

Course Title: Introduction to Health Systems and Policy

Course Number: PHCO 0501

Course Prerequisite(s): None

Course Location: Piscataway 3A&3B

Course Date & Time: Wednesday 6:00pm – 8:00pm

If necessary, Zoom option is possible:

Join URL:

<https://rutgers.zoom.us/j/94968494365?pwd=SXJzbUo5VWQ5L2FOK1o4UE1sWnlSQ09>

Course Instructor: Slawa Rokicki, PhD, Rutgers School of Public Health
sr1467@sph.rutgers.edu

Office Hours: By Appointment

Course Assistant: None

Course Website: canvas.rutgers.edu

Required Course Text: None

Course Description: This course is a requirement for all public health students. As such, the course focuses on issues of health care organization and policy that are relevant to all public health practitioners. Students are introduced to the history, organization, financing and regulations of health services in the United States. Emphasis is placed on the principles of access, cost and quality of care in the changing economic environment; the social determinants of health; disparities in health and health services both nationally and globally; the public health system and the health and health care issues of vulnerable populations; and the systems of care available to these groups. In assessing the role of the health care system, we will consider both quantitative and qualitative approaches, and the role of evidence in decision making.

Competencies Addressed: The competencies addressed in this course include:

- A. Explain the social, political, and economic determinants of health and how they contribute to population health and health inequities.
- B. Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings.
- C. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels.
- D. Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence.
- E. Assess population needs, assets and capacities that affect communities' health.
- F. Explain the role of qualitative methods and sciences in describing and assessing a population's health.

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- G. Select qualitative data collection methods appropriate for a given public health context .
- H. Evaluate policies for their impact on public health and health equity.
- I. Advocate for political, social, or economic policies and programs that will improve health in diverse populations.
- J. Apply systems thinking tools to a public health issue.

Course Objectives: *Provide a bulleted list of the objectives of the course (do not present as a paragraph). Begin this section with the following statement: By the completion of this course, students will be able to:*

- 1. Understand the history and structure of the U.S. health care system
- 2. Identify key health policy issues and the initiatives designed to address them
- 3. Evaluate the consequences of alternative policies

Course Requirements and Grading:

- Students will have the opportunity to earn 100 points. The course grades will be based on class participation, four quizzes, a health policy debate, a policy brief, and a final exam. Understanding and critical engagement with course materials will be assessed through the following activities:

1. Discussion board	11 pts
2. Quizzes (4)	20 pts.
3. Midterm Exam	15 pts.
4. Data Brief	14 pts.
5. Policy Brief	20 pts.
6. Health Policy Debate	<u>20 pts.</u>
Total:	100 pts.

- **Discussion board (11 pts)**

Discussion boards provide a virtual space for exchanging ideas and engaging course content. Students will participate in weekly discussion boards either through video recordings or written responses to the provided prompts. The discussion board question is posted on Wednesday. Students will be required to post their initial response to the prompt by the following Sunday at midnight. Students must also respond to the comment of at least one colleague by midnight on the following Tuesday. See the Course Schedule below for exact due dates for each week of the semester. Discussion board contributions should be no longer than 300 words. Think carefully about how you structure your discussion post so as to facilitate a clear and concise contribution to the collective dialogue.

The discussion board may include difficult, and even sensitive, material brought up in the lecture, videos, or in readings. Written communication sometimes lacks the nuances that accompany face-to-face interactions, so when contributing to discussion boards please take ample precautions and avoid potentially inflammatory remarks. The discussion boards are a place where all members of our community must feel comfortable asking questions and expressing viewpoints. They are the place where we come together as a class. So, please treat them with respect.

- **Quizzes (20 pts)**

Four quizzes over the course of the semester, each one is worth 5 points. The quiz will assess key concepts learned up to that point and will draw upon material covered in the lectures, required readings, or online 30 materials (e.g., online videos, documentaries, podcasts, etc.). The quizzes will consist of multiple-choice questions, T/F statements, and short response essay questions.

- **Data Brief (14 pts)**

Students will design a data brief to inform diverse audiences about a specific health care problem of their choosing. The aim of the data brief is to use data to illustrate a health care problem. Students may use the online resources described in class to identify graphs and relevant statistics. The data brief will provide:

- (1) information about the scope of the problem,
- (2) the communities or populations affected,
- (3) and the social, economic, and/or political factors contributing to the health care problem.

The data brief will be created through PowerPoint, Word, the web-based infographic application called piktochart or other software. The data brief will be 1 page long with an additional page of references.

- **Policy Brief (20 pts)**

Students will write a policy brief on a topic of their choosing. The topic must be approved by the instructor. (1) present a problem or issue in the health care system, (2) identify social, economic, or health system factors contributing to the problem, (3) propose at least two policy alternatives, (4) analyze advantages and disadvantages of potential solutions, (5) propose a recommendation(s) justified by policy analysis presented. The policy brief will be 2-3 pages long, with an additional optional page for figures/tables, and an additional mandatory page of references. *References and figures/tables pages are not included in the page count.*

- **Health Policy Debate (15 pts)**

Students are expected to participate in an oral debate. In the middle of the semester debate teams will be created. Each team will be given a specific issue that will be framed as a question. For example: Is obesity the government's business? Teams will be divided into

Example:

Should Physician Assisted Suicide (PAS) be legal in the U.S.?

- Definition: "Voluntary termination of one's own life by administration of a lethal substance with the direct or indirect assistance of a physician"
- Currently legal in many countries around the world as well as in US in four states: Oregon, Washington, Vermont, and California
- Research shows 75% of patients using PAS have terminal cancer; ~15% have neurodegenerative diseases (e.g., ALS)
- Data on PAS is limited; in Oregon, approximately .22% per 10,000 deaths were the result of PAS

Arguments for YES:

- Patients' Rights
- Reduced Financial Cost
- Emotional Burden on Families

Arguments for NO:

- Prejudice in healthcare system
- Slippery slope effect
- Available alternatives

those who will argue YES--Obesity is the government's business and those who will argue NO--Obesity is not the government's business. Each debate team is expected to conduct research in preparation for the oral debates. The debates will be held in Week 15 and Week 16. See slide above for an example.

- **Midterm Exam (20 pts)**

The midterm exam will be multiple choice and short answer essay questions covering the material of the first 6 weeks of the course. Students will have two hours to complete it. It is open-book.

- **Assignment Standards**

- **Lateness.** Assignments turned in after the official collection period are considered late. Unless the instructor and student come to an arrangement before class, there is a full letter grade penalty for written work turned in for each 24 hours after the due date. If you need to turn in something after the date due, please discuss it with the instructor *prior to the due date* to avoid point penalty.
- **Citations and References.** Preferred citation style for references in written assignments will be American Psychological Association (APA). Please use this APA citation style for electronic references.
- **Margins and Page Limits Requirements.** Refer to each assignment instructions for margins and page limit requirements. Instructions for assignments will be available on Canvas.

Competency	Course Objectives(s)	Lessons	Assessment(s)
1. Explain the social, political and economic determinants of health and how they contribute to population health and health inequities.	Identify social, political, and economic determinants of health and their contributions to population health.	Week 3, 8	Discussion Board, Quiz, Midterm
2. Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings.	Identify three national healthcare regulatory and financing models (including the United States) and evaluate the health care access, quality and cost associated with each.	Weeks 1-3	Discussion Board, Quiz, Midterm
3. Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence	Understand the history, policy-making process, and structure of the U.S. health care system	Week 3, 14	Discussion Board, Quiz, Midterm

4. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels.	Identify social, political, and economic determinants of health and their contributions to population health.	Week 5	Discussion Board, Quiz, Midterm
5. Assess population needs, assets and capacities that affect communities' health	Identify key health policy issues and the initiatives designed to address them	Week 5, 6, 8, 10	Data Brief, Policy Brief, Midterm
6. Select quantitative and qualitative data collection methods appropriate for a given public health context	Evaluate the consequences of implementing alternative health care policies	Week 2, 5, 12	Discussion Board, Quiz, Midterm
7. Explain the role of qualitative methods and sciences in describing and assessing a population's health	Identify social, political, and economic determinants of health and their contributions to population health.	Week 12	Discussion Board, Quiz
8. Evaluate policies for their impact on public health and health equity	Identify key health policy issues and the initiatives designed to address them/ Evaluate the consequences of implementing alternative health care policies	Week 4, 6, 10, 11, 13	Discussion Board, Policy Brief
9. Advocate for political, social or economic policies and programs that will improve health in diverse populations	Evaluate the consequences of implementing alternative health care policies	Week 4, 6, 8, 10, 11	Discussion Board, Debate
10. Apply systems thinking tools to a public health issue	Identify key health policy issues and the initiatives designed to address them	Week 6, 8, 10, 11	Discussion Board, Quiz

Grading Policy:

- 94 – 100 A
- 90 – <94 A-
- 87 – <90 B+
- 84 – <87 B
- 80 – <84 B-
- 77 – <80 C+
- 70 – <77 C
- <70 F

Course Schedule:

Week	Date	Topic	Readings/Online 30	Assignments
1	Jan 18	Conceptualizing Health Systems	<p>Online30:</p> <ul style="list-style-type: none"> Read class syllabus and familiarize yourself with Canvas <p>Required readings:</p> <ul style="list-style-type: none"> National Research Council, & Committee on Population. (2013). US health in international perspective: Shorter lives, poorer health. (Summary only) Narayan, K. V., Curran, J. W., & Foege, W. H. (2021). The COVID-19 pandemic as an opportunity to ensure a more successful future for science and public health. <i>JAMA</i>, 325(6), 525-526. 	<ul style="list-style-type: none"> School of Public Health Honor Code Quiz Discussion board due: Initial Post: 1/22 Reply: 1/24
2	Jan 25	Comparative Perspectives on the U.S. Health Care System	<p>Online30:</p> <ul style="list-style-type: none"> Watch PBS Frontline: comparison of different health care systems worldwide https://www.pbs.org/wgbh/frontline/film/sick-aroundtheworld/ <p>Required readings:</p> <ul style="list-style-type: none"> Baicker, K., & Chandra, A. (2008). Myths And Misconceptions About US Health Insurance: Health care reform is hindered by confusion about how health insurance works. <i>Health Affairs</i>, 27(Suppl1), w533-w543. Schoen, C., Osborn, R., Squires, D., Doty, M. M., Pierson, R., & Applebaum, S. (2010). How health insurance design affects access to care and costs, by income, in eleven countries. <i>Health affairs</i>, 29(12), 2323-2334. <p>Optional readings:</p> <ul style="list-style-type: none"> Gusmano, M. K., Rodwin, V. G., & Weisz, D. (2006). A new way to compare health systems: avoidable hospital conditions in Manhattan and Paris. <i>Health affairs</i>, 25(2), 510-520. Einav, L., & Finkelstein, A. (2018). Moral hazard in health insurance: what we know and how we know it. <i>Journal of the European Economic Association</i>, 16(4), 957-982. 	<ul style="list-style-type: none"> Quiz 1 due: 1/29 Discussion board due: Initial Post: 1/29 Reply:1/31

3	Feb 1	History of U.S. health reform and employer-sponsored insurance	<p>Online30:</p> <ul style="list-style-type: none"> Read and study graphs of the Vox article on “9 things Americans need to learn from the rest of the world’s health care systems”: https://www.vox.com/health-care/2020/1/29/21075388/medicare-for-all-what-countries-have-universal-health-care <p>Required readings:</p> <ul style="list-style-type: none"> Blumenthal, D. (2006). Employer-sponsored health insurance in the United States-origins and implications. <i>New England Journal of Medicine</i>, 355(1), 82. Birn, A. E., Brown, T. M., Fee, E., & Lear, W. J. (2003). Struggles for national health reform in the United States. <i>American journal of public health</i>, 93(1), 86-91. <p>Optional readings:</p> <ul style="list-style-type: none"> Raz, M. (2021, February). Employer-Sponsored Insurance Amid the Pandemic: Lessons From History. In <i>JAMA Health Forum</i> (Vol. 2, No. 2, pp. e201526-e201526). American Medical Association. https://jamanetwork.com/journals/jama-health-forum/fullarticle/2776613 	<ul style="list-style-type: none"> Discussion board due: Initial Post: 2/5 Reply:2/7
4	Feb 8	Health Care Spending in the U.S.	<p>Online30:</p> <ul style="list-style-type: none"> Listen to the Health Affairs podcast <i>A Health Podysey</i>, “Is fee-for-service the smoking gun for U.S. health care spending” by Alan Weil and Dr Michael Gusmano: https://www.healthaffairs.org/doi/10.1377/hp20201105.80851/full/ <p>Required readings:</p> <ul style="list-style-type: none"> Papanicolas, I., Woskie, L. R., & Jha, A. K. (2018). Health care spending in the United States and other high-income countries. <i>Jama</i>, 319(10), 1024-1039. Gross, T. and Laugesen, M.J., 2018. The price of health care: why is the United States an outlier?. <i>Journal of Health Politics, Policy and Law</i>, 43(5), pp.771-791. <p>Optional readings:</p> <ul style="list-style-type: none"> Martin, A. B., Hartman, M., Benson, J., Catlin, A., & National Health Expenditure Accounts Team. (2022). National Health 	<ul style="list-style-type: none"> Quiz 2 due: 2/12 Discussion board due: Initial Post: 2/12 Reply: 2/14

			Care Spending In 2021: Decline In Federal Spending Outweighs Greater Use Of Health Care: Study examines national health care expenditures in 2021. <i>Health Affairs</i> , 10-1377.	
5	Feb 15	Social Determinants of Health & Health Equity	<p>Online30:</p> <ul style="list-style-type: none"> Listen to 1619 Podcast, Episode 4 on Health care: https://www.nytimes.com/2019/09/13/podcasts/1619-slavery-healthcare.html <p>Required readings:</p> <ul style="list-style-type: none"> Bailey, Z. D., Krieger, N., Agénor, M., Graves, J., Linos, N., & Bassett, M. T. (2017). Structural racism and health inequities in the USA: evidence and interventions. <i>The Lancet</i>, 389(10077), 1453-1463. Braveman, P., & Gottlieb, L. (2014). The social determinants of health: it's time to consider the causes of the causes. <i>Public health reports</i>, 129(1_suppl2), 19-31. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3863696/ Kilbourne, A. M., Switzer, G., Hyman, K., Crowley-Matoka, M., & Fine, M. J. (2006). Advancing health disparities research within the health care system: a conceptual framework. <i>American journal of public health</i>, 96(12), 2113-2121. <p>Optional readings:</p> <ul style="list-style-type: none"> Braveman, P. A., Kumanyika, S., Fielding, J., LaVeist, T., Borrell, L. N., Manderscheid, R., & Troutman, A. (2011). Health disparities and health equity: the issue is justice. <i>American journal of public health</i>, 101(S1), S149-S155. Feagin, J., & Bennefield, Z. (2014). Systemic racism and US health care. <i>Social science & medicine</i>, 103, 7-14. Link, B. G., & Phelan, J. (1995). Social conditions as fundamental causes of disease. <i>Journal of health and social behavior</i>, 80-94. 	<ul style="list-style-type: none"> Data brief due: 2/19 Discussion board due: Initial Post: 2/19 Reply: 2/21
6	Feb 22	The Affordable Care Act	Online30:	<ul style="list-style-type: none"> Discussion board due:

			<ul style="list-style-type: none"> Listen to: Health Affairs This Week, "American Rescue Plan addresses the Affordable Care Act's unfinished business": https://www.healthaffairs.org/doi/10.1377/hp20210311.522970/full/ <p>Required readings:</p> <ul style="list-style-type: none"> Glied, Sherry A., Sara R. Collins, and Saunders Lin. "Did The ACA Lower Americans' Financial Barriers To Health Care? A review of evidence to determine whether the Affordable Care Act was effective in lowering cost barriers to health insurance coverage and health care." <i>Health Affairs</i> 39.3 (2020): 379-386. Sommers, Benjamin D. "Health insurance coverage: what comes after the ACA? an examination of the major gaps in health insurance coverage and access to care that remain ten years after the Affordable Care Act." <i>Health Affairs</i> 39.3 (2020): 502-508. <p>Optional readings:</p> <ul style="list-style-type: none"> Obama, Barack. "United States health care reform: progress to date and next steps." <i>Jama</i> 316.5 (2016): 525-532. Thompson, F. J., Gusmano, M. K., & Shinohara, S. (2018). Trump and the Affordable Care Act: Congressional repeal efforts, executive federalism, and program durability. <i>Publius: The Journal of Federalism</i>, 48(3), 396-424. Gruber, J., & Sommers, B. D. (2019). The Affordable Care Act's effects on patients, providers, and the economy: What we've learned so far. <i>Journal of Policy Analysis and Management</i>, 38(4), 1028-1052. 	<p>Initial Post: 2/26 Reply: 2/28</p>
7	Mar 1	[ZOOM class]	<p>MIDTERM</p> <p>Multiple choice and short answer covering material from Weeks 1-6</p>	<p>Midterm – in class (zoom)</p>
8	Mar 8	<p>"Public Health and an Age-Friendly Ecosystem" Guest lecture by Dr. Emily Greenfield [ZOOM class]</p>	<p>Online30: Listen to University of Michigan's, "Aging in America: Addressing the Complexities of Longer Lives and an Aging Population" https://sph.umich.edu/podcast/season1/aging-in-america.html</p>	<ul style="list-style-type: none"> Discussion board due: Initial Post: 3/12 Reply:3/14

			<p>Required readings:</p> <ul style="list-style-type: none"> Fulmer, T., Patel, P., Levy, N., Mate, K., Berman, A., Pelton, L., Beard, J., Kalache, A., & Auerbach, J. (2020). Moving toward a global age-friendly ecosystem. <i>Journal of the American Geriatrics Society</i>, 68(9), 1936-1940. https://doi.org/10.1111/jgs.16675 Greenfield, E. A., Black, K., Buffel, T., & Yeh, J. (2019). Community gerontology: A framework for research, policy, and practice. <i>The Gerontologist</i>, 59(5), 803-810. https://doi.org/10.1093/geront/gny089 <p>Optional readings:</p> <ul style="list-style-type: none"> Yarker, S., & Buffel, T. (2022). Involving socially excluded groups in age-friendly programs: The role of a spatial lens and co-production approaches. <i>Journal of Aging & Social Policy</i>, 34(2), 254-274. https://doi.org/10.1080/08959420.2022.2049571 Website of Age-Friendly Public Health Systems: https://afphs.org/; webinar with key information about the age-friendly public health recognition program: "Best practices and key strategies for achieving recognition" (https://afphs.org/events/november-afphs-training-best-practices-and-key-strategies-for-achieving-recognition/) 	
9	Mar 15		SPRING BREAK NO CLASS	No assignments due
10	Mar 22	Medicare and Medicaid	<p>Online30:</p> <ul style="list-style-type: none"> Listen to Planet Money podcast, "Paying doctors" https://www.npr.org/sections/money/2009/11/podcast_paying_doctors.html <p>Required readings:</p> <ul style="list-style-type: none"> Sommers, B. D., & Grabowski, D. C. (2017). What is Medicaid? More than meets the eye. <i>Jama</i>, 318(8), 695-696. Yearby, R., Clark, B., & Figueroa, J. F. (2022). Structural Racism In Historical And Modern US Health Care Policy: Study examines structural racism in historical and modern US health care policy. <i>Health Affairs</i>, 41(2), 187-194. Schoen, Cathy, Karen Davis, and Amber Willink. "Medicare beneficiaries' high out-of-pocket costs: cost burdens by income and health status." Issue Brief (Commonwealth Fund) 11 (2017): 1-14. 	<ul style="list-style-type: none"> Quiz 3 due: 3/26 Discussion board due: Initial Post: 3/26 Reply:3/28

			<p>Optional readings:</p> <ul style="list-style-type: none"> Mazurenko, O., Balio, C. P., Agarwal, R., Carroll, A. E., & Menachemi, N. (2018). The effects of Medicaid expansion under the ACA: a systematic review. <i>Health Affairs</i>, 37(6), 944-950. Sommers, B. D., Goldman, A. L., Blendon, R. J., Orav, E. J., & Epstein, A. M. (2019). Medicaid work requirements—results from the first year in Arkansas. <i>New England Journal of Medicine</i>, 381(11), 1073-1082. 	
11	Mar 29	A health systems approach to addressing US maternal mortality	<p>Online 30:</p> <ul style="list-style-type: none"> Watch Dr. Rachel Hardeman's presentation: "Disparities and Social Determinants of Maternal Mortality" https://videocast.nih.gov/summary.asp?live=31715&bhpcp=1 ****NOTE****: Start video at 1:10:22 and end at 1:28:45. <p>Required readings:</p> <ul style="list-style-type: none"> Burris, H. H., & Hacker, M. R. (2017, October). Birth outcome racial disparities: A result of intersecting social and environmental factors. In <i>Seminars in perinatology</i> (Vol. 41, No. 6, pp. 360-366). WB Saunders. Kozhimannil, K. B. (2018). Reversing the rise in maternal mortality. <i>Health Affairs</i>, 37(11), 1901-1904. Vox article: "The extraordinary danger of being pregnant and insured in Texas" https://www.vox.com/science-and-health/2019/12/6/20995227/women-health-care-maternal-mortality-insurance-texas <p>Optional readings:</p> <ul style="list-style-type: none"> Hardeman, R. R., Almanza, J., & Kozhimannil, K. B. (2020, March). Roots Community Birth Center: A culturally-centered care model for improving value and equity in childbirth. In <i>Healthcare</i> (Vol. 8, No. 1, p. 100367). Elsevier. Kozhimannil, K. B., Vogelsang, C. A., Hardeman, R. R., & Prasad, S. (2016). Disrupting the pathways of social determinants of health: doula support during pregnancy and childbirth. <i>The Journal of the American Board of Family Medicine</i>, 29(3), 308-317. 	<ul style="list-style-type: none"> Policy brief due: 4/2 Discussion board due: Initial Post: 4/2 Reply:4/4

12	Apr 5	Research methods for public health and health policy	<p>Online30:</p> <ul style="list-style-type: none"> Watch Dr. John Creswell's "What is Mixed Methods Research?" video: https://guides.library.dug.edu/c.php?g=844215&p=6037016 <p>Required readings:</p> <ul style="list-style-type: none"> Khullar, D., & Jena, A. B. (2021, June). "Natural Experiments" in Health Care Research. In <i>JAMA Health Forum</i> (Vol. 2, No. 6, pp. e210290-e210290). American Medical Association. Sofaer, S. (1999). Qualitative methods: what are they and why use them?. <i>Health services research</i>, 34(5 Pt 2) <p>Optional readings:</p> <ul style="list-style-type: none"> Palinkas, L. A. (2014). Qualitative and mixed methods in mental health services and implementation research. <i>Journal of Clinical Child & Adolescent Psychology</i>, 43(6), 851-861. Keys, H. M., Kaiser, B. N., Foster, J. W., Burgos Minaya, R. Y., & Kohrt, B. A. (2015). Perceived discrimination, humiliation, and mental health: a mixed-methods study among Haitian migrants in the Dominican Republic. <i>Ethnicity & health</i>, 20(3), 219-240. 	<ul style="list-style-type: none"> Discussion board due: Initial Post: 4/11 (due to holiday) Reply:4/11
13	Apr 12	Evidence-based policy, Guest lecture by Dr. Mark McGovern	<p>Online30:</p> <ul style="list-style-type: none"> Listen to Planet Money Podcast: Episode 677 "The Experiment Experiment" https://www.npr.org/transcripts/463237871 <p>Required readings:</p> <ul style="list-style-type: none"> Kaplan RM, Irvin VL (2015) Likelihood of null effects of large NHLBI clinical trials has increased over time. <i>PLoS one</i> 10(8): e0132382. Baicker, K. (2018). Driving Better Health Policy: "It's the Evidence, Stupid" Uwe Reinhardt Memorial Lecture. <i>Health services research</i>, 53(6), 4055-4063. <p>Optional readings:</p> <ul style="list-style-type: none"> Schoenfeld, J. D. & Ioannidis, J. P. Is everything we eat associated with cancer? A systematic cookbook review. <i>American</i> 	<ul style="list-style-type: none"> Quiz 4 due: 4/16 Discussion board due: Initial Post: 4/16 Reply:4/18

			<p>Journal of Clinical Nutrition 97, 127–134 (2013).</p> <ul style="list-style-type: none"> Ioannidis, J. Why Most Published Research Findings Are False. <i>PLoS Med</i> 2, e124 (2005). 	
14	Apr 19	Health care ethics and future of health reform [asynchronous class]	<p>Online 30:</p> <ul style="list-style-type: none"> Listen to: “Alternatives to the Affordable Care Act” JFK Forum https://iop.harvard.edu/forum/alternatives-affordable-care-act <p>Required readings:</p> <ul style="list-style-type: none"> Daniels, N., Saloner, B., & Gelpi, A. H. (2009). Access, Cost, And Financing: Achieving An Ethical Health Reform: There must be a balance between a commitment to what's ethically important and pragmatic flexibility about the means of reaching those goals. <i>Health Affairs</i>, 28(Suppl1), w909-w916. Brooks-LaSure, C., Fowler, E., & Mauser, G. (2020). Building On The Gains Of The ACA: Federal Proposals To Improve Coverage And Affordability: An examination of strategies to extend health insurance coverage to all low-income Americans and increase coverage affordability for middle-income Americans. <i>Health Affairs</i>, 39(3), 509-513. <p>Optional readings;</p> <ul style="list-style-type: none"> Blumenthal, D., Fowler, E. J., Abrams, M., & Collins, S. R. (2020). Covid-19—implications for the health care system. Dzau, V. J., McClellan, M. B., McGinnis, J. M., Burke, S. P., Coye, M. J., Diaz, A., ... & Zerhouni, E. (2017). Vital directions for health and health care: priorities from a National Academy of Medicine initiative. <i>Jama</i>, 317(14), 1461-1470. 	None (prepare for debates)
15	Apr 26	Debates	No readings	<ul style="list-style-type: none"> Debate group 1 presenting
16	May 3	Debates	No readings	<ul style="list-style-type: none"> Debate group 2 presenting

Learning Management System: Canvas will be used extensively throughout the semester for course syllabus, assignments, announcements, communication and/or other course-related activities. It is the student's responsibility to familiarize themselves with Canvas and check it regularly. If you have difficulties accessing Canvas, please inform the instructor and Canvas Support (help@canvas.rutgers.edu). Canvas is accessible at canvas.rutgers.edu.

School of Public Health Honor Code: The School of Public Health Honor Code is found in the School Catalog (sph.rutgers.edu/academics/catalog.html). Each student bears a fundamental responsibility for maintaining academic integrity and intellectual honesty in his or her graduate work. For example, all students are expected to observe the generally accepted principles of scholarly work, to submit their own rather than another's work, to refrain from falsifying data, and to refrain from receiving and/or giving aid on examinations or other assigned work requiring independent effort. In submitting written material, the writer takes full responsibility for the work as a whole and implies that, except as properly noted by use of quotation marks, footnotes, etc., both the ideas and the works used are his or her own. In addition to maintaining personal academic integrity, each student is expected to contribute to the academic integrity of the School community by not facilitating inappropriate use of her/his own work by others and by reporting acts of academic dishonesty by others to an appropriate school authority. It should be clearly understood that plagiarism, cheating, or other forms of academic dishonesty will not be tolerated and can lead to sanctions up to and including separation from the Rutgers School of Public Health.

Students with Disabilities: Rutgers University welcomes students with disabilities into all of the University's educational programs. In order to receive consideration for reasonable accommodations, a student must apply for Services by first completing a Registration Form with the Rutgers Office of Disability Services (ODS) at ods.rutgers.edu. The student will also be required to participate in an ODS intake interview and provide documentation. If reasonable accommodations are granted, ODS will provide you with a Letter of Accommodations which should be shared with your instructors as early in your courses as possible.

Commitment to Safe Learning Environment: The Rutgers School of Public Health is committed to helping create a safe learning environment for all students and for the School as a whole. Free expression in an academic community is essential to the mission of providing the highest caliber of education possible. The School encourages civil discourse, reasoned thought, sustained discussion, and constructive engagement. Provocative ideas respectfully presented are an expected result. An enlightened academic community, however, connects freedom with responsibility. The School encourages all students to disclose any situations where you may feel unsafe, discriminated against, or harassed. Harassment or discrimination of any kind will be not tolerated and violations may lead to disciplinary actions.

Student Well-Being: The School of Public Health recognizes that students may experience stressors or challenges that can impact both their academic experience and their personal well-being. If the source of your stressors or challenges is academic, students are encouraged to discuss these challenges and circumstances with their instructor, if they feel they may need additional support or temporary accommodations at the beginning or during this course. The course instructor may consider making reasonable temporary adjustments depending on the student's situation. For personal concerns or if additional support is needed, students may reach out to the [Office of Student Affairs](#) or any of the appropriate referral resources listed on the [SPH Student Connect](#) Canvas page.

Reporting Discrimination or Harassment: If you experience any form of gender or sex-based discrimination or harassment, including sexual assault, sexual harassment, relationship violence, or stalking, know that help and support are available. You may report such incidents to the [RBHS Title IX Office](#) or to the School of Public Health's [Office of Student Affairs](#). Rutgers University has staff members trained to support survivors in navigating campus life, accessing health and counseling services, providing academic and housing accommodations, and more. If you experience any other form of discrimination or harassment, including racial, ethnic, religious, political, or academic, please report any such incidents to the School's [Office of Student Affairs](#). The School strongly encourages all students to

report any incidents of discrimination or harassment to the School. Please be aware that all Rutgers employees (other than those designated as confidential resources such as advocates, counselors, clergy and healthcare providers as listed in Appendix A to [Policy 10.3.12](#)) are required to report information about such discrimination and harassment to the School and potentially the University. For example, if you tell a faculty or staff member about a situation of sexual harassment or sexual violence, or other related misconduct, the faculty or staff member must share that information with the [RBHS Title IX Coordinator](#). If you wish to speak to a confidential employee who does not have this reporting responsibility, you can find a list of resources in Appendix A to University [Policy 10.3.12](#). For more information about your options at Rutgers, please visit [Rutgers Violence Prevention and Victim Assistance](#).

Overview of School Policies: Academic and non-academic policies and procedures, such as Auditing a Course, Retaking Courses, Grade Grievance and others that cover registration, courses and grading, academic standing and progress, student rights and responsibilities, graduation and more may be found under [Policies](#) on the School of Public Health website. Below are select specific policies; however, students are responsible for keeping informed about academic and non-academic policies and procedures beyond those noted on this syllabus.

Graduate Student Computer Policy: Students are required to possess a personal laptop, no older than approximately two years, that must meet minimum requirements which may be found online at: sph.rutgers.edu/student-life/computer-support.html

Policy Concerning Use of Recording Devices and Other Electronic Communications Systems: When personally owned communication/recording devices are used by students to record lectures and/or classroom lessons, such use must be authorized by the faculty member or instructor who must give either oral or written permission prior to the start of the semester and identify restrictions, if any, on the use of mobile communications or recording devices.

Policy Concerning Use of Turnitin: Students agree that by taking this course all required papers may be subject to submission for textual similarity review to Turnitin.com (directly or via learning management system, i.e. Canvas) for the detection of plagiarism. All submitted papers will be included as source documents in the Turnitin.com reference database solely for the purpose of detecting plagiarism of such papers. Use of the Turnitin.com service is subject to the Usage Policy posted on the Turnitin.com site. Students who do not agree should contact the course instructor immediately.

Withdrawal/Refund Schedule: Students who stop attending their course(s) without submitting a completed [Add/Drop Course](#) form will receive a failing grade. Furthermore, students dropping to zero credits for the semester are considered withdrawn and must submit a completed [Leave of Absence](#) form from the School of Public Health's Office of Student Affairs. The School of Public Health refunds tuition only. Administrative and technology fees are non-refundable. You may find the Withdrawal/Refund Schedule on the School of Public Health website at: sph.rutgers.edu/academics/academic-calendar.html