minutes. See grading rubric.
2. **Policy Brief** (2 – 4 pages) - addressing Texas health policy recommendations which would improve the population health of Middleboro and/or Texans. The policy brief/recommendation/s should align with the solutions identified in the group's presentation. Students must identify ONE policy issue to be addressed in the policy brief and are not required to address all recommendations identified in solving the Middleboro case. The policy brief should follow the guidelines outlined in *The Mechanics of Writing a Policy Brief (2014).* See grading rubric.

Grading & Exclusion Rule:

1. Grading - Grading of this assignment will be impacted by the critical analysis skills of both the individual student and the assigned group. See grading rubrics.
2. Since this is a "team assignment" students may consider "the exclusion rule": With the permission of the instructors, a team may vote to exclude a team member from being

involved in a project based on non-performance of assigned tasks (i.e., a “free rider”). If an individual is excluded, he/she will be required to complete the assigned team’s project independently under the direction of the course faculty.

American Academy of Nursing on Policy

The mechanics of writing a policy brief

Rosanna DeMarco, PhD, RN, PHCNS-BC, APHN-BC, ACRN, FAAN[a,*], Kimberly Adams Tufts, DNP, WHNP-BC, FAAN[b]

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According to Nannini and Houde (2010), reports addressing the interests and needs of policy makers are frequently referred to as *policy briefs*. These reports are intended to be short and easy to use, containing information that can be reviewed quickly by policy makers. The contents of these reports are based on systematic reviews of the literature addressing refereed, rigorously evaluated science to advance policy making based on the best evidence. In a very important way, policy briefs give policy makers context to the issues that are intended to be addressed in their roles. Policy brief writers typically used this genre of communicating ideas and opinions when they argue a specific solution to a problem while addressing the audience outside of their organization or common worldview. Today, policy briefs have become popular tools for corporations and professional organizations, especially on the Internet but also in other readily accessible written formats, in that they promote the mission and vision of organizations through public sharing of ideas based on compelling evidence (Colby, Quinn, Williams, Bilhelmer, & Goodell, 2008).

Typically, the purpose of a policy brief is to create a short document providing findings and recommendations to an audience who may not be experts in an area of interest. The brief serves as a vehicle for providing policy advice; it advocates for the desired solution to a particular problem or challenge. The audience for a policy brief can be the general public or particular entities of interest that seek solutions to problems or needs or who may require to be convinced of a different way of looking at an area of interest (i.e., exposure to a new paradigm). In order to persuade the targeted audience, the brief must focus on their needs. If the brief addresses problems that readers want to solve, they will read the policy brief looking for a new way to view a solution. Otherwise, the policy brief may not be read and may even be ignored. It is important to emphasize the readers' interests rather than those of the writer when composing this type of document while supplying credible evidence to support change in policy (Pick, 2008).

Students in policy courses, professional organizations, policy institutes (i.e., "think tanks"), and legislators are among those who most often write policy briefs for the purpose of giving succinct evidence to support actions that ideally should be taken to address an issue. The main purpose of giving the evidence in a succinct form is to make a convincing argument to inform policy making while considering all the salient aspects of an issue from a position of expertise. Policy briefs are written to inform others of a specific viewpoint, to frame discussions, and to show credibility and expertise on a certain subject matter (Chaffee, 2007).

There are many examples of policy briefs. We focus on one policy brief that was produced by the American Academy of Nursing's expert panel addressing emerging and infectious diseases (DeMarco, Bradley Springer, Gallagher, Jones, & Visk, 2012) (Figure 1). Other examples are readily available outside of the American Academy of Nursing and can be accessed for comparison, such as a policy brief on the consolidation of school districts that was written by the National Education and Policy Center (Howley, Johnson, & Petrie, 2011) and a policy brief that was generated as the end product of a funded research project addressing rural considerations related to globalization (DERREG, 2011). Each of these policy briefs shows the structure of a typical brief with some key variations that will be addressed and explained. What is often lacking in the literature is guidance on how one creates effective policy briefs (i.e., the structure and mechanics of developing the brief itself) and how there may be differences in the physical presentation across business and professional groups as well as national versus international approaches. This article highlights the overall framework for crafting an effective policy brief by using the three briefs mentioned previously as examples.

Step 1: Considerations before Writing a Policy Brief

The informed writer of a policy brief gives attention to two major considerations before drafting the brief:

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EXECUTIVE SUMMARY

Despite advancements in prevention and treatment of HIV/AIDS, a defined and structured process of identifying the many individuals who are unaware that they are infected is not being consistently used.[1,2] In the United States, an alarming proportion (24–27%) of individuals infected with HIV are unaware of their HIV serostatus.[3] What is particularly disturbing is that those who are unaware of their HIV status account eventually for 54% of new infections annually.[3] HIV screening of individuals who do not know their HIV status is one critical element to prevent disease transmission. Knowing one's HIV serostatus helps infected individuals adopt risk-reduction behaviors and access life-prolonging medical treatment while helping uninfected individuals maintain behaviors that reduce the risk of infection.[4, 5, 6, 7, 8, 9]

BACKGROUND AND SIGNIFICANCE

The Centers for Disease Control and Prevention (CDC) in 2006 released revised recommendations for HIV testing calling for routine HIV testing to be offered to individuals ages 13–64 in all healthcare settings as a standard component of general health care.[10] Important changes included in this recommendation include eliminating the endorsement of a separate written consent form before an HIV test can be performed. What is suggested is a process in which HIV testing is incorporated into the general consent forms for health care and elimination of mandated pretest counseling. Evidence that buttresses these recommendations includes an extensive and comprehensive review of the literature, expert consensus, and findings from various CDC-sponsored projects related to HIV screenings in various clinical settings.[4, 5, 6, 8, 10, 11] More recently a first ever National HIV/AIDS Strategy (NHAS) was released from the Obama administration identifying among other significant goals the need to identify those living with HIV more successfully through effective screening and to focus on access to care for people living with HIV/AIDS, optimizing health outcomes, and reducing HIV-related health disparities.[12]

Despite the feasibility of the original CDC plan in 2006, target goals have not been realized, and, in fact, the scope of epidemic today remains essentially unchanged. In spite of numerous benefits conferred by routine testing and the many goals, initiatives, provisions, and resources from the CDC and NIH, routine HIV testing has not been implemented in many healthcare settings. Progress toward operationalizing the guidelines is slow, possibly related to perceived barriers at the patient, healthcare provider, and/or policy level.

Figure 1 – Excerpts from Executive Summary, Background and Significance, and Position Statement (DeMarco et al., 2012).

(1) the interests and expertise of the target audience and (2) the timing of delivery for the brief. Consideration must be given to the target audience for the brief so that the level of writing, explanations, and examples will be geared to the needs of that group. For example, a policy brief focusing on infectious disease transmission that is directed to a nonscientific group interested in volunteerism will require more explanation of terms than would be the case with a scientific research group. Do research to determine how knowledgeable the group is about the topic. This research is highly significant because if readers are highly knowledgeable, simplified concepts may be interpreted as patronizing. The writer must consider how much persuasion is needed in order to convince the reader of the policy brief to take the endorsed approach and/or action. The reader may be more open to the message and the message viewed as more urgent during times of crisis (e.g., gun control when an episode of gun violence has made national news). At other times, the writer may need to provide more evidence and more carefully consider alternative perspectives.

This approach is highlighted in the examples presented in this article. In Figure 1, the authors discuss HIV testing at a critical point wherein the Centers for Disease Control and Prevention had recently released information about transmission trends and related those trends to individuals who did not know their status and therefore might be transmitting infectious diseases unknowingly. Thus, there was a perceived immediate need to protect individuals from heightened vulnerability and to decrease the prospective health and personal costs related to chronic disease

POSITION STATEMENT

The Emerging Infectious Disease Expert Panel of the American Academy of Nursing recommends that all public health and healthcare settings in the United States adopt the 2006 CDC HIV Testing Recommendations to develop a system of routine testing for HIV infection. The Panel further recommends that nurses assume a leadership role to implement these recommendations and facilitate infrastructure changes where routine HIV testing is not currently in place or is planned for future implementation. Historically, nurses have taken the lead when significant public health issues face the community. In the early years of the HIV epidemic, nurses led efforts to promote widespread HIV testing and identify those who were unaware of their status.[13] Now, thirty years later, nurses should again provide leadership that includes

- Identifying knowledge deficits among healthcare providers, especially in primary care regarding the CDC recommendations;
- Developing educational programs to address identified deficits among healthcare providers;
- Generating data to assess routine testing programs through qualitative and quantitative research at the community, institution, and state levels with special attention to community-based participatory research;
- Urging nurses to get involved where state legislation is pending that would change the written informed consent laws that currently exist;
- Mobilizing nursing organizations, interdisciplinary healthcare groups such as the American Public Health Association, and the public to accept the tenets of routine HIV testing through educational programs and creative leadership that specifically address counseling and testing;
- Creating institutional interdisciplinary teams to develop specific implementation and evaluation plans to operationalize the CDC recommendations in hospitals and clinics;
- Utilizing the rich expertise of peer educators and community leaders to help develop culturally relevant and sensitive education and community acceptance;
- Developing State by State coalitions to address HIV testing issues with local legislators and healthcare decision-making bodies through the American Academy of Nursing, Association of Nurses in AIDS Care, and the American Public Health Association;
- Facilitating the expansion of drug assistance programs to accompany broader testing to effect change at the state and local level of care;
- Supporting and advancing the perspective of "test and treat," i.e., treating HIV infection aggressively before symptoms appear to help control the spread of the disease.

Figure 1 – (*continued*).

care through policy change. Finally, a balanced brief shows both sides of a complex issue. Including the benefits and advantages or barriers and facilitators to a solution is very important as can be seen in Figure 1. It underscores the position but also embodies a sense of fairness in putting forth that position.

Step 2: Four Sections to a Policy Brief

Generally, there are four sections to a policy brief: (1) an executive summary; (2) background and significance; (3) a position statement highlighting the actions the reader should take; and (4) a timely, reputable reference list. One of the challenging issues of writing a policy brief is that it should be *brief*. A policy brief should be a "stand-alone" document focused on a single topic that is no more than two to four pages in length or 1,500 words (International Development Research Center, 2013) (Figure 2). The example in Figure 1 (DeMarco et al., 2012) is a good example of how to achieve brevity.

Executive Summary

This section represents the distillation of the policy brief. It provides an overview for busy readers and should be written last. The executive summary is similar to an abstract. It should be a paragraph or two and only take up half of a double-spaced page. It should stand alone and help the reader to understand the background, significance, and position taken in a short brief statement. The executive summary should answer the following question: What is the policy brief really about? In Figure 1, in the case of universal testing for HIV, the authors include statements that summarize the need for testing from the perspective of not knowing one's testing status and how dangerous this is while explaining the difficulty in

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Figure 1 – (*continued*).

harnessing real data regarding the incidence and prevalence of infection and coinfections (DeMarco et al., 2012).

Background and Significance

This section creates curiosity for the rest of the brief. It explains the importance and urgency of the issue and answers "why?" In addition, it describes issues and context and should not be overly technical. The rule of thumb is to progress from the general to the specific. The purpose and/or focus of the policy brief must immediately be apparent to the reader. This is essential to crafting an effective and persuasive brief. Therefore, limiting the supporting evidence to one or two paragraphs is critical as shown in Figure 1.

If available, it is also important to include references from lay publications with a wide sphere of influence (e.g., *The New York Times*, *The Washington Post*, and so on). The use of such references informs the reader that the topic is current and in the public purview. Using current references defines the challenge and facilitates

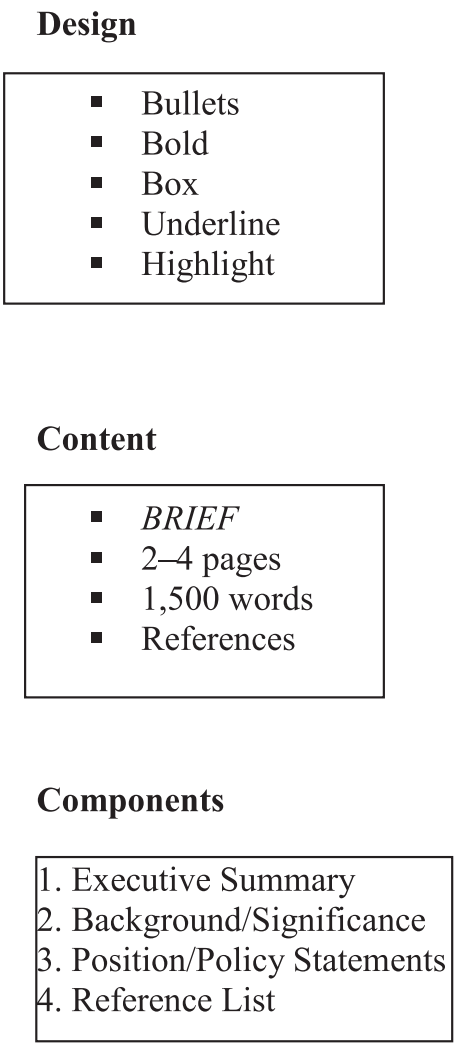

Figure 2 – Key elements of a policy brief.

an understanding of the extent of the challenge. Current references also elucidate why this challenge is perhaps more important than other challenges. Using statistics from respected published sources that are current, reputable, and peer reviewed is an effective way to accomplish this. Statistics are frequently used in the examples in Figure 1. These data highlight that many people are affected or potentially affected by these infections, and particular health care costs are either mentioned or identified by naming states that have instituted changes in these areas of interest. In the examples, the Centers for Disease Control and Prevention and the European Commission are quoted as foundational national and international authorities. After presenting the context and background in the opening paragraphs, the writer can then move on to "bring home the point" by highlighting the key concerns surrounding the issue in the next section of the document.

Highlight the key concerns via bulleted points (Figure 1). This is the place to illustrate the broad impact of the issue to focus attention on multifaceted aspects. The impact of an issue, whether it be positive or negative, is rarely limited to one facet. The ramifications are frequently multifaceted, with health, the economy, professional autonomy of providers, human rights of care recipients, environmental considerations, and social implications being among them. Consider the case for promoting universal testing for HIV infection. Although universal testing for HIV will result in increased numbers of persons being aware they are infected, lead to decreased community levels of HIV because of decreased transmission, and facilitate earlier enrollment in HIV care and treatment (DeMarco et al., 2012; Figure 1), there are also other implications in addition to the impact on health outcomes. A more persuasive argument might also include information about increased labor productivity and quality of life. A well-written policy brief presents a variety of consequences related to the issue at hand. Hence, clearly explicated key concerns are easily linked to the writer's recommendations for addressing the issue (i.e., position statement). The position statement constitutes the third section of the policy brief.

Position Statement Directing Policy

This section expresses ideas that are balanced and defensible but with strong assertions. One of the key approaches is to let the reader know what could happen if something does not change. In every case, this section needs to be supported by evidence and be replete with referenced sources. The position statement section must also be clear and concise and is best written without inflammatory language (Chaffee, 2007). The writer should use the active voice. Active language can be quite persuasive, giving the impression that this issue is important. Keeping the focus of the statement narrow also facilitates its effectiveness by avoiding a potential dilution of the issue (Foley, 2007). Parsimony is a must; white space and bullets are very useful techniques.

The position statement section of a policy brief highlights the writer's recommendations using clear, concise, appropriate, and directly actionable language. If writing a policy brief that is directed to a policy maker (e.g., a congressman, city council member, and so on), speak their language. Use policy-related language when drafting recommendations for action. For example, "write new guidelines to oversee the practice of advanced practice nurses" might be more effectively written as "promulgate new rules to regulate the practice of advanced practice nurses." For recommendations that are directly actionable (Longest, 2010), one might write, "Ensure that all FDA [Food and Drug Administration]-approved prescription medications must be available on all insurance company formulary lists." The term *ensure* leaves a lot to interpretation. How might the availability of medications be ensured? Will the availability be ensured by asserting pressure on employers who provide insurance coverage, by enlisting the assistance of consumers, or via

authoritative agency oversight? A clearer and more directive recommendation might read, "Draft new CMS [Centers for Medicare & Medicaid Services] regulations mandating that all FDA-approved prescription medications be made available on all insurance company formulary lists."

Reference List

The formatting and style of references should also be considered. The use of superscripts saves room in the text of a policy brief, and sequential numeric referencing in the reference list allows for an easy review of the references as the reader examines the contents of the brief. Figure 1 gives examples of the use of superscripts with sequential referencing to maximize space.

In addition to a reference list that encompasses cited sources, an effective position statement should be accompanied by an extensive bibliography. This is where the writer of the statement is able to show his or her in-depth grasp of the background for, context of, and trends related to the issue. The bibliography should be comprised of entries from journals, newspapers, and books in addition to online sources. Including this section goes a long way in creating goodwill with staffers and agency personnel. A diverse and comprehensive bibliography is especially helpful if the recipient of the policy brief decides to investigate the issue and potentially take action.

Design Choices

As has been discussed earlier, the use of bullets to emphasize key sections of the policy brief, such as specific policy suggestions made in the position statement section, enables the reader to focus. However, the bullets must express a complete thought and not be so abbreviated that it is difficult to understand the point being made (Figure 1). Using subtitles to break up text or bold, underlined, or shaded/color-highlighted font enhancements is also helpful. Boxing in areas to emphasize examples or issues can create a focus in the document as will using graphs and figures if they are easy to read and labeled accurately. All verbs need to be dynamic and allow the reader to feel propelled to do something or think in a different way (Figure 1).

Conclusion

A well-written policy brief is a very effective advocacy tool. Nurses are credible and respected authorities who enjoy the public's trust and confidence. Harnessing that expertise and using it to draft policy briefs is a fantastic strategy for impacting health care policy and health outcomes. Essentially, a well-crafted policy brief takes a position, backs up that position with solid evidence, is clear and succinct, and speaks to potential objections before they surface (Chaffee, 2007). Hence, the policy brief is an excellent tool for exerting influence in the increasingly complex health policy arena.

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Module 2 – Addendum B
US Healthcare Reform and Systems of Care Delivery: Impact on Texas Population Health

Middleboro Case Population Health Policy Brief
Grading Rubric

Students in Group:

Criterion	Excellent = 10	Good = 6 - 9	Satisfactory = 5 - 3	Unsatisfactory = 2 - 0
Overall Policy Brief Purpose **30%**	Brief expertly serves as a vehicle for providing superb, concise, clear Policy advice; it advocates for the desired solution to the main policy problem/issue identified in the Middleboro Policy Analysis.	Brief serves as a vehicle for providing sound Policy advice; it advocates for the desired solution to the main policy problem/issue identified in the Middleboro Policy Analysis.	Brief serves as a vehicle for providing policy advice, however, the brief addresses more than one issue resulting in some confusion for the consumer of the brief and/or there is lack of clarity of overall purpose.	Fails to clearly capture the policy advice and/or confuses multiple issues within the brief.
Alignment with Policy Recommendations **30%**	Policy brief expertly aligns with one of the main policy recommendations addressed in the Middleboro Case presentation.	Policy brief aligns with one of the main policy recommendations addressed in the Middleboro Case presentation.	Some lack of clarity in alignment of the Policy brief with one of the main system/policy recommendations addressed in the Middleboro Case presentation.	Fails to align with any of the main policy recommendations made in the Middleboro Case presentation.
Inclusion of Key Elements As Outlined by DeMarco et. al. **20%**	Expertly incorporates all 4 key elements in the policy brief in a propelling message, aimed at creating policy change.	Incorporates all 4 key elements in the policy brief in an effective message, aimed at creating policy change.	Incorporates some key elements in the policy brief and/or messages are not effective and have questionable ability to achieve required policy change.	Fails to incorporate key elements in the policy brief and/or messages fail to be effective and will likely not achieve required policy change.
Design Elements **20 %**	Expertly utilizes all five design elements emphasized by DeMarco et. al.	Uses all five of the design elements emphasized by DeMarco et. al.	Uses some of the design elements emphasized by DeMarco et.al.	Fails to use effective design elements emphasized by DeMarco et. al.
COMMENTS **TOTAL SCORE: _____/100**				

Note: This assignment is a group assignment and all students will receive the same grade. This assignment requires use of the following guidelines:

American Academy of Nursing on Policy
The mechanics of writing a policy brief
Rosanna DeMarco, PhD, RN, PHCNS-BC, APHN-BC, ACRN, FAANa,*,
Kimberly Adams Tufts, DNP, WHNP-BC, FAANb

Available in Module 2

Module 2 – Addendum A
US Healthcare Reform and Systems of Care Delivery: Impact on Texas Population Health

Middleboro Case Population Health Policy Group & Individual Presentation Grading Rubric

Student:

Criterion	Excellent = 10	Good = 6 - 9	Satisfactory = 5 - 3	Unsatisfactory = 2 - 0
Accuracy of Systems/Population Health Problem Identification. **20%** **(Team)**	Superb performance in identifying systems and population health issues & challenges, including comprehensive analysis of financial issues within the assigned Middleboro target population.	Performs well in identifying systems and population health issues and challenges. Good analysis of financial issues within the assigned Middleboro target population.	Most systems / population health and financial issues identified - but fails to capture/identify most critical issues facing the Middleboro target population. Financial analysis is average.	Fails to identify major systems/population health problems thus leading to ineffective solutions for solving case. Financial analysis is incomplete.
Approach to Solving Case and Improving Population Health. Solutions Support Organizational/Community Financial Viability **30%** **(Team)**	The organizational solutions were highly feasible and innovative, providing excellent opportunities for improving population health of the Middleboro community. Case solution considered associated cost to the organization and the state of Texas and includes a cost analysis.	Team focused on the major issues of the case, performing a quality analysis. Recommendations were feasible and innovative with potential to improve organizational and population health. Case solution includes a cost analysis but fails to address the some community and/or state perspectives/issues and/or fully identify areas for improvement.	Team focused on the major issues of the case, but only performed a satisfactory analysis. Recommendations were feasible but not necessarily innovative and/or had questionable potential to improve organizational and population health.	Team attempted to perform a quality analysis but failed to consider major issues/tactics and strategies which might have positively impacted organizational and/or population health. Policy recommendations fail to align with the realities of the current political environment thus have limited ability to effect change.
Solutions Include Initiatives from the CMS Innovation Center and/or Texas 1115 Medicaid Waiver or Similar Innovations. **20%** **(Team)**	Strategies / solutions include engagement in more than one CMS Innovation initiative and/or Texas 1115 Medicaid Waiver or other similar initiatives related to improving population health.	Strategies / solutions include engagement in one CMS Innovation initiative and/or Texas 1115 Medicaid Waiver or other similar initiative related to improving population health.	Strategies / solutions include engagement in one or more CMS Innovation initiative and/or Texas 1115 Medicaid Waiver or other similar initiative – however, strategies are not plausible and will likely not produce improvements in population health.	Fails to identify strategies/solutions currently being implemented by the CMS Center for Innovation or the Texas 1115 Medicaid Waiver program.

Criterion	Excellent = 10	Good = 6 - 9	Satisfactory = 5 - 3	Unsatisfactory = 2 - 0
Accuracy of Policy Analysis & Viability of Final Recommendations **20%** **(Team)**	Team does a superb job of policy analysis and makes recommendations that would improve population health of Texans and are viable/plausible in the current political environment.	Policy analysis and recommendations are strong but team fails to consider most plausible strategies given the Texas political environment.	Policy analysis & recommendations minimally align with the state's current political environment with some potential to effect change.	Policy analysis & recommendations fail to align with the realities of the current political environment thus have limited ability to effect change.
Group Dynamics & Team Work (Group) **5 %**	Group members facilitated critical analysis treating all members with respect and integrity. All team members actively engaged in preparatory work and presentation.	Group members treated colleagues respectfully and with integrity but not all group members engaged effectively.	Satisfactory facilitation of group dynamics with limited participation by all group members. One or two team member carried load or dominated team.	No clear ability to support and/or encourage effective group dynamics or team work.
Engagement (Individual) **5 %**	Extremely effective engagement in critical analysis/stimulating discussion of mock organizational/ public policy development amongst group members.	Effective engagement in analysis and mock organizational/ public policy development. Contributed to overall group work.	Some knowledge of assigned topic but failed to effectively engage during analysis discussion and presentation by group.	Ineffectively engage or failed to engage in analysis, allowing others to take lead and contributed little to final organizational/ public policy recommendations.
COMMENTS **TOTAL SCORE: _____/100**				

Note: Success in policy development is dependent upon team work. Each student will be impacted by individual performance as well as overall group performance as noted in the above rubric. This group work will occur both inside and outside the classroom. Final assessment of performance on this assignment will occur after Intensive #3.

MODULE III
Disaster Preparedness and Global Population Health

Introduction: The DNP graduate is expected to lead initiatives relating to primary prevention, population health and risk reduction **(AACN Essentials, Essential VII)**. This module will address disaster preparedness and the role of the DNP within the infrastructure during times of local, state, national, and international crisis. Surveillance is a fundamental public health activity that provides information that protects and promotes health. This module will explore the surveillance mechanisms in the US and assess the readiness of these systems to detect disease outbreaks rapidly so that interventions can be implemented to control epidemics. Natural disasters and the preparation of the delivery system to address future events will be examined, reflecting on history and assessing the current environment as it relates to improvements in disaster preparedness.

Module Objectives

At the end of this module, the learner will be able to:

1. Compare and contrast historical natural disasters (Jonestown Flood, New Orleans and Galveston) identifying commonalities and differences to evaluate national and international responses to catastrophic natural disasters.
2. Assess our current readiness for flu epidemic and discuss the role of the DNP.
3. Evaluate how influences of culture, beliefs, and values impact dimensions of health behavior
4. Analyze and discuss issues relating to current surveillance methods in the US.
5. Review and assess national and global health challenges.
6. Analyze trends in the spread of infectious diseases attributed to globalization.
7. Analyze the role of the DNP in man-made and natural disasters.

Reading/Viewing Assignments

Reading & Exploration (Optional):

1. Review the IOM Disaster Tool Kit and other materials in the course file labeled "Disaster Planning 2013"
2. Author (2010). The public health emergency medical countermeasures enterprise review: Transforming the enterprise to meet long-range national needs. U.S. Department of Health & Human Service Assistant Secretary for Preparedness and Response.
2. Explore the Center for Disease Control's website on Emergency Preparedness: http://emergency.cdc.gov/
3. Review the NPR website on "An American History of Disaster and Response": http://www.npr.org/templates/story/story.php?storyId=4839530
4. Review the CDC's website on Novel H1N1 Flu (Swine Flu) or Ebola: http://www.cdc.gov/
5. Read the following article on Syndromic Surveillance: http://www.cdc.gov/ncidod/eid/vol10no5/pdfs/03-0646.pdf
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Web-Based Materials

1. **FEMA Disaster Training Course: http://training.fema.gov/IS/ or**

   http://training.fema.gov/EMIWeb/IS/courseOverview.aspx?code=IS-366

Articles – Related to Endemics and Pandemics (Optional):

1. Silent Pandemic: Obesity. There is a growing body of research, which suggests that many contemporary urban environments do not support healthy lifestyle choices and are implicated in the obesity pandemic.
   - Townshend T, Lake AA. (2008) Obesogenic urban form: Theory, policy and practice. *Health Place, 15*(4):909-16. Epub 2008 Dec 25. PMID: 19201641
2. The public health response to an influenza pandemic or other large-scale health emergency may include mass prophylaxis using multiple points of dispensing (PODs) to deliver countermeasures rapidly to affected populations. Computer models created to date to determine "optimal" staffing levels at PODs typically assume stable patient demand for service. The authors investigated POD function under dynamic and uncertain operational environments.
   - Hupert N, Xiong W, King K, Castorena M, Hawkins C, Wu C, Muckstadt JA. (2009) Uncertainty and operational considerations in mass prophylaxis workforce planning. *Disaster Med Public Health Prep., Sep 30*. [Epub ahead of print] PMID: 19797960

Module III Assignments

III.B. **No Intensive Related to this Module or Critical Debates**

III.C. a **Practicum –** Assure you have read the Practicum Guidelines and have completed an 8 hour practicum experience focused on global health or disaster preparedness. **No more than 8 hours** focused on this module may count toward the total number of practicum hours required for the course. **The entire 8 hours of Disaster Preparedness training may be completed electronically. See attached Mod 3- Addendum 1 for grading rubric.**

Practicum Opportunities:

a) Nonviolent Crisis Intervention Certificate - The course is an all-day course that includes a written exam and in-class demonstration of verbal and physical de-escalation when violence is occurring in the work place in an emergent situation.
For those who elect to go through the course, they will have completed the carve out for Texas House Bill 705 (passed in 2013 session) to cover them regarding escalation of penalties , should they be harmed acting as a care provider. crisisprevention.com info@crisisprevention.com North America- 800-558-8976

b) FMEA Training http://training.fema.gov/IS/NIMS.aspx Select from modules which fit your needs.

c) National Domestic Preparedness Consortium - https://www.ndpc.us/

d) Ebola Preparedness: Preparing for Ebola – A Tiered Approach
http://www.cdc.gov/vhf/ebola/healthcare-us/preparing/index.html

e) Ebola Preparedness: Emergency Department Training Modules
http://www.cdc.gov/vhf/ebola/healthcare-us/emergency-services/emergency-department-training.html

f) Texas Department of Public Safety. There are many courses dedicated to disaster planning and interventions during times of disaster available online at no cost. Many are sponsored by FEMA.
https://www.preparingtexas.org/Index.aspx

g) CDC Emergency Preparedness Training Website - http://emergency.cdc.gov/training/

h) Smart Hospitals ToolKit - A practical guide for hospital administrators, health disaster Coordinators, health facility designers, engineers and maintenance staff to achieve Smart Health Facilities by conserving resources, cutting costs, increasing efficiency in operations and reducing Carbon emissions.

http://www.paho.org/disasters/index.php?option=com_content&view=article&id=1742%3Asmart-hospitals-toolkit&catid=1026%3Ageneral-information&Itemid=911&lang=en

i) Hospital Safety Index: Designed for Caribbean hospitals – but may gain insights if you are in a Gulf Coast location

http://www.paho.org/disasters/index.php?option=com_content&view=article&id=964%3Asafety-index&catid=1026%3Ageneral-information&Itemid=911&lang=en

j) National Center for Emergency Preparedness

http://ncdp.crlctraining.org/

Global Health/Disaster Preparedness Practicum Grading Rubric

Student: _____

Critical Analysis	Excellent = 34	Good = 26	Poor = 15	Unsatisfactory = 0
1. **Selection of Global Health and/or Disaster Preparedness Activities (Individual)**	The student selects & engages in high level activities focused on global health and/or disaster preparedness which provide superb insights into population health.	The student selects & engages in appropriate activities associated with global health/disaster preparedness activities.	The student selects activities that minimally meet expectations of a doctoral student and/or have limited connection/links to population health.	There is no clear indication that the student selected an appropriate activity and/or failed to engage in activities.
2. **Number of hours (Individual)**	Student met or exceed number of hours required for field experience.	Student met expectations for required number of hours for field experience.	Met some of the hours required for field experience, but failed to complete all hours required.	Fails to meet required number of required field experience hours.
3. **Student completes & submits Global Health and/or Disaster Preparedness Experience Self-Evaluation Form**	Student is extremely effective in synthesizing field experience as it relates to developing executive leadership skills focus on global health and/or disaster preparedness	Student effectively synthesizes field experience, providing insights into level of learning gained during Practicum experience.	Student submits self-evaluation but fails to effectively synthesize experience and/or appropriately relate field experience to global health and/or disaster preparedness.	Fails to submit self-assessment.
COMMENTS **TOTAL SCORE: _____/100**				

Module 3 – Addendum A
Global Health and/or Disaster Preparedness Practicum/Field Experience
Summary Form & Self Evaluation

Student: **Focus:**

At the end of this module, the learner will be able to:
1. Compare and contrast historical natural disasters (Jonestown Flood, New Orleans and Galveston) identifying commonalities and differences to evaluate national and international responses to catastrophic natural disasters.
2. Assess our current readiness for flu epidemic and discuss the role of the DNP.
3. Evaluate how influences of culture, beliefs, and values impact dimensions of health behaviors.
4. Analyze and discuss issues relating to current surveillance methods in the US.
5. Review and assess national and global health challenges.
6. Analyze trends in the spread of infectious diseases attributed to globalization, such as Ebola.
7. Analyze the role of the DNP in man-made and natural disasters.

Setting & Description of Population Health Activity:

Primary Focus: (Briefly describe primary focus of your population health field experience)

Engagement in Global Health and/or Disaster Planning Related Activities:

a. **Total for Hours Engaged in Practicum Experience** _____

GLOBAL HEALTH / DISASTER PLANNING PRACTICUM SELF EVALUATION / ALIGNMENT WITH DNP ESSENTIALS:

Experiences	Date	Preceptor / Expert (Appendix A)	DNP Essential (s)	Examples of Learning Outcomes	Hours
Total					

Please characterize the nature of the issues of any problems encountered

Please indicate overall satisfaction with your level of performance this semester (Circle One).

Very Satisfied		Marginally Satisfied		Very Dissatisfied
5	4	3	2	1

Recommended Grade (Self Assessment)

- ☐ **A**... Student completed requirements and met expectations of the practicum, demonstrated exceptional competency, and engaged expected number of field experience hours.
- ☐ **B**... Student has demonstrated competency in engaging in field experience but failed to complete the expected number of field contact hours.
- ☐ **F**... Student failed to meet expectations of the practicum by not demonstrating expected competency and professional behavior.

Signed _____

Please provide additional narrative comments below about your experiences with this field experience for use by faculty in evaluating your performance: