



University of New Hampshire
Master of Public Health



Department of Health Management and Policy
Public Health
Graduate Student Handbook
Policies and Procedures
2023 - 2024

Master of Public Health (MPH)
Public Health Certificate (PHC)

UNH Manchester Campus

TABLE OF CONTENTS

Welcome Letter from the MPH Program Director	5
Part One: Health Management and Policy: MPH, UNH Manchester and Contacts	6
UNHM Departments	7
MPH Faculty	8
Part Two: Program Expectations	9
Part Three: Master of Public Health Program (MPH)	10
Overview	10
Accreditation	10
MPH Mission, Values and Goals	11
CEPH Foundational Competencies	12
MPH Program Competencies	13
Ten Essential Services of Public Health	14
Social Determinants of Health	15
Healthy People 2030	18
Progress Toward MPH Degree	19
Academic Standards	19
Applying for an Independent Study	20
MPH Curriculum and Requirements	20
Two-Year Course Plan	21
Part Four: MPH Program and Transferring Courses	22
Part Five: Continuing Education Program: Public Health Certificate (PHC)	24
Course Descriptions	24
Certificate Curriculum	25
Part Six: PHC Program Expectations, Regulations and Transitioning into the MPH	26
Resources Available	26
Academic Regulations	26
Transitioning from the PHC to the MPH Program	26
Part Seven: Required Academic Skills and Resources	28
Citations	27
Computer Skills and Online Access	27
Computer Help Desk	27
Library	28
Boston Library Consortium	28
Internet Searching Resources	28
<i>Web-based Tools to Enhance Internet Search Skills</i>	28
MS Office (MS Word, Excel, and PowerPoint) Skills	28
Quantitative Skills	28

Writing Skills	29
<i>Web-based Writing Tools</i>	29

Part Eight: Academic Policies and Procedures 31

Absences	31
Academic Honesty	31
Academic Standards University	31
Accessibility Services for Disabilities	32
Accessing Course Material Prior to Course Start Date	32
Advising	32
Behavior Intervention Team (BIT)	32
Campus Alerts	33
Covid Guidance	33
Exam Scheduling	33
Family Educational Rights and Privacy Act of 1974 (FERPA)	33
GRAD 800, Continuous Enrollment	33
Grading	34
Letter Grades	34
AF Grade	34
Appeals	34
Audit Grades	34
C+ Grades	34
Credit Fail Grades	34
IA Grades	34
Incomplete Grades	34
Pass/Fail Grades	35
W, WP, WF Grades	35
Graduation	35
Grievance Procedure	35
Ineligibility to Guest Lecture or Instruct	35
MPH/PHC Program Appeals Procedure	35
Registration Information	38
Repeated Courses	38
Student Rights and Key Policies	38

Part Nine: General Resource Information 39

Bookstore	39
Textbook Refunds	39
Used Book Buy Back	39
Career and Professional Services	39
Public Health Career Information	39
Opportunities for Alumni	39
Consensual Amorous Relationship Policy	40
Discriminatory Harassment Policy	40
Title IX Prohibiting Sex-based Discrimination in Education	40
Email	40

Emergency Alerts and Class Cancellations	41
Financial Aid and Student Accounts	41
Food Pantry	42
Health Insurance Fee	42
Health Insurance Requirement	42
MyCourses	42
MyUNH	42
Mental Health and Wellness	42
QPR	43
Non-Discrimination	43
Non-Matriculated Students	43
Online Resources	43
Parking	43
Sexual Harassment and Rape Prevention Program (SHARPP)	43
Sexual Violence or Harassment	43
Student Accessibility Services	44
Student Identification Cards	44
The Granit YMCA	44
Transportation	44
Tuition and Fees	45
Veterans Services	46
Webcat	46

Part Ten: Health Data Science Graduate Certificate	47
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Part Eleven: Appendix	48
------------------------------	-----------

Appendix A: Public Health Course Descriptions	48
Appendix B: Health Data Science Course Descriptions	51
Appendix C: Professional Conduct	52
Appendix D: Public Health Glossary	53
Appendix E: Epidemiology Glossary	69
Appendix F: MPH Student Checklist for Program Completion	82
Appendix G: Graduate Certificates	83
Appendix H: New England Public Health Stipend Program	84
Appendix I: IRB Information	85

Welcome to Public Health



August 2023

Greetings:

Welcome to the University of New Hampshire (UNH) Master of Public Health (MPH) and Public Health Certificate (PHC) programs. We are delighted you have chosen to join us for the next phase of your academic journey toward an exciting and rewarding public health career. We hope your studies are interesting and challenging and we look forward to working with you.

The *Student Handbook* provides you with the information needed to guide you through your public health program. Should you have questions about the program or a policy, please refer to the Handbook, where you are likely to find the answer. If you are unable to find the answer, remember that the MPH faculty and staff are also available to assist in answering your questions.

The MPH and PHC are administered by the Department of Health Management & Policy in the College of Health and Human Services, located on the University's Durham campus. All coursework, however, is completed at the UNH campus in Manchester (UNHM), or in some cases, online. The UNH Graduate School Manchester Campus, housed at 88 Commercial Street in Manchester, acts as the liaison between graduate students on the UNHM campus and the Graduate School, located in Durham. The Graduate School staff are located on the first floor, and they, as well as the program faculty are ready to assist you.

We encourage you to embrace the challenge of graduate work and to take advantage of being part of a fine academic program. We also urge you to get to know your fellow classmates. Each person brings their unique experience and expertise to the program – which increases your personal and professional growth as you get to know and work with them.

We wish you great success in your academic endeavors, and again, welcome to the University of New Hampshire's Public Health program.

Best Wishes,

David Li, Ph.D.
Director, MPH Program
Department of Health Management & Policy

Pam Thomas, Ed.D.
Academic Department Coordinator
Department of Health Management and Policy

Part One: Health Management and Policy: MPH and UNH Manchester Contact Information

UNH Department of Health Management and Policy

The Department of Health Management and Policy in the College of Health and Human Services on the Durham campus administers the MPH and PHC Programs. The web page and contact information are as follows: <https://chhs.unh.edu/health-management-policy/program/mph/public-health>

UNH Graduate School at Manchester

UNHM is the location for the Graduate School Manchester Campus, which is an administrative branch of the UNH Graduate School. The UNH Graduate School Manchester Campus is staffed during the day and prior to the beginning of classes until 6:00pm in the evening. Courses are held at the Manchester campus, located at 88 Commercial Street, UNHM (directions may be found at the following link: <http://www.gradschool.unh.edu/manchester/>).

For information about services at UNH Manchester, including the UNH Graduate School Manchester Campus, courses registration, tuition and financial assistance, bookstore, class cancellations, general information, library, parking, and student identification cards; see the MPH Handbook.

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grad.school@unh.edu
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UNH Graduate School Manchester Campus

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UNH Graduate School Manchester Campus

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Academic Technology

603-862-4242

<https://www.unh.edu/it/academic-technology>

Email: academic.technology@unh.edu

Career and Professional Success, (CAPS)

Riannon Nute

Director

Email: Riannon.Nute@unh.edu

Phone: (603) 862-4984

<https://www.unh.edu/career/>

Center for Academic Enrichment

Kimberly Donovan

Writing Director, Coordinator

2nd Floor, Learning Commons

603-641-4113

Kimberly.Donovan@unh.edu

Financial Aid Office, Durham

11 Garrison Avenue

Stoke Hall

Durham NH 03824

Hours: 8:00 am – 4:30 pm

603. 862.3600 [phone]

603. 862.1947 [fax]

<http://financialaid.unh.edu/contact-info>

To schedule an appointment:

[UNH Financial Aid Virtual Appointments](https://unh.edu/financial-aid/virtual-appointments)
(office365.com)

Financial Aid, UNHM

Sharon Eaton, Associate Director

Alycia Gant, Financial Aid Counselor

4th Floor

603.641.4114

603.641.4366

Sharon.Eaton@unh.edu

Alycia.Gant@unh.edu

<https://manchester.unh.edu/admissions/financial-aid>

Library Services, UNHM

Library Instruction

603-641-4195

(603) 641-4172

unhm.library@unh.edu

Academic Calendar

<https://gradschool.unh.edu/academics/graduate-school-academic-calendar>

Mental Health Services

Walk-In Hours:

4th Floor Advising Suit

Tuesdays from 9:00am – 5:00pm

Thursday mornings from 9:00am – 1:00pm.

*You may call ahead to be placed on the schedule by calling Academic Advising at (603) 641-4170.

Registrar's Office, UNHM

Student Services Suite, 405

Hours: 8:30am – 5:00pm

603.641.4136 [phone]

603.641.4125 [fax]

unhm.registration@unh.edu

Security Office

Security Desk

2nd Floor (Front Entrance)

603-641-4131

(Security, Parking, ID)

Student Accessibility Services. UNHM

Jenessa Zurek, Coordinator

Office 410H

8:30 – 5:00pm

603-641.4383

Jenessa.Zurek@unh.edu

<https://manchester.unh.edu/academics/academic-services/student-accessibility-services>

Student Accounts (Billing), UNHM

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603.641.4329

Jennifer.Hashem@unh.edu

Wildcat Café

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MPH Faculty

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Part Two: Program Expectations

Expectations

Professional conduct is always expected inside and outside the classroom. Everyone is to be treated respectfully. The student code of conduct can be found at: <http://www.unh.edu/vpsas/handbook/student-codeconduct-and-conduct-process>

The University of New Hampshire and the Master of Public Health and Graduate Certificate in Public Health are committed to ensuring a professional, collegial, and positive environment for student education. Hence, this Student Code of Professional Conduct begins when the student accepts admission to the M.S. in Health Data Science or the Graduate Certificate Program and is enforceable until the M.S. degree or Graduate Certificate has been awarded. This Code governs behavior by M.S. and Graduate Certificate students which occurs on or off UNH property and is enforceable throughout the entire matriculation period.

Thus, all Masters and Graduate Certificate students in our community will be presumed to have knowledge of the provisions of this Code, as a function of enrollment in the UNH Public Health Programs. Lack of familiarity with its provisions will not serve as a defense to any actions violating student conduct as defined herein. Failure to comply with any of its provisions will serve as grounds for course failure (by the Instructor, as appropriate) or recommendation to The Graduate School for dismissal from the Health Data Science Program Director. Student appeals to a violation of this student code of conduct are governed by the process outlined in the Grievance Section of Student Handbook.

Behavioral Expectations in Online/Remote Course Components

Have your camera on, unless otherwise directed. Mute your computer until you are ready to speak

Course Workload and Credit Hour Expectations

The level of work required for graduate school is much higher than what you experienced at the undergraduate level. Earning your master's degree provides the expectation that you will become a *master of knowledge* within a specific content area. In this case, a Master of Public Health (MPH). This will require time and hard work, and some sacrifice. You can do this! You were admitted into the program because you are capable.

The federal definition of a credit hour, which entails a minimum 3 hours of engaged time per week per credit over a 15-week semester. Examples of engaged time include class time, assignments, examinations, laboratories, participation in course-related experiences, conferences, and office hours. Faculty Senate recommended syllabus language on credit hour compliance is located at Resource Hub PDF section 4.0 (or web page [here](#)).

Writing

Writing is critical. Your writing must be clear, concise, thoughtful, and bring the content further. Do not quote or summarize unless instructed to do so. Give yourself time to revise and edit. Cite *all* work. Citations are always implied, even when it is not directly stated. This is a graduate program. If you have questions about citations the librarians and library resources will help. Saying you did not know is not an option.

Computer Skills

Students are expected to use Microsoft Office programs, i.e., minimally Outlook, Excel, PowerPoint. If you do not have working knowledge of these programs, please brush up on these skills.

You + Dedication + Time + Faculty/Staff Guidance = Your Success

Be present. You should expect to dedicate time to work on assignments nearly every day. Examples of course assignments used include tests, research papers, projects, presentations, posters, group work, case studies, and essays.

Part Three: Master of Public Health Program Overview Master of Public Health

Overview

The Master of Public Health (MPH) Program at the University of New Hampshire (UNH) was approved by the UNH Board of Trustees in 2001 and is designed to provide quality graduate education in public health. The MPH Program is geographically accessible and economically feasible for citizens of New Hampshire and neighboring New England States. The MPH Program provides human resources to improve the health of the citizens of New Hampshire and the northern New England region. During the academic year, courses are taught Tuesday and Thursday evenings at the Graduate School at the University of New Hampshire's Manchester campus (UNHM). Members of the faculty come from the UNH and the field of public health practice.

The MPH Program is designed for individuals from a wide variety of professional identities. The field of public health is uniquely identified by its focus on health (as opposed to the more narrowly defined concept of medicine) and its focus on population groups rather than the individual.

- The MPH degree requires 42 credits., consisting of eleven (11) required courses and three (3) elective courses.
- Electives courses offer the flexibility to tailor coursework according to graduate students' specific professional goals within public health.
- The MPH Program is designed to be completed on a part-time basis in two years, and most students complete the Program within three years. Per UNH Graduate School policy, a student has up to three years to complete the degree requirements.

Public Health Program Highlights

- All courses are offered at UNH Manchester
- During the academic year, courses meet on Tuesday and Thursday evenings.
- In the summer, courses follow a variety of formats to allow for maximum flexibility.
- While the Program is considered part-time, students may complete it in two years, taking classes during the summer between years one and two.
- The Program is designed for working Public Health professionals, though it can be appropriate for someone new in the field.

Accreditation

The MPH Program has full accreditation for seven years with the *Council on Education for Public Health* (CEPH), the national organization for accreditation of programs in public health.



MPH Program Mission, Values, and Goals

Our Mission

Through instruction, research and service, the mission of the Master of Public Health (MPH) Program at the University of New Hampshire (UNH) develops public health professionals prepared to enter a collaborative public health workforce, while focusing on improving societal health and health equity.

Our Values

The values of the MPH Program at UNH are guided by the overall values of the College of Health and Human Services:

Cooperation in the planning, management, and work of the College.

- **Curiosity** as a core strategic concept.
- **Excellence** both in our individual and collective actions.
- **Integrity** to have ethical behavior in our working relationships, practices, and decisions.
- **Leadership** for improving the health of individuals, families, and communities.
- **Openness** in communications and decision-making.
- **Respect** for individuals' roles, diversity, contributions, and viewpoints.
- **Service** to UNH, the public, and others to improve health and health care.
- **Sustainability** of our College as an educational leader.

In addition, the MPH program promotes the development of our students into forward-thinking public health professionals by including curriculum and experience in:

- **Advocacy:** Promoting the health of populations
- **Evidence-based practicing:** Valuing best practices and maximizing faculty expertise through research, shared learning, and practical learning experiences
- **Integration:** Encouraging collaborative and critical thinking of strategies to better incorporate Public Health with health and health care systems.
- **Social Justice:** Health equity, and integrity

Our Goals

1. **Instruction:** To prepare public health professionals to enter multidisciplinary sectors with the knowledge, skills, and values to improve the population's health.
2. **Research:** To contribute to the field of public health through the development of new knowledge.
3. **Service:** To advance public health through professional service and training.
4. **Organizational:** Advance the long-term stability of the UNH MPH program by: securing reaccreditation through CEPH, establishing financial stability through program growth, and providing public health leadership in the state of NH and beyond.

Competencies and Content

All CEPH accredited schools and programs follow a revised competency model, which includes eight categories, and a total of 22 competencies. Upon graduation you will have obtained skills from each competency area. We will ensure that your core courses will each cover multiple competency areas giving you an opportunity to demonstrate competency for each area. Additionally, UNH has added 5 program specific competencies and CEPH has also outlined six content areas that every school and program of Public Health need to address. The following are the content areas, the foundational competencies and the UNH MPH specific competencies:

CEPH 2021 Foundational Competencies:

Evidence-based Approaches to Public Health

1. Apply epidemiological methods to settings and situations in public health practice
2. Select quantitative and qualitative data collection methods appropriate for a given public health context
3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming, and software, as appropriate
4. Interpret results of data analysis for public health research, policy, or practice

Public Health & Health Care Systems

5. Compare the organization, structure, and function of health care, public health, and regulatory systems across national and international settings
6. Discuss the means by which structural bias, social inequities, and racism undermine health and create challenges to achieving health equity at organizational, community and systemic levels

Planning & Management to Promote Health

7. Assess population needs, assets, and capacities that affect communities' health
8. Apply awareness of cultural values and practices to the design, implementation, or critique of public health policies or programs
9. Design a population-based policy, program, project, or intervention
10. Explain basic principles and tools of budget and resource management
11. Select methods to evaluate public health programs

Policy in Public Health

12. Discuss the policy-making process, including the roles of ethics and evidence
13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes
14. Advocate for political, social, or economic policies and programs that will improve health in diverse populations
15. Evaluate policies for their impact on public health and health equity

Leadership

16. Apply leadership and/or management principles to address a relevant issue
17. Apply negotiation and mediation skills to address organizational or community challenges

Communication

18. Select communication strategies for different audiences and sectors
19. Communicate audience-appropriate (i.e., non-academic, non-peer audience) public health content, both in writing and through oral presentation
20. Describe the importance of cultural competence in communicating public health content

Interprofessional and/or Intersectorial Practice

21. Integrate perspectives from other sectors and/or professions to promote and advance population health.

Systems Thinking

22. Apply a systems thinking tool to visually represent a public health issue in a format other than standard narrative.

UNH Master of Public Health Program Competencies

1. Use innovative problem-solving to impact complex public health issues
2. Strengthen leadership skills through reflection and observation to identify areas for personal and professional growth.
3. Analyze the impact of determinants of health on public health issues using a social ecological framework.
4. Apply basic principles of ethical analysis to improve health equity and policy relevance.
5. Incorporate relevant theories to inform and create public health interventions.

The MPH Program Committee establishes and reviews policies and processes of student assessment. To ensure that students are meeting the expectations and that they demonstrate competency in each area, students are assessed in each course and need to earn a B- or better in a class to pass. Students who earn lower than a B- may repeat a course. For graduation, the overall grade point average must be 3.0 or above.

If a student earns a B- or better in the class but does not demonstrate mastery of a competency, the student will meet with the faculty member and/or the coordinator to discuss options.

To assist in this potential situation, the Program Committee has also been working on a more comprehensive system to ensure that students meet each of the core and programmatic competencies. Faculty and students will have access to a Canvas site (UNH's secure learning platform) where they will be able to monitor/self-monitor progress on competency development. Students and/or faculty will load graded assessments to allow for documentation with supporting materials. If it is found that the student lacks that competency, after looking at their entire portfolio, the student will be allowed to complete that competency in another way. That could mean repeating the assignment, taking another class that also meets that competency, pursuing an independent study, or developing that competency as part of their field work in the PHP 990: Field Study course.

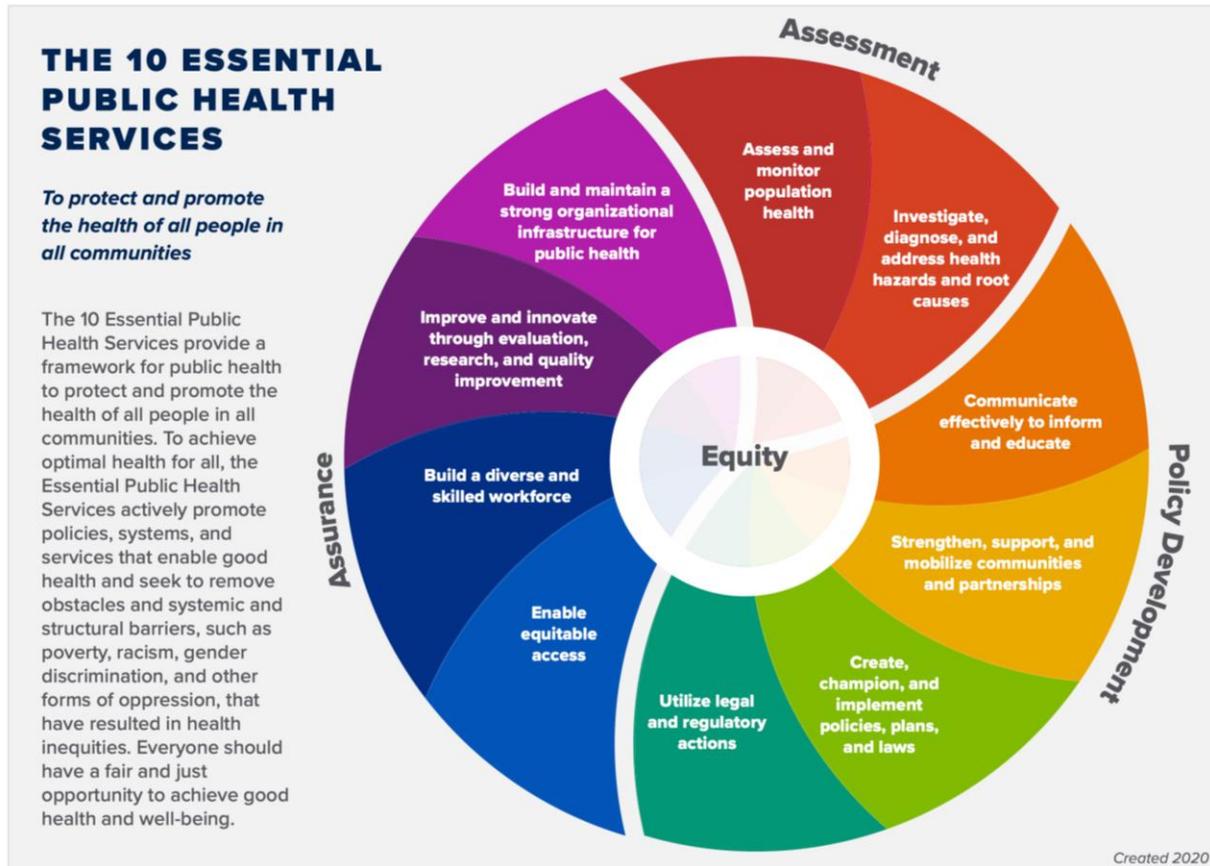
Content

1. Explain public health history, philosophy, and values
2. Identify the core functions of public health and the 10 Essential Services*
3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health
4. List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program
5. Discuss the science of primary, secondary and tertiary prevention in population health, including health promotion, screening, etc.
6. Explain the critical importance of evidence in advancing public health knowledge
7. Explain effects of environmental factors on a population's health
8. Explain biological and genetic factors that affect a population's health
9. Explain behavioral and psychological factors that affect a population's health
10. Explain the social, political, and economic determinants of health and how they contribute to population health and health inequities
11. Explain how globalization affects global burdens of disease
12. Explain an ecological perspective on the connections among human health, animal health and ecosystem health (e.g., One Health)

Ten Essential Services of Public Health

<https://spark.adobe.com/page/Qty1veOhGWyeu5/>

The Futures Initiative: The 10 Essential Public Health Services



The Public Health National Center for Innovations, a strategic initiative of the Public Health Accreditation Board, identifies, implements, and spreads innovations in public health practice to help meet the health challenges of the 21st century in communities nationwide. PHNCI acts as a leader to coordinate and align national initiatives and share innovative ideas as communities transform to improve health outcomes. PHNCI is funded by the de Beaumont Foundation and the Robert Wood Johnson Foundation.

The de Beaumont Foundation creates and invests in bold solutions to build healthier communities. The foundation advances policy, builds partnerships, and strengthens public health to create communities where people can achieve their best possible health.

- Stay Connected www.phnci.org/national-frameworks/10-ephs @PHinnovates
- www.debeaumont.org/10-essential-services @deBeaumontFndtn
- ephs.phnci.org/toolkit to view a toolkit to update content and educational materials of revised 10 EPHS.

Background

The original 10 Essential Public Health Services (EPHS) framework was developed in 1994 by a federal working group. It serves as the description of the activities that public health systems should undertake in all communities. Organized around the three core functions of public health – assessment, policy development, and assurance – the colorful, circular framework is a familiar graphic in the public health field. Health departments and community partners around the nation organize their work around the

EPHS framework, schools and programs of public health teach it, and the framework informs descriptions and definitions of practice. The framework is also used as the basis of the Public Health Accreditation Board Domains.

The framework has provided a roadmap of goals for carrying out the mission of public health in communities around the nation. However, the public health landscape has shifted dramatically over, and many public health leaders agreed it was time to revisit how the framework can better reflect current and future practice and how it can be used to create communities where people can achieve their best possible health.

Social Determinants of Health (SDOH)— The Department of Health and Human Services (HHS) defines “social determinants of health” Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks Social determinants of health can be grouped into five domains: economic stability; education access and quality; health care access and quality; neighborhood and built environment; social and community context.

<https://health.gov/healthypeople/priority-areas/social-determinants-health>

Social Determinants of Health



Social Determinants of Health
Copyright-free

 Healthy People 2030

About the Objectives

Healthy People 2030 includes a wide range of objectives developed by [workgroups](#) made up of subject matter experts in specific topics. Most Healthy People objectives measure progress towards a target over time, but some aren't measurable or have other limitations.

To learn about how objectives are related to Leading Health Indicators, Overall Health and Well-Being Measures, and the Healthy People 2030 vision, check out our [Healthy People 2030 Objectives and Measures graphic](#).

Read on to learn more about the criteria for core, developmental, and research objectives and how an objective can evolve from one type to another throughout the decade.

Core Objectives

Most Healthy People 2030 objectives are core, or measurable, objectives that are associated with targets for the decade. Core objectives reflect high-priority public health issues and are associated with evidence-based interventions.

Core objectives have valid, reliable, nationally representative data, including baseline data from no earlier than 2015. If applicable, they have a measure of variability. Data will be provided for core objectives for at least 3 time periods throughout the decade.

Over the course of the decade, we use data sources to track progress toward achieving core objectives, as follows:

- **Baseline only:** We don't yet have data beyond the initial baseline data, so we don't know if we've made progress.
- **Target met or exceeded:** We've achieved the target we set at the beginning of the decade.
- **Improving:** We're making progress toward meeting our target.
- **Little or no detectable change:** We haven't made progress or lost ground.
- **Getting worse:** We're farther from meeting our target than we were at the beginning of the decade.

Developmental Objectives

Developmental objectives represent high-priority public health issues that are associated with evidence-based interventions but don't yet have reliable baseline data.

Will developmental objectives become core Healthy People 2030 objectives?

Maybe. To become a core objective, a developmental objective needs reliable data. Over the course of the decade, the [Federal Interagency Workgroup \(FIW\)](#) — an interdisciplinary group of federal experts — will assess all developmental objectives to see if they meet core objective criteria.

The FIW will carefully consider several factors, including the objective's impact on health and how it relates to existing core objectives, in deciding if it will become core.

Research Objectives

Research objectives represent public health issues with a high health or economic burden or significant disparities between population groups — but they aren't yet associated with evidence-based interventions.

Research objectives may also be added throughout the decade to address emerging issues.

Will research objectives become core Healthy People 2030 objectives?

Maybe. To become a core objective, a research objective needs reliable baseline data and associated evidence-based interventions. If a research objective evolves to meet these criteria, a Healthy People workgroup may propose to the FIW that it become a core objective.

As with developmental objectives, the FIW will carefully consider several factors, including the research objective's impact on health and how it relates to existing core objectives, in deciding if it will become core.

<https://health.gov/healthypeople/objectives-and-data/about-objectives> Retrieved July 6, 2022

Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved May 25, 2022, from <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>

Healthy People 2030 Leading Health Indicators (LHIs)

LHIs by life stage

All ages*

Children, adolescents, and adults who use the oral health care system (2+ years)
Consumption of calories from added sugars by persons aged 2 years and over (2+ years)
Drug overdose deaths
Exposure to unhealthy air
Homicides
Household food insecurity and hunger
Persons who are vaccinated annually against seasonal influenza
Persons who know their HIV status (13+ years)
Persons with medical insurance (<65 years)
Suicides

*Except where otherwise noted

Infants

Infant deaths

Children and adolescents

4th grade students whose reading skills are at or above the proficient achievement level for their grade
Adolescents with major depressive episodes (MDEs) who receive treatment
Children and adolescents with obesity
Current use of any tobacco products among adolescents

Adults and older adults

Adults engaging in binge drinking of alcoholic beverages during the past 30 days
Adults who meet current minimum guidelines for aerobic physical activity and muscle-strengthening activity
Adults who receive a colorectal cancer screening based on the most recent guidelines
Adults with hypertension whose blood pressure is under control
Cigarette smoking in adults
Employment among the working-age population
Maternal deaths
New cases of diagnosed diabetes in the population

Progress Toward MPH Degree

Students can complete the MPH degree in two years while still being employed full-time, which includes completing courses during the summer semester.

Students can also go through the MPH Program on a part-time basis. The University allows for six (6) years to complete a graduate degree. Please note however, students must be continually enrolled each fall and spring semester. Students who need to take off a full semester (fall or spring) need to enroll in Grad 800, which allows the student to remain active in the program.

Academic Standards

Please note that MPH and PHC students are held to the following academic standards:

- ◆ MPH and PHC students **MUST** have a **cumulative grade point average (GPA) of 3.0, (B), or higher**, to graduate.
- ◆ Students must earn a grade of B- or higher in all courses.
- ◆ Although an MPH or a PHC student can pass a course with a **B- (2.67) grade, a student still MUST still maintain an overall GPA of 3.0 (B) to graduate.**
- ◆ MPH and PHC students receiving grades below “B-” in a graded course are considered failing grades, for the purposes of determining academic standing with the Graduate School and within the Program.
- ◆ Failed courses will need to be repeated to count for the MPH or PHC. (Please see the section below, “Repeated Courses,” for additional information.) Repeating a course will also improve your GPA, replacing your previous grade, but it will show both on your transcript.
- ◆ MPH and PHC students receiving **failing grades (grades below a B-)** in **six (6) or more credits** either in two courses or in one course taken twice will be recommended by the MPH Program Director to The Graduate School for dismissal from the UNH MPH or PHC Program.
- ◆ MPH students admitted on a *conditional or provisional basis* must meet the conditions or provisions as stated in the letter of admission, to remain in The Graduate School. *Each individual program may set and announce standards for coursework, examinations and/or research achievement that are more rigorous than the Graduate School standard.*

Process to Apply for an Independent Study

The student should speak with a faculty member to sponsor their independent study and then speak with the MPH Coordinator or MPH Director for approval. Students will be notified about the procedure for registering for the course.

PHP 995, Independent Study, is available, under conditions outlined below, to students enrolled in the UNH MPH degree program:

1. Enrollment in an Independent Study course is *not guaranteed* and is not considered a normal part of a student's academic program.
2. Faculty members are not obligated to sponsor Independent Studies but may elect to do so as they feel it is appropriate.
3. In general, an Independent Study course is appropriate for students to fulfill a special academic need that is not a part of the UNH /UNHM curricular offerings, or to pursue an academic interest not available through regularly scheduled courses.
4. In some cases, students needing one or two credits to fulfill program or graduation requirements may be eligible to take an Independent Study course.
5. An Independent Study course will require content and skills comparable to the levels required in standard course work of the same credit assignment.
6. Given the student's career objectives, the appropriateness of the student's Independent Study should be discussed with the student's advisor.
7. PHP 995 Independent Study is currently set up for 1-3 credits and cannot be repeated.
8. A UNH MPH student would need to petition to take a second Independent Study.
9. *Public Health Certificate students are not eligible to complete an Independent Study.*

Curriculum and Course Plans

Students have up to three years to complete their degree requirements. Most students complete their degree in two years, requiring 5-6 semesters, or three years, requiring 8-9 semesters.

- The following pages outline both two and three-year course plans. However, if alterations are necessary, please speak with your advisor.
- Keep in mind there are three elective courses that must be completed. Students can take elective courses during the academic year and/or over the summer.
- *Be sure to meet the pre-requisites for all PHP elective courses.*

Semester Sessions

Fall Term I ----- August -Mid-October
Fall Term II ----- Mid-October – December
Spring Term III ----- Mid-January – Mid-March
Spring Term IV ----- Mid-March – Mid-May
Summer Session V --- Mid/Late May – Late June

MPH Required Courses Schedule

Two-Year Sequence

Year 1
Year 2

Fall	Spring	Summer
PHP 900	PHP 904	PHP 906
PHP 903	PHP 908	
PHP 901	PHP 912	
PHP 903 cont'	PHP 922	
Fall	Spring	
PHP 902	PHP 990	
PHP 905		
PHP 926	PHP 998	
PHP 907		

MPH Curriculum

PHP 900	Public Health Care Systems
PHP 901	Epidemiology
PHP 902	Environmental Health
PHP 903	Biostatistics
PHP 904	Social and Behavioral Health
PHP 905	Public Health Administration
PHP 906	Public Health Finance and Budgeting
PHP 907	Public Health Policy
PHP 908	Public Health Ethics
PHP 912	Public Health Law and Negotiation
PHP 922	Public Health Economics
PHP 926	Evaluation in Public Health
PHP 990	Field Study
PHP 998	Integrating Seminar



University of
New Hampshire

Part Four: MPH Program and Transfer Courses

Transferring Graduate Courses Completed Prior to MPH Admission

MPH students are allowed up to 8 graduate level credits to transfer in towards their MPH degree. These credits *MUST*:

- Have been taken in the past five years
- Come from an accredited educational institution
- Be approved by the MPH Program Director.
- A grade of “B” or better must have been received.

Please note:

- Any request to transfer a course into the MPH program must also be a graduate-level course.
- *Graduate* courses cannot be transferred for graduate credit if used in completing another graduate degree.
- Credits transfer into UNH on an equivocal basis, hence if a student took a two-credit graduate level course, it would transfer in as two credits.

Further, students must provide the following information to transfer the credits and have them count toward the MPH degree:

- ✓ An official academic transcript showing the course and grade received.
- ✓ A copy of the course syllabus.
- ✓ A copy of the course description.
- ✓ Students must submit a petition to transfer credits (external transfer). Find the petitions at: <https://www.gradschool.unh.edu/fp.php> and
- ✓ **All courses for the Public Health Certificate must be completed at UNH.**

Transferring and Enrolling in UNH Graduate Courses offered outside of the UNH MPH Program (MPH Students Only)

Effective Fall 2008, a student may take a course offered by another UNH Department under the following circumstances:

- The course must be graduate level.
- The course may only be used to meet an elective requirement. All required courses must be taken through the MPH Program.
- **No more than two graduate-level public health courses, in total, (either taken through another UNH Department or from a CEPH-accredited academic institution) and up to six (6) credits, in total, can be transferred for graduate credit.**
- The MPH student should submit, to the MPH Program Director, the graduate course’s syllabus for review.
- The course must be approved by the MPH Program Director.
- The MPH student must complete and submit a Petition for Exception to Academic Policy at: <https://www.gradschool.unh.edu/fp.php> to the MPH Program Director or Coordinator prior to enrolling in the course.

- The MPH student must receive a grade of “B-” or better from a course taken in another UNH Department to transfer the course credit into the MPH Program.
- Students must submit a petition to transfer credits. Find the petitions at: <https://www.gradschool.unh.edu/fp.php> , and
- Graduate courses cannot be transferred for graduate credit if used in earning another degree.

Transferring and Enrolling in Non-UNH Graduate Courses After Admission to MPH Program (MPH Students Only)

If a UNH MPH student is interested in enrolling in a non-UNH graduate public health course, the following conditions apply:

1. Approval for taking a non-UNH graduate public health course must be obtained from the MPH Program Director prior to enrolling in the graduate course. In general, these types of requests are only approved for taking electives not offered through the UNH MPH Program.
2. A non-UNH graduate public health course designated to serve as an elective course toward the UNH MPH degree must be taken from a Council on Education for Public Health (CEPH)-accredited School or Program of Public Health and must be offered for graduate credit. A listing of CEPH-accredited Schools and Programs of Public Health are available at the following link: www.ceph.org/accredited/search.
3. The MPH student should submit, to the MPH Program Coordinator, the graduate course’s syllabus for review.
4. The MPH student must complete and submit a Petition for Exception to Academic Policy (available at: <https://www.gradschool.unh.edu/fp.php> to the MPH Program Coordinator **prior to enrolling in the course.**
5. ***No more than two graduate-level public health courses, in total, (either taken through another UNH Department or from a CEPH-accredited academic institution) and up to six (6) credits total can be transferred for graduate credit.***
6. The MPH student **must receive a grade of “B” or better to transfer the graduate grade and credit into the MPH Program.**
7. Graduate courses cannot be transferred for graduate credit if used in earning another degree.
8. You must be registered at UNH every semester until you graduate. While a student is taking a non-UNH graduate course elective, the student must also register at UNH for Grad 800, to maintain an “active” student status, unless it is during the summer.

Part Five: Continuing Education Program, Public Health Certificate

The MPH Program also offers a continuing education program. Continuing education program offerings include a Public Health Certificate Program (PHC), an annual series of Public Health Grand Round lectures and workshops.

MPH Continuing Education Program: Public Health Certificate (PHC) Program Goals

Concerted efforts to enhance the capacity of New Hampshire's public health infrastructure, particularly at the local level, are moving forward. This Public Health Certificate Program seeks to further enhance the state's public health infrastructure by providing individuals managing public or community health programs, with no formal academic background in public health, the opportunity to earn a Public Health Certificate. For some individuals who are at a stage in their life where a two-year Master of Public Health (MPH) Program is not possible, the Public Health Certificate provides them with basic skill sets and knowledge to enhance their abilities in public health. The Certificate also provides a vehicle to ease into the MPH Program.

The Public Health Certificate requires 12 credits (four three-credit courses) that can be completed over a one-year time period, although students have up to three years to complete all required certificate coursework. The Public Health Certificate Program requires previously earning a Baccalaureate degree from an accredited academic institution. No courses for the PHC can be taken outside of UNH.

PHC Program Requirements and Schedule

The Public Health Certificate Program can be completed in one calendar year. A student who wishes to complete the Public Health Certificate in one year can follow the sample schedule on the following page.

Courses for the Public Health Certificate

PHP 900: Public Health Care Systems (3 credits)

The focus of this course is on the pattern of services in the United States and on the structure and function of their component parts. It examines the impact on the system of a wide range of external factors including social, political, economic, professional, legal, and technological forces.

PHP 901: Epidemiology (3 credits)

This course explores factors underlying the distribution and determinants of states of health in various human populations. Emphasis is placed on investigative techniques, epidemiologic methodology, and disease prevention. This course is 16 weeks in length.

Elective Courses

In addition to the above two required courses, students must complete two elective courses to finish the Public Health Certificate Program, 12 credits. Students may choose from any of the MPH courses offered to serve as their elective, provided any pre-requisites required for enrollment in the course have been met. **Please note that elective course offerings change annually and may not be offered each year. For more information speak with the Director.**

Public Health Certificate

One-Year Sequence

Fall Start	
Fall	Spring
PHP 900	PHP Elective
PHP 901	PHP Elective

Spring Start	
Spring	Fall
PHP Elective	PHP 900
PHP Elective	PHP 901

MPH Courses

PHP 900	Public Health Care Systems
PHP 901	Epidemiology
PHP 902	Environmental Health
PHP 903	Biostatistics
PHP 904	Social and Behavioral Health
PHP 905	Public Health Administration
PHP 906	Public Health Finance and Budgeting
PHP 907	Public Health Policy
PHP 908	Public Health Ethics
PHP 912	Public Health Law and Negotiation
PHP 922	Public Health Economics
PHP 926	Evaluation in Public Health



Part Six: PHC Program Regulations *and Transitioning into the MPH*

Public Health Certificate students must possess a Baccalaureate degree from an accredited institution.

Academic Regulations Governing the Public Health Certificate Program

The following academic regulations are specific to the Public Health Certificate Program:

- ◆ The Public Health Certificate Program Coordinator will be available to advise students as needed.
- ◆ All Public Health Certificate courses must be completed at UNH.
- ◆ PHC students must have a cumulative GPA of 3.0 or higher to graduate. PHC students must file an intent to graduate form at the beginning of the semester they anticipate graduating. To learn more about when and how to submit the intent to graduate form, please go to <http://www.gradschool.unh.edu/graduation.php#intent>.
- ◆ Students graduating from the Public Health Certificate Program will be acknowledged at the UNH Master of Public Health Program's Hooding Ceremony in May. All courses must be completed prior to the Hooding Ceremony.
- ◆ **PHC students are *not eligible* to take courses offered through other UNH departments.**

All remaining Academic Regulations governing the Public Health Certificate Program, including academic standards, repeated courses, accessing course materials prior to taking a course, academic honesty, citations, grading, graduate school, non-discrimination policies, ineligibility of current students to serve as course instructors/guest lecturers, and grievance procedures are similar to those listed in the MPH Student Handbook section entitled "Academic Regulations."

Transitioning from the PHC to the MPH Program

Students who have successfully completed the Public Health Certificate Program and desire to enter the MPH Program would need to submit an application to enter the MPH Program. **Acceptance into the Public Health Certificate Program does not guarantee acceptance into the MPH Program.** If accepted into the MPH Program, a student can transfer all credits earned in the Public Health Certificate Program towards their MPH degree.

A PHC student may apply to the MPH Program *prior to completing the PHC Program*. If a student is accepted to the MPH Program prior to completing the PHC, the following would apply:

1. Students must earn a minimum grade of B- or better to transfer the courses taken in the PHC program to the MPH Program.
2. Students will have three years (starting from the semester enrolled in the MPH Program) to complete both programs.

All students are subject to the academic regulations of the Graduate School and UNH. To review these, please visit the Graduate School Web page: <http://www.gradschool.unh.edu/fp.php> Students are also subject to the *Student Rights, Rules, and Responsibilities*. This document is available on the web at <https://www.unh.edu/student-life/2018-2019-student-rights-rules-and-responsibilities>

Part Seven: Required Academic Skills and Resources

Center for Academic Enrichment

Provides academic support services, including individual tutoring, for all students. Make an appointment through the CAE My Courses site on your Canvas dashboard. Phone: (603) 641-4113. Email: unhm.cae@unh.edu

Citations

- Since students come from a variety of disciplines with different traditions of citations, the Program has not adopted a single notation style. However, students should make sure that their citations conform to a recognized style and that the documentation facilitates clear and easy access to the originals. There are multiple manuals of style books available at any bookstore; buy one and adopt it.
- The American Psychological Association (APA) Style is available at:
 - <http://www.apastyle.org/>
- Dartmouth College has an open web site that facilitates documentation available at: <http://www.dartmouth.edu/~sources/>
- The Columbia Guide to Online Style: Second Edition: <http://cup.columbia.edu/book/978-0-231-13210-7/the-columbia-guide-to-online-style>.

Computers, Skills and Online Access

Students must have access to a computer with Internet capabilities, know how to use Microsoft Office programs, use and find library resources. It is preferable to have access to high-speed Internet service.

UNHM has wireless capability throughout the building, so students with a wireless laptop computer will be able to use it in the classroom. There are classrooms with computers that may be used for courses such as Biostatistics.

On particular note, **students enrolled in PHP 903 (Biostatistics), should be able to perform the following Excel functionalities prior to starting the class:**

1. Create and set up worksheets and workbooks
2. Create and format tables, charts, and graphs
3. Create formulas using basic mathematical equations (add, subtract, divide, multiply)

UNH Computer Security and Resources

Students can obtain free versions of Microsoft Office. Please use this link to get started: <https://www.unh.edu/it/kb/article/installing-microsoft-office-students.html>. For more instructions on how to install Office 365 ProPlus, please visit the official instructions at <https://support.office.com/en-us/article/download-and-install-or-reinstall-office-365-or-office-2016-on-a-pc-or-mac-4414eaaf-0478-48be-9c42-23adc4716658>

Computer and Platform Assistance

Should you need technical assistance with your computer or any UNH account, please call the **Computer Help Desk at 603-862-4242**. (Canvas, Email, MyUNH, Passwords, Webcat or any other computer software question or concern).

Library



“Promoting academic success through personal attention and expert assistance.”

UNH Library Statement

Contact Information

(Phone) 603-641-4173

Email: unhm.library@unh.edu

The library houses a collection of more than 30,000 volumes of print and non-print materials, integrated into an open-stack arrangement. In addition, the library subscribes to over 550 periodical titles and has an extensive back file of these on microfilm. A network of workstations provides access to many citation and full-text indexes for general and subject-specific searching. A UNH Manchester I.D. card is required for library services.

The UNHM Library is located at 88 Commercial Street Building, on the second floor. The library's on-line catalog is fully integrated with Dimond Library and other University branch libraries located in Durham. The Dimond Library has a collection in-excess of one million books. The library can also provide database searches to students and faculty to assist them in their research.

- The UNH Manchester librarians are available to assist you with your research. You can contact a librarian by calling 603-641-4173 or by emailing unhm.library@unh.edu.
- The following online resources provide information about library resources and services:
- UNH Manchester Library webpage: <https://manchester.unh.edu/library>
- Online Research Guides: <https://libraryguides.unh.edu/index.php?b=s>
- Access Library Resources Remotely: <https://libraryguides.unh.edu/remoteaccess>
- Reserve a study room for Zoom classes:
<https://libraryguides.unh.edu/remoteaccess/studyrooms>

Boston Library Consortium (BLC)

The UNH Library is the only library north of Boston that is a member of the **Boston Library Consortium (BLC)**. The BLC is an association of 18 academic and research libraries located in Massachusetts, Connecticut, Rhode Island, and New Hampshire, and is dedicated to sharing human and information resources to advance the research and learning of its constituency. Founded in 1970, the Consortium supports resource sharing and enhancement of services to users through programs in cooperative collecting, access to electronic resources and physical collections, and enhanced interlibrary loan and document delivery.

The BLC has a “Virtual Catalog” which allows students and faculty to access the libraries at Bentley University, Boston College, Boston University, Brandeis University, Marine Biology Laboratory and Woods Hole Oceanographic Institution, Northeastern University, State Library of Massachusetts, Tufts University, , University of Connecticut, University of Massachusetts Amherst, University of Massachusetts Boston, University of Massachusetts Dartmouth, University of Massachusetts Lowell, University of Massachusetts Medical School, University of New Hampshire, University of Rhode Island, Wellesley College, Wesleyan University, Williams College and Internet Archive

BLC provides students and faculty with access to Boston area libraries as well as 24/7 research assistance. Students and Faculty can borrow circulating items from these institutions for a period of up to 28 days. The items will be delivered to the UNHM or UNH Dimond Library in about 4-5 days and may be picked up and returned at the Loan Desk at those two places. If you need assistance, speak with the librarians at UNHM. There will be a general introduction to the library at the Student Orientation.

Internet Skills

A student should have excellent Internet searching skills since s/he will be constantly using them to complete assignments throughout the MPH Program. Thus, before entering the MPH Program, students should know what major Internet search engines exist and how to use them to find public health data and information. Below are resources students can access to enhance their Internet searching skills

UNH Internet Searching Resources:

UNH Manchester Library: The library provides guidance on topics, such as how to evaluate websites, with staff available on-site as well as remotely. <http://manchester.unh.edu/library/> and <http://manchester.unh.edu/support-services#services> are helpful.

Web-based Tools to Enhance Internet Search Skills:

1. "Learning about Searching" Website (basic overview of searching techniques):
<http://www.notess.com/search/strat/>
2. Noodle Tools' "Choose the Best Search for your Information Need" Website (tool to determine which Internet search tool is best for a given task):
<http://www.noodletools.com/debbie/literacies/information/5locate/adviceengine.html>
3. "Finding Information on the Internet" Website (tutorial from UC Berkley Library):
<http://www.lib.berkeley.edu/TeachingLib/Guides/Internet/Strategies.html>

MS Office (MS Word, Excel, and PowerPoint) Skills

A student should be quite comfortable using Microsoft Word, Excel, and PowerPoint to complete course assignments including papers, presentations, and exercises. If you are not comfortable with using these software packages, then it **is strongly suggested** that you take workshops and/or tutorials to become adept at using these software packages. Students can download a free version of Microsoft Office at: <https://www.unh.edu/it/kb/article/microsoft-office-365-professional-plus-for-students-faculty-and-staff-faq.html>

Quantitative Skills

For students to feel confident in the quantitative courses, the following recommendations should be considered:

- A student should possess an understanding of basic algebra in preparation for PHP 901 Epidemiology and PHP 903 Biostatistics.
- Additionally, students may also find the websites listed below helpful for developing math skills:
 - www.Free-ed.net: Website indexes free tutorials and online courses, including math focused ones.
 - www.sosmath.com: The website offers numerous free math review materials.

Writing Skills

Since a student will be required to complete many written assignments throughout the MPH Program, strong writing skills are essential. A student should know how to:

- Develop an outline for a report
- Write cohesive paragraphs
- Formulate bibliographies

Students are highly encouraged to make an appointment with UNHM's Center for Academic Enrichment to participate in an English writing assessment session. The Center is located in 88 Commercial Street. The Center's telephone number is: 603-641-4113. The Center's website is <http://manchester.unh.edu/current-students/cae-more-powerful-learning>

- ❖ During the session, a student will complete a writing assessment. After completing the assessment, Center staff will explain assessment findings and identify options to help the student enhance his/her writing skill
- ❖ Additionally, students may can further their writing skill development at the following sites:
 - ✓ UNH Manchester Library: <http://manchester.unh.edu/library/>
 - ✓ UNHM Academic Enrichment:
<https://manchester.unh.edu/academics/academic-services/center-academic-enrichment-cae>
 - ✓ UNH's Robert J. Connors Writing Center: Based at UNH Durham campus, students can make appointments with Center staff to review their writing: <http://www.unh.edu/writing/cwc/>

Web-based Writing Tools:

1. UNH Online Writing Laboratory (OWL): provides writing assistance to UNH students unable to visit the Connors Writing Center in Durham. To learn more, go to: <http://owl.unh.edu/> .
2. UNH Manchester Library provides a variety of on-line and on-site tools to help students research and develop research papers: <http://manchester.unh.edu/library/>
3. The Owl at Purdue: This Purdue University website offers a wide range of on-line writing resources to help build your writing skills: <http://owl.english.purdue.edu/owl>.

Part Eight: Academic Policies and Procedures

Absences

Faculty will require a letter from Academic Affairs in cases where students are experiencing an aggravated and compelling non-academic circumstance beyond their control, including isolation and quarantine requirements related to COVID-19. Once faculty receive a letter for a student, it is within the authority of faculty to determine what remedy or accommodation is appropriate (see the [Student Rights, Rules and Responsibilities Academic Policies, 04-Attendance and Class Requirements](#)). Please see Resource Hub PDF section 10.0 (or web page [here](#)) for guidance.

Academic Honesty

Honesty is a core value at UNH. The [academic honesty policy is available here](#). Academic honesty is the keystone to any academic pursuit and is expected and required at UNH. The Program will enforce all University regulations with violations ranging from assignment failure, course failure and/or termination from the Program. Academic honesty policy and due process procedures can be found in the *Student Rights, Rules, and Responsibilities Handbook*. Make sure that you understand what constitutes plagiarism. When in doubt, please ask. The Instructor of a course is responsible for initiating any case where there is plagiarism. The Instructor has multiple options for resolving the issue. [University Academic Honesty Policy](#). The [tutorial on plagiarism](#).

Academic Regulations and Degree Requirements

<http://www.gradschool.unh.edu/>

It is the student's responsibility to become familiar with the academic regulations and degree requirements of the Graduate School as well as the special requirements of their own academic program. The general requirements of the Graduate School are found in the catalog. Individual program requirements may be found in the catalog or obtained from the respective department.

Academic Standards

Please note that MPH and PHC students are held to the following academic standards:

- ◆ MPH and PHC students **MUST** have a **cumulative grade point average (GPA) of 3.0, (B), or higher**, to graduate.
- ◆ Students must earn a grade of B- or higher in all courses.
- ◆ Although an MPH or a PHC student can pass a course with a **B- (2.67) grade, a student still MUST still maintain an overall GPA of 3.0 (B) to graduate.**
- ◆ MPH and PHC students receiving grades below “B-” in a graded course are considered failing grades, for the purposes of determining academic standing with the Graduate School and within the Program.
- ◆ Failed courses will need to be repeated to count for the MPH or PHC. (Please see the section below, “Repeated Courses,” for additional information.) Repeating a course will also improve your GPA, replacing your previous grade, but it will show both on your transcript.
- ◆ MPH and PHC students receiving **failing grades (grades below a B-)** in **six (6) or more credits** either in two courses or in one course taken twice will be recommended by the MPH Program Director to The Graduate School for dismissal from the UNH MPH or PHC Program.
- ◆ MPH students admitted on a *conditional or provisional basis* must meet the conditions or provisions as stated in the letter of admission, to remain in The Graduate School. *Each individual program may set and announce standards for coursework, examinations and/or research achievement that are more rigorous than the Graduate School standard.*

Accessibility Services for Disabilities

The University is committed to providing students with documented disabilities equal access to all university programs and facilities. If you think you have a disability requiring accommodations, you must register with the Student Accessibility Services (SAS) office. The Student Accessibility Coordinator at UNHM is Jenessa Zurek. Please reach out to the SAS office via email at jenessa.zurek@unh.edu for registration information and disability related questions. Jenessa Zurek is available by phone and email on Mondays and Wednesdays from 9am-2pm.

The University is committed to providing students with documented disabilities equal access to all university programs and facilities. If you think you have a disability requiring accommodations, you must register with the Student Accessibility Services (SAS) office. The Student Accessibility Coordinator at UNHM is Jenessa Zurek. Please reach out to the SAS office via email at jenessa.zurek@unh.edu for registration information and disability related questions. Jenessa Zurek is available through phone and email Mondays and Wednesdays from 9am-2pm. Instructors are urged to include the language found at Resource Hub PDF section 6.0 in their syllabi (or web page [here](#)).

Accessing Course Materials Prior to Taking a Course

Students may request to review a course syllabus prior to taking a course. Access to any other course materials (for example, guest access to a course *myCourses* site, handouts, etc.) may preclude a student from enrolling in the course in the future.

Advising

It is the student's responsibility to be aware of track academic requirements and progress. Advisors are available to answer questions by appointment, email or phone. Students are especially encouraged to meet with their advisor if they have questions about courses or sequencing.

Behavior Intervention Team (BIT):

This team provides assistance to the UNH Manchester community when there is a need to activate a systematic, coordinated response to students who may be in crisis or whose mental, emotional or psychological health condition may substantially disrupt or directly threaten the safety of the learning environment. The BIT receives reports from security, students, faculty, administrators, and others regarding students of concern, develops and implements appropriate interventions, assists students in accessing appropriate resources and recommends appropriate actions to the Dean of Students when needed. The UNH Manchester BIT is a collaborative interdisciplinary advisory team comprised of the following members:

Lisa Enright, Director of Student Engagement, Chair
Dan Reagan, Associate Dean of Academic Affairs
Bruce Azotea, UNH Security in direct collaboration with UNH Police

More information can be provided by emailing the UNH Manchester BIT at UNHM.BIT@unh.edu. A member of BIT will follow up with you via email to confirm receipt of your concerns and will determine the proper referral procedure in any given case in consultation with BIT members. Please do not include the student's name in the email you send to her. Any BIT member can also be a helpful resource to you. BIT will work as close partners with faculty to provide a caring, holistic approach to promote student safety and well-being on the Manchester campus.

Students will be notified by the Graduate School when this administrative action is taken and are required to apply for readmission or reinstatement if they subsequently desire to resume their academic program.

Campus Alerts

Sign up for **Campus Alerts** for automatic notification of weather delays/cancellations, power outages, campus safety alerts, and other emergencies. <http://www.unh.edu/upd/campus-alerts>

COVID-specific Policies and Guidance

Health and Safety in Face-to-Face Classes

Please be aware of updated practices, <https://www.unh.edu/coronavirus/>, which can include:

- appropriate use of social distancing
- appropriate use of PPE (e.g., masks)
- Covid-19 testing

- Note that per [CDC definition](#), “close contact” comes into play if individuals are within 6 feet of each other for more than 15 minutes.
- This means that individuals passing each other in hallways or other spaces or interacting (with masks) within 6 feet for less than 15 minutes are NOT considered close contacts.

Exam Scheduling

Classes are held on Election Day. However, no examinations may be scheduled, faculty are asked to provide opportunities to make up any scheduled activities on that day as appropriate. Many colleagues suggest that it is wise to be sensitive about student religious obligations. Sample syllabus language is available at Resource Hub PDF section 8.0 (or web page [here](#)).

Family Educational Rights and Privacy Act of 1974 (FERPA):

Social security numbers and grades are protected by federal law under the Family Educational Rights and Privacy Act of 1974, often referred to as the “Buckley Amendment.” The University System Policy relative to the Buckley Amendment is found in the [Student Rights, Rules and Responsibilities bulletin](#) published each Fall.

GRAD 800

Graduate students are normally required to maintain continuous enrollment each Fall and Spring semester by registering for courses, or continuing enrollment (GRAD 800). Students who don’t register for the Fall and Spring semesters will have their degree status discontinued. If you do not plan to take a course for an entire Fall or Spring semester, make sure you register for **GRAD 800**, which keeps your enrollment in the program current rather than having your **degree status discontinued (DSD)**. The fee for **Grad 800** will be applied during the semester in which the student is not enrolled. There is a reinstatement fee for students who have been designated as Degree Status Discontinued. Please contact the Graduate School for specific fees.

Grading

Letter grades: The following grades are used at UNH: However, please consult the grading system within your course syllabus, as that supersedes these grades.

A (4.0), A- (3.67), B+ (3.33), B (3.0), B- (2.67), C+ (2.33), C (2.0), C- (1.67), D+ (1.33), D (1.0), D- (.67) F (0). Graduate credit is normally only granted for courses completed with a grade of B- or higher. Individual programs may have stricter requirements and are published with their degree program requirements.

AF Grades: An “AF” grade, Administrative F, is assigned for failure to either drop or complete a course. An “AF” is considered the same as an “F”.

Appeals: Every Instructor must be prepared to discuss and explain the basis for her or his evaluation of students. If, after consulting the Instructor, a student still believes that he or she was treated unfairly, he or she has the right to seek redress using the MPH Program Appeals Process outlined in the Grievance Section of the MPH and PHC Student Handbook.

Audit Grades: An “AU” grade is assigned for completion of courses for which an audit was granted. No credit is earned.

C+ Grades: The Dean of the Graduate School may, under limited conditions, approve two courses, up to 8 credits of C+ grades for graduate credit. When a student’s advisory committee or a student’s advisor, in conjunction with the appropriate departmental committee, wishes to recommend that credit be given for work completed with a “C+”, the advisory committee shall forward its recommendation, with appropriate justification, to the Dean of the Graduate School within one month of the completion of the course. Normally these courses will be elective courses outside the student’s major area.

Credit/Fail Grades: A “CR” grade is assigned for complete, approved theses and dissertations, as well as other approved courses and seminars.

IA Grades: An “IA” grade is assigned for approved continuing courses, such as thesis or doctoral research, and remains on the record until the course requirements are completed. In the case of doctoral research, the “IA” grades remain on the official transcript for all semesters prior to the completion of the degree. The “IA” grade for the final term of enrollment will be changed to “CR” to signify successful completion of the dissertation.

Incomplete Grades: An “IC” grade is assigned with the approval of the Instructor for excused unfinished work only. The work must be completed and submitted to the Instructor by the date agreed to with the Instructor, but no later than the last day of the classes of the semester immediately following the one in which the incomplete was granted (800- and 900-level course only; mid-semester for 400-, 500-, 600, and 700-level courses). A petition requesting additional time within which to resolve the incomplete, approved by the Instructor, the student’s Advisor and Graduate Program Coordinator may be submitted to the Graduate School by the appropriate deadline. The Dean will grant an extension only under unusual circumstances. An incomplete grade becomes an “F” if not resolved or if a petition for an extension is not approved within the allowed time-period. This policy also applies to students who withdraw from UNH or who are on an approved leave of absence.

We hold students to high academic standards. Given our expectations, please avoid awarding incomplete grades. Only in the event of compelling, non-academic circumstances beyond a student’s control should an incomplete be awarded, and only if the student requests an incomplete. An

administrative failure (AF) is the appropriate grade for a student who has missed substantial portions and assignments of a class.

Pass/Fail Grades: A graduate student may petition to take undergraduate courses on a pass/fail basis. Such a petition must be approved by the end of the add period for the term the course is taken. A grade of “C” is the minimum grade to receive a “P”. Courses at the 700-level approved for graduate credit cannot be taken for pass/fail.

W Grades: If a student withdraws from school or drops a course prior to the fifth Friday of the semester, the course(s) will not appear on the student’s permanent record. If a student withdraws from school or, for compelling non-academic reasons, submits an approved petition to drop a course after the fifth Friday of the semester, a notation of “W” will be shown on the student’s academic record. If the withdrawal or drop is after the midpoint in the class, a grade of “WP” or “WF” is shown on the record. A “WF” is considered a failing grade and will calculate into the GPA as such. Deadlines for courses scheduled for any time-period other than a full semester are apportioned at the same rate as semester courses. The actual dates are determined on a term-by-term basis.

Graduation

- Graduate students must have a cumulative GPA of 3.0 (B) or higher to graduate.
- Students must file an *Intent to Graduate* form prior to mid-semester of the term in which they intend to graduate. This form can be completed online at: <https://www.unh.edu/registrar/graduation>
- The MPH Program will have a Hooding Ceremony in May. MPH graduates can also participate in the UNH graduation ceremonies at both the UNH Manchester and Durham campuses. Information pertaining to the MPH Hooding Ceremony and Graduation will be communicated via email.

Grievance Procedures

The MPH Program Appeals Process is designed to field student challenges to a faculty evaluation, decision, or action. This appeal process applies to both academic and non-academic issues. MPH and PHC students, as well as other members of the academic community, are encouraged to resolve conflicts concerning academic issues; faculty, staff, or peer conduct; or student development informally before initiating the MPH Program Appeals Process.¹

Ineligibility of Current Students to be Course Instructors or Guest Lecturers

No current MPH or PHC students may guest lecture or instruct a course in the public health program.

MPH/PHC Program Appeals Procedure²

1. An Appeals Board shall be formed. Its membership shall consist of the faculty who serve on the MPH Program Committee (excluding the faculty member involved in the Grievance) and one faculty from the Department of Health Management and Policy.
2. The initial step in the appeals process will be a meeting for the purpose of discussion and resolution between the faculty person and graduate student.
3. If the concerns raised are not resolved by the discussions between the faculty person and the graduate student, either party has ten (10) working days to request that a mediator from the Appeals Board be present for one additional meeting to resolve the dispute.
4. If no satisfactory resolution is reached, the student must submit a written statement to the Appeals Board within seven (7) working days following that meeting. The faculty person will

respond to the statement in writing to the Appeals Board within seven working days of receiving the statement.

5. The Appeals Board will review these documents and may seek any further information from the specific people involved and/or from outside people. The Appeals Board must reach its decision from the submitted and additional data. The Board's decision must be presented in writing to the parties involved within thirty (30) days of receiving the faculty person's response statement.
6. If either the student or faculty member is not satisfied with the Appeals Board decision, the Dean of Health and Human Services should be notified and the appropriate University of New Hampshire (student or faculty) grievance procedure can be initiated (see UNH Student Rights, Rules, and Responsibilities Handbook and Faculty Handbook).

As outlined in the *UNH Student Rights, Rules and Responsibilities Handbook*, a student should implement the following process for submitting a grievance concerning a faculty member:

*"Students should discuss their concerns directly with the faculty member and seek a resolution. However, if the student feels that direct discussion would be counterproductive or if, after consulting with the faculty member, a student still has a complaint, she or he should talk with the chairperson of the faculty member's department. If no satisfactory resolution results, the student may talk with the dean of the college or school. If the matter is not resolved by the dean, final appeal may be made to the Provost and Executive Vice President for Academic Affairs."*³

The one amendment to the above process is that a student should consult with the MPH Program Director prior to approaching the chairperson of the faculty member's department to try to reach a resolve to the situation. All other process steps remain the same. Complaints/grievances with a staff person should be resolved using the detailed process described in the <https://www.unh.edu/student-life/2018-2019-student-rights-rules-and-responsibilities>

References

1. UNH Department of Social Work. MSW Student Handbook, 2009-2010. Durham: UNH Department of Social Work, 2009. Print.
2. UNH Department of Marriage and Family Therapy. MFT Graduate Handbook, 2008-2009. Durham: UNH Department of Marriage and Family Therapy, 2008. Print.
3. University of New Hampshire. Students' Rights, Rules, and Responsibilities Handbook, 2018-2019. Durham: University of New Hampshire, 2008. Print.
4. <https://www.unh.edu/student-life/2018-2019-student-rights-rules-and-responsibilities>

Registration Instructions:

1. Before you Register

Login to [MyUNH/Webcat](#) before your registration window opens. Check to make sure your account is active and you have no holds on your account. Some holds will prevent you from completing the registration process. Holds can be placed for a variety of reasons, the staff at the Graduate School Manchester can help students determine why there is a hold.

To check for holds:

- Select Webcat/Services tab
- Select Student Services and Financial Aid
- Select Student Records
- Select View Holds

2. Graduate Student RAC (Registration Access Code): No RAC required.

3. UNH Manchester Registration: Students who are registering for courses at both the Durham and Manchester locations may complete their registration and payment at both sites or at a single site. Students may register online. **Online Course Registration (available to enrolled students only)**

- Go to <https://my.unh.edu/>
- Click on Webcat/Student Services tab
- Continue
- Registration
- Add/Drop Classes
- Choose Term (Fall/Spring/Summer)
- Enter in CRN (Course Registration Number) number(s)
- Submit changes

4. Scheduling Assistance: Parent's needing assistance scheduling classes around your children's school/daycare hours, or a non-traditional student needing assistance scheduling classes around a full time (35+ hours), (M-F) job, contact the Office of the Registrar, **BEFORE** registration begins.

- Register in person: 4th Floor Pandora Building, Student Services Suite, UNH Manchester
- Register via phone by calling 603-641-4136.
- Print your schedule by returning to the Registration menu and selecting Printable Schedule or Student Detail Schedule. <http://manchester.unh.edu/course-schedule>
- For information regarding available courses and registration dates please see the following website: <http://manchester.unh.edu/course-schedule>

5. Continuing Graduate Students: Are expected to register by the first day of classes.

6. Late Registration: Students who register after the published deadline will incur a late fee

7. Maximum Load: The maximum graduate load of 16 credits (12 credits for a student on a full assistantship). Only under unusual circumstances will a student be allowed to exceed these limits, and then only with the recommendation of the student's adviser and graduate program coordinator and the approval of the dean of the Graduate School.

8. Graduate Continuing Enrollment GRAD 800: <http://www.unh.edu/registrar/registration-courses/GRAD-800-900.html>

Students must remain registered each semester while in a graduate program. If circumstances occur when you cannot take a course during a semester you can register for GRAD 800. Webcat registration remains open for GRAD 800 through the 3rd Friday of the Fall and Spring semester. The fee for **Grad**

800 will be applied during the semester in which the student is not enrolled. Please contact the Graduate School for the specifics about the fees.

9. Degree Status Discontinued

Students who do not register and pay by the published deadlines in the UNHM Academic Calendar <https://www.gradschool.unh.edu/dates.php> have their degree status discontinued. Students who wish to resume their academic program will need to petition for reinstatement and pay a reinstatement fee and any other applicable late fees. Students that have been DSD'd will have to file either a reinstatement (semester they were DSD'd) or readmission form (any time thereafter) and pay the appropriate fee.

Students should register for ALL of their courses for Fall Sessions I and II, or for Spring Sessions I and II by the posted deadline. (See <http://manchester.unh.edu/course-schedule> for deadlines and how to register.

Fall an MPH student will likely register for four seven-week courses.

Additions or deletions for the second seven-week period will be done on an exception basis.

Repeated Courses

Repeating a course does not remove the original course or grade from the record. Only the most recent grade is included in the cumulative grade point average; only the most recent credit, if any, is included in the cumulative credits earned. A course may only be repeated once. If a UNH MPH or PHC student needs to repeat a course for their MPH degree or Public Health Certificate, it is important to note the following:

- ✓ Repeating a course does not remove the original course or grade from the record.
- ✓ Repeating a course does not remove the original failing grade from the record.
- ✓ Only the most recent grade is included in the cumulative grade point average (GPA).
- ✓ Only the most recent credit, if any, is included in the cumulative credits earned.
- ✓ Any course taken at a different institution must meet the same academic standards as outlined for UNH courses.
- ✓ **A course taken at UNH may only be repeated once.**
- ✓ **A course taken at UNH may not be repeated at another academic institution**

Student rights and key policies

UNH's statement on Student Rights, Rules, and Responsibilities <https://catalog.unh.edu/srrr/> applies to graduate students as well as to undergraduates. It can be found here:

<https://www.unh.edu/student-life/handbook>. The Declaration of Student Rights and Rules is up front: <https://www.unh.edu/student-life/handbook/intro/declaration>. The following UNH policies can impact student roles (in some cases, particularly as graduate assistants):

Part Nine: General Resource Information

For specific information on UNHM or UNH Durham, visit the following sites:

- ✓ UNH Manchester: <http://manchester.unh.edu>
- ✓ UNH-Durham: <http://www.unh.edu/>

Bookstore

The official UNH bookstore is located on the Durham campus, in the Memorial Union Building. The bookstore carries textbooks, supplies, greeting cards, academically priced computer software, candy, UNH clothing and giftware, and gift certificates.

The bookstore accepts Visa, MasterCard, Discover, American Express and personal checks made payable to the UNH Bookstore. There will be a \$20 additional fee charged on all returned checks to the bookstore. Books can be shipped directly to students when ordered with a credit card over the phone.

A virtual bookstore is available to UNH students if you would prefer not to drive to Durham. The website is: <https://manchester.unh.edu/current-students/bookstore>

Textbooks will be shipped for free when you use your UNH ID. You can search for textbooks needed by class going to the textbook tab on the website.

*If you look online for the textbook for your course and it is not listed in the book store, you may want to check the course on <https://courses.unh.edu/> to see if the professor listed the books with the course information.

Textbook Refunds

In order to receive a refund, you must present the original cash register receipt. Books purchased must be returned in the same condition as they were purchased, in order to receive a full refund. Refunds on textbooks purchased for the current term are given if they are returned to the bookstore within the time-period to drop a class without academic penalty. Note: You must present the drop slip from the University and the register receipt to receive your refund. Credit card purchases will be credited to your credit card.

Used Book Buy-Back

As one of the many services to students, the bookstore buys back textbooks every day the store is open for business.

Career and Professional Services

We are committed to helping all UNH students proactively build the knowledge and skills they need to adapt and succeed in an ever-changing future. <https://chhs.unh.edu/careers>

Public Health Career Services

<https://chhs.unh.edu/health-management-policy/careers>

Opportunities for Alumni <https://www.unh.edu/career/alumni>

WILDCAT CONNECTIONS ALUMNI JOB BOARD

Utilizing the power of Wildcat Connections, the Alumni Job Board offers you the ability to share and apply to opportunities across the country for Wildcats with at least 5 years of experience. Whether looking for work or sharing opportunities to your UNH network, get to know the latest tool to join

the suite of opportunities and exclusive resources available to you as a member of the UNH alumni family. [LEARN MORE](#)

[HANDSHAKE FOR RECENT ALUMNI](#)

Handshake helps current students and recent alumni (less than 5 years of professional experience) connect to job and internship opportunities locally and across the world.

[LEARN MORE](#)

If you have questions regarding either platform, please feel free to contact caps@unh.edu.

Consensual Amorous Relationship Policy. This policy provides guidelines designed to prevent conflicts of interest that can occur when two members of the UNH community whose institutional roles place them in an uneven power dynamic engage in a consensual amorous relationship.

Discriminatory Harassment Policy. It is the policy of the University of New Hampshire to uphold the constitutional rights of all members of the university community and to abide by all United States and New Hampshire State laws applicable to discrimination and harassment. In accordance with those laws, all members of the UNH community will be responsible for maintaining a university environment that is free of intimidation and harassment. Therefore, no member of UNH may engage in harassing behavior within the jurisdiction of the university that unjustly interferes with any individual's required tasks, career opportunities, learning, or participation in university life. As employees of the university and as graduate students, graduate students are protected under the policies UNH has put in place to discourage, to investigate, and to address instances of harassment.

Graduate assistants should also take responsibility for conducting themselves professionally, and should be aware of the ways that power dynamics shape their various roles at UNH. If charges against a graduate assistant are brought forward by a fellow graduate or an undergraduate student, the person making the charge may choose between pursuing charges under the policy outlined in the Student Code of Conduct or under the Discriminatory Harassment Policy as enforced by the Office of Affirmative Action. Published by the Affirmative Action Office, this document contains information about UNH's harassment policy, offers examples of harassment and provides outlines of guidelines and procedures.

Title IX Prohibiting Sex-based Discrimination in Education: There are specific rights pertaining to sexual violence and harassment that are covered by federal law. Title IX is a landmark federal civil right that prohibits sex-based discrimination in education. Part of the law addresses sexual harassment, gender-based discrimination, and sexual violence. Sexual violence includes attempted or completed rape or sexual assault, as well as sexual harassment, stalking, relationship abuse, voyeurism, exhibitionism, and verbal or physical sexuality-based threats or abuse. Inquiries regarding discrimination should be directed to: UNH Director & Title IX Coordinator of Affirmative Action and Equity

Email

Your UNH email address is used for all official communication with UNH and much more. For any exchanges with faculty or staff at UNH you must only use your UNH email address, as that is the only way we can identify you are who you say you are.

Official Communication Via UNH Email Accounts

All correspondence with MPH and PHC students is conducted via the student's UNH email account. Students are strongly recommended to have access to a computer with Internet capabilities to be kept informed about updates, policies, and procedures affecting the MPH and PHC Programs. **Students should check their UNH account regularly or forward their UNH email to another account they check on a regular basis.**

You are responsible for checking your UNH email regularly and updating your personal email address when necessary.

Emergency Alerts and Class Cancellations

<https://www.unh.edu/upd/crime-prevention/campus-alerts>

The University of New Hampshire provides its community with a free text message/email alert system. The UNH Alert system allows the University of New Hampshire to contact you during an emergency by sending text messages to your:

- E-mail (school, personal, other)
- Cell Phone

Sign up for UNH Alerts at alert.unh.edu

When an emergency occurs, authorized senders will quickly notify you using UNH Alert. UNH Alert is your personal connection to real-time updates, instructions on where to go, what to do, or what not to do, who to contact and other important information.

UNH Alert is a free service provided by the University of New Hampshire, however your wireless carrier may charge you a fee to receive messages on your wireless device.

Using the UNH Alert system, administrators can also send notifications to UNH Police social media (facebook: [@UNHPolice](https://www.facebook.com/UNHPolice) and Twitter: [@UNH_Police](https://twitter.com/UNH_Police)), on-campus television screens located in a variety of locations on the Durham and Manchester campuses, and the my.unh.edu portal. Please note, not all notifications will be sent to all of these partners; the best way to stay informed is to enroll in UNH Alert.

Financial Aid and Student Accounts (Billing): Students registering on or after the first day of classes are expected to pay tuition and fees at the time of registration. Students with unpaid bills may be dropped from their courses if payment is not received by the published deadlines. Bills are published to each student's [MyUNH/Webcat](https://my.unh.edu/webcat) account and not sent by postal mail. Notifications are sent to a student's UNH assigned email account. More information can be obtained at <https://manchester.unh.edu/current-students/student-accounts>

Students interested in seeking financial aid should contact the UNH Financial Aid Office at 862-3600. The Graduate Student Aid and Verification Form, used to determine financial aid need, is available at <https://manchester.unh.edu/financial-aid>

Food Pantry

The campus food pantry has pre-packed bags of non-perishable food items for students in room 437. If you have any questions, contact Kattarina.Biss@unh.edu

Health Insurance Fee:

UNH has a health insurance requirement as a condition of enrollment for all full-time (*9 or more credits per traditional semester*) graduate degree students. Students will have the **option of waiving the requirement by presenting proof of adequate insurance** through another plan. Students who want to waive out of the plan are required to complete the enrollment/waiver form and should do so before the start of classes. Full information including the enrollment/waiver form can be located at www.unh.edu/health-services/shbp/.

Health Insurance Requirement: All full-time degree students are required to have health insurance as a condition of enrollment. Thus, graduate students who are registered for any of the following during a semester are required to have health insurance, and will be automatically enrolled and billed in the student health benefit plan (SHBP) unless they waive it because they already have their own health insurance:

- 9 or more credits (6 credits if on assistantship)
- GRAD 900 (master's continuing research)
- DEPT 999 (doctoral research)

Students will have the **option of waiving the requirement by presenting proof of adequate insurance** through another plan. Students who want to waive out of the plan are required to complete the enrollment/waiver form and should do so before the start of classes. Students must waive the SHBP annually; the waiver form is available at <http://www.unh.edu/health-services/shbp>. This site also includes information on the plan's cost, coverage, and other important details. Full information including the enrollment/waiver form can be located at www.unh.edu/health-services/shbp/.

For information about financial aid, go to <https://manchester.unh.edu/financial-aid>

MyCourses

Each Instructor in the MPH program will use MyCourses in different ways, given the nature of the course. You will find it to be an invaluable tool in communicating with the Instructor and fellow students, as well as accessing course materials. MyCourses also contains personal student tools (*e.g.*, Calendar, Tasks). Please communicate with your professors about how they expect you to use MyCourses for their class and how they will communicate with you, and vice versa

MyUNH

To access *MyUNH* please go to <https://my.unh.edu/> and use your username and password. Once in *MyCourses* you can access your UNH email as well as the platforms for your courses and student services each semester.

Mental Health and Wellness

In partnership with The Mental Health Center of Greater Manchester, UNH Manchester offers free mental health sessions for students. Students can schedule virtual counseling sessions by emailing unhm.advising@unh.edu. Counselors will be available virtually on Monday, Tuesday, and Thursday from 9am-5pm.

The *National Suicide Prevention Lifeline* provides 24/7, free and confidential support via phone or chat for people in distress, resources for you or your loved ones, and best practices for professionals. Call (800) 273-TALK (8255).

QPR is a training program in mental health awareness and suicide prevention training offered by trained facilitators and members of the UNH Manchester community. Please contact Lisa Enright at lisa.enright@unh.edu should your department or program want to schedule a training session.

Non-Discrimination

“The University of New Hampshire is a public institution with a long-standing commitment to equal opportunity for all. It does not discriminate on the basis of race, color, religion, sex, national origin, age, veteran status, sexual orientation, or disability in admission or access to, or treatment or employment in, its programs or activities.” (UNH Catalog).

Non-matriculated Students

Non-matriculated students do not have to obtain the MPH Program Director’s permission to enroll in an MPH Program course. Students are allowed to take up to two (2) courses prior to matriculation. To enroll, s/he would follow the below directions to register either in-person or via phone.

Online Resource Assistance

You can call 603-862-4242 and to this link: <https://www.unh.edu/it/strategic-technology/resources-and-links-for-students-and-researchers>.

Parking

UNH Manchester offers a variety of parking options. As of 8/29/16 students who have parking permits will be allowed to park both, in front and behind 88 Commercial St. The cost of parking permits is included in your tuition and fees and can be picked up by contacting Security Services on the 2nd floor of the Pandora Building.

Parking is also available at the covered Center of NH Garage just a six-minute walk from campus, free of cost for students with a validated ticket. The garage entrance is on Granite Street, just beyond the Canal Street intersection. Be sure to bring your parking ticket with you to campus and stop by the security desk on the main floor to have your ticket validated. Otherwise, you will be responsible for paying to park. Please do not park in the local lots around Pandora before the noted times. You will be towed. <http://manchester.unh.edu/directions-parking>. [Contact Campus Security](#) for questions regarding parking, 603-641-4101. The office is located in the reception area on the second floor of the Pandora Building at 88 Commercial Street.

Sexual Harassment and Rape Prevention Program (SHARPP):

Provides free and confidential advocacy and direct services to survivors.

(<https://www.unh.edu/sharpp>.)

Sexual Violence or Harassment: Confidentiality and Mandatory Reporting

The University of New Hampshire and its faculty are committed to assuring a safe and productive educational environment for all students and for the university as a whole. To this end, the university requires faculty members to report to the university’s Title IX Coordinator (Donna Marie Sorrentino, dms@unh.edu, 603-862-2930/1527 TTY) any incidents of sexual violence and harassment shared by students. Please include the statement at Resource Hub PDF section 9.0 (or web page [here](#)) in your course syllabi.

Student Accessibility Services

The University of New Hampshire at Manchester is committed to providing students with disabilities with a learning experience which assures them of equal access to all programs and facilities of the University, which makes all reasonable academic aids and adjustments for their disabilities and provides them with maximum independence and the full range of participation in all areas of life. Students who have a documented disability and need support services should consult with UNH Student Accessibility Services. <https://www.unh.edu/studentaccessibility>

Requirements

- Students are responsible for disclosing their disabilities and requesting accommodations
- Current documentation (within the last 3-5 years) must be provided for Learning Disabilities and ADHD.
- Documentation for most Chronic/Medical as well as Psychological/Emotional Disorders must be current within the last 6 months.

Student Identification Cards

Student ID cards will be processed at Student Orientation and during the first week of classes for all students. The ID cards are obtained at the security desk 88 Commercial Street Building. An ID card is required for library service and enables students to take advantage of student discounts offered by area merchants.

The Granite YMCA

UNH Manchester has partnered with The Granite YMCA to get undergraduate and graduate students a highly discounted Y membership. From fitness equipment to group exercise classes, indoor and outdoor pools to tennis and basketball courts — for just \$50 per semester, you can take advantage of all [The Granite YMCA](#) has to offer at any of its five locations.

Just a 10-minute walk from UNH Manchester, think of the YMCA of Downtown Manchester as an extension of our campus. Give your brain a break with a fitness class or get a change of scenery by bringing your homework to the member lounge, complete with free Wi-Fi.

YMCA MEMBERSHIP CONTACT: Phone: (603) 623-3558

Email: wildcatwellness@graniteymca.org

<https://manchester.unh.edu/student-experience/wildcats-at-the-ymca>

Transportation

UNHM is a valued partner with the Manchester Transit Authority. Last year, we were able to negotiate to get the Green DASH to stop outside of our 88 Commercial Street location as well as outside of our 1000 Elm dorm location. The Green DASH is a free service, open to anyone that would like to utilize the services. You can view the schedule for the Green DASH – as well as its drop off/pick up locations here: <https://mtabus.org/routeschedules/route-map/route-41/>

Furthermore, we offer all of our students an opportunity to pick up a UPass. The UPass allows students to ride on any bus/any schedule for free with their Student ID. They just need to pick up one at the security desk at the start of each academic year.

Tuition and Fees

Tuition for each academic year is announced in July. MPH and PHC students pay on a per course basis, with each course being three credits. Hence, to calculate the cost for one course, multiply the current year's in or out-of-state per credit tuition rate by three.

2023-2024 Tuition Only PHC

Residency Status	Per Credit	Estimated PHC Program Tuition
NH Resident	\$785.00	\$9,420.00
Out-of-State Resident	\$865.00	\$10,380.00

2023-2024 Tuition Only MPH

Residency Status	Per Credit	Estimated MPH Program Tuition
NH Resident	\$785.00	\$ 37,680
Out-of-State Resident	\$865.00	\$ 41,520
Fees	Semester Cost	Yearly Cost
GRAD 800	\$200.00	\$400.00
Health Services <i>9+ Credits</i>	\$1,140.00	\$2,280.00
UNHM security/parking fee	\$45.00	\$90.00
Psychological & Counseling Services (PACS)	\$50.00	\$100.00
Registration Fee	\$20.00	\$40.00-\$60.00
SHARPP	\$5.00	\$10.00
Technology Fee (1-4 credits)	\$27.00	\$54.00
Technology Fee (5-8 credits)	\$53.00	\$106.00
Technology Fee (9-16 credits)	\$107.50	\$215.00

Tuition Obligations

The tuition you pay is in exchange for learning, academic credit, and certain non-academic services that will be provided whether in person, in a hybrid environment, or entirely remotely.

**Students planning to use payroll deduction should make arrangements with the Billing Office no later than the first week of the semester.*

<https://www.unh.edu/business-services/tuition-fees/unh-manchester-graduate-school>

Username and Single Sign-On

Your Single Sign-on (MyUNH) <https://my.unh.edu/> username (also known as your UNH USERNAME [IT ID] was created for you when you first applied to UNH. For further information on acquiring your username and setting your password, please visit the following page:

<http://www.gradschool.unh.edu/myunh.php>

Veterans Services:

Veterans Services is committed to providing support and assistance for veterans, active-duty military, Guard/Reserves, and their dependents. The office is staffed by professional student affairs staff and student veterans; we encourage you to contact us or visit (301 Thompson Hall) for assistance with any student or military-related concern: <http://www.unh.edu/veterans/> .

Webcat

Webcat can be found in MyUNH for all administrative tasks such as course registration, billing and financial aid, and for grades/transcripts, etc. To access MyUNH please go to <https://my.unh.edu/> and enter the same username and password. All functions are found under Webcat.

- Please note all UNH billing is electronic only and will be accessed via Webcat. UNH billing notifications are sent to your UNH email address that was assigned to you when you applied to the MPH Program.



University of New Hampshire

Health Data Science

WHY GET A GRADUATE CERTIFICATE IN HEALTH DATA SCIENCE?

Data science is among the fastest growing fields across all industries, and healthcare is no exception. The Graduate Certificate in Health Data Science (GCHDS), offered by the College of Health and Human Services, prepares students who may be interested in the field of health data science or considering improving their analytic skills within their current role in the healthcare industry. The online graduate certificate in health data science at UNH exposes students to analytic techniques and tools that are useful for both large and small data sources in healthcare. In this program, you will develop an understanding of the U.S. health system and how to visually, and quantitatively describe health impacts and outcomes. You will also gain a better understanding of complex healthcare data and the phases of data analysis to develop the ability to display actionable results. Students can expect to gain exposure to the role of analytics in healthcare, statistical and programming foundations, and the visualization and translation of healthcare data.

<https://chhs.unh.edu/health-management-policy/program/graduate-certificate/health-data-science>

Health Data Science Courses and Schedule

Certificate Full-time		Certificate Part-time	
Fall or Spring		Fall or Spring	Fall or Spring
HDS 800		HDS 800	HDS 801
HDS 801			
HDS 802		HDS 802	HDS 803
HDS 803			

Core Required Courses
HDS 800 Mathematics and Statistics for Health Data Science
HDS 801 The U.S. Healthcare System
HDS 802 Programming in Healthcare Environments
HDS 803 Translation of Health Data
HDS 804 Health Data Systems

POTENTIAL CAREERS

- Health data analyst
- Finance analyst
- Population health analyst
- Nursing quality assurance analyst
- Health informaticist
- Nursing informaticist

For more information contact:

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Durham, NH 03824-3563



University of New Hampshire

Master of Public Health

Course Descriptions

Descriptions of all MPH and PHC courses are provided below. *At the end of each description is guidance on recommended and/or required courses that a student should/must take before enrolling in each course. Please consult this list in advance of registering each semester to ensure that you have met the necessary conditions to enroll in a given course.*

PHP 900 - Public Health Care Systems

The focus of this course is on the pattern of services in the United States and on the structure and function of their component parts. It examines the impact on the system of a wide range of external factors including social, political, economic, professional, legal, and technological forces. 3 credits.

PHP 901 - Epidemiology

This course explores factors underlying the distribution and determinants of states of health in various human populations. Emphasis is placed on investigative techniques, epidemiologic methodology, and disease prevention. This course is 16 weeks in length. 3 credits.

PHP 902 - Environmental Health

This course offers a general introduction to the ecological basis of health and disease. It applies the principles and framework of ecosystems to human health problems associated with environmental hazards, including toxic and infectious agents that contaminate our air, water, food, the workplace and other special environments. Links between environmental and occupational health effects will be explored within the public health model. Policy

required for regulation and alternative strategies for prevention will be discussed. 3 credits.

PHP 903 - Biostatistics

This course introduces students to the principles of biostatistics. Students will learn through classroom instruction, lab instruction and exercises, and a variety of statistical methods in public health. Students will review measures of central tendency rates, and standardization; probability; sampling; hypothesis testing; comparisons; and simple, multiple and logistic regression techniques. This course is 16 weeks in length. 3 credits.

PHP 904 - Social and Behavioral Health

This course provides fundamental concepts of the behavioral sciences as they illuminate public health. Since public health practice is the application of physical, biological and behavioral knowledge to living societies, a firm understanding of human social organization and behavior is essential. Individual and community responses to prevention, identification of symptoms, diagnoses, treatments, chronic ailments, and rehabilitation are discussed. In each of these areas, the course explores the interaction between community, family, patient, and health care provider. 3 credits.

PHP 905 - Public Health Administration

This course focuses on public health managers, organizational culture, management process,

management functions and roles, leadership, motivation, communication, and human resource management. 3 credits.

PHP 906 – Public Health Finance and Budgeting

This course introduces and develops the financial concepts, financial management and budgeting tools important for managing public health organizations, including utilizing financial statements, basic accounting conventions, the process of developing and managing a programmatic budget, grant submission and management, and resource allocation. Questions, problems, and case studies will be used to reinforce discussions, develop, and utilize problem-solving skills to apply to real-world situations.

PHP 907 - Public Health Policy

This course analyzes the public policy process, the development of public health policy in the United States and discusses specific public health policy issues with international comparisons. This course begins with an analytical framework for analyzing the American political system and process. It is followed by a general introduction to health policy in the United States with examples of specific policies and programs. Students will be asked to examine specific public health policy in-depth. 3 credits.

PHP 908 - Public Health Ethics

This course examines selected ethical issues arising in public health policy and practice and ethical dilemmas faced by public health professionals, practitioners, and researchers. Students analyze competing personal, organizational, professional, and societal interests, values, and responsibilities. Case studies apply different models of ethical decision-making and provide MPH students with an added opportunity to explore and clarify their values and those of their colleagues. 3 credits.

PHP 912 - Public Health Law and Negotiation

This course will provide an overview of legal systems as they relate to public health by addressing the legal basis needed to practice public health, enforce compliance with public health regulations, manage public health programs, and organizations. Care elements will

be introduced, such as elements of law, legal practice, reasoning, negotiation, and their applications with public health, i.e., limitations and authority of state governments and agencies in matters affecting the public's health will be discussed.

PHP 922 - Public Health Economics

This course gives each student a hands-on opportunity to become familiar with a broad range of health economics issues and analyses. The objective is to help its graduates successfully compete for advancement in careers requiring knowledge of health policy analysis. Pre-requisite Course: PHP 903 Biostatistics; Recommended Course: PHP 906 Public Health Finance and Budgeting. 3 credits.

PHP 926 - Evaluation in Public Health

An introduction to program evaluation as it relates to public health practice and research, primarily in the United States. Public health-specific examples are presented throughout the course. This course includes discussion of striking a balance between scientific rigor and the practicalities often faced by program evaluators. Recommended Courses: PHP 901 Epidemiology and PHP 903 Biostatistics. 3 credits.

PHP 990 - Field Study (MPH Students Only)

This course provides a 16-week long opportunity for students to synthesize, integrate, and apply the skills and competencies they have acquired during enrollment in the MPH Program and apply them to a public health problem or project in a professional public health practice setting. Students are expected to spend a minimum of *100 hours* in the organization (not including preparation time) exploring how that organization deals with a particular public health issue and working on a project for that organization.

In addition, students present the findings of their work in a formal poster session at a professional meeting, following or nearing the

conclusion of the course. This public health experience is conducted under the direction of a faculty member and a community public health mentor. Prerequisite: Completion of **most required courses** and permission of course Instructor and MPH Program Director. 3 credits.

PHP 995 - Independent Study

Directed readings and other activities to explore a specific topic related to public health. Prerequisite: Permission of Faculty Member and MPH Program Director. 1 to 3 credits.

PHP 998 - Integrating Seminar (MPH Students Only)

This final course in the MPH curriculum serves as the capstone to the MPH degree and provides the opportunity for students to work in teams, bringing both their individual and joint perspectives and expertise, to address a particular public health problem for a New Hampshire-based public health entity.

This course incorporates substantive, analytical, administrative, and policy perspectives. Students make a formal presentation of recommendations at the conclusion of the course. Prerequisite: **Completion of required courses and most electives. Permission required** of course Instructor and MPH Program Director. 3 credits.

EVALUATION OF COURSES

University policy requires that each student be given the opportunity for an anonymous evaluation of each course and Instructor at the conclusion of the course. This is important input for the Instructor and the Department. Each year every course will be revised based upon this and other input.



University of New Hampshire

Health Data Science

Course Descriptions

HDS 800 - Mathematics and Statistics for Health Data Science

Credits: 3

This course covers the foundations of probability and inferential statistics as well as foundations of linear algebra and matrices. After completion of this course, students should be comfortable with performing basic analysis of data including descriptive statistics, data visualization and appropriate statistical tests. Different probability distributions will be introduced along with hypothesis testing, confidence intervals, linear regression, and ANOVA.

HDS 801 - The U.S. Healthcare System

Credits: 3

Focuses on the organization, financing, and delivery of healthcare in the U.S. Contrasts the private and public sectors and examines the effects of market competition and government regulation. Examines the ways that medical providers are paid, and explores the major issues currently facing physicians, hospitals, and the pharmaceutical industry. Discusses several potential small-scale and large-scale reforms to the healthcare system and evaluates their likely effects on healthcare spending, quality of care, and access to care.

Equivalent(s): [ADMN 801](#)

HDS 802 - Programming in Healthcare Environments

Credits: 3

This course covers using Python as a programming language to write, implement, and design programs that are relevant to various aspects of programming in a health setting. After completion of this course, students should be comfortable with the basic data structures in Python and R, (including arrays, dictionaries, and dataframes), conditional logic and iterators, writing

Python and R functions, and using Python libraries to read external data and perform data manipulations and data analysis.

HDS 803 - Translation of Health Data

Credits: 3

This course will give you the skills you need to leverage data to reveal valuable insights and advance your career. This course teaches you the visualization skills necessary to be effective Data Storytellers which helps engage your audience in a story about the data. This course focuses on concepts as well as hands-on experience of presenting data from initial concepts to final presentation by creating meaningful displays of quantitative and qualitative data to facilitate peer/managerial decision making. Prereq: [HDS 801](#).

HDS 804 - Health Data Systems

Credits: 3

In this course, students will learn the landscape of data used in healthcare settings, engage in active case applications and case studies, and propose a decision support system improvement. It examines modern decision support systems, types of applications, both mobile and web based, enterprise versus cloud-based systems. Specifically examined will be the Electronic Health Record (EHR) and other clinical and administrative information systems. Also examined will be interoperability and regulatory requirements. Prereq: [HDS 801](#)

HDS 890 - HDS Independent Study

Credits: 3-6

This course will be designed by the student and the instructor. Course topics and deliverables will be established together and approved by the supervising faculty. Credit hours (not to exceed 6-credit hours) will be determined by the supervising faculty based on the size and scope of the student's intended project.

Appendix C: Professional Code of Conduct

MPH and PHC Student Code of Professional Conduct

The UNH MPH Program and the Public Health Certificate (PHC) Program are committed to ensuring a professional and collegial environment for student education. Public health is the science and art of protecting and improving the health of local, national, and international human populations in communities through education, health promotion, and disease and injury prevention. Just as the focus of public health is on populations in communities, it is important to realize that each member of the faculty and staff, and each MPH and PHC student comprises the community known as the UNH MPH and PHC Programs. As a result, at all times our community must cultivate professional and personal behaviors that are based on mutual respect, honesty, and responsibility to be successful in achieving our public health mission.

Each member of our community is expected to be civil and respectful in all relationships and value the dignity, diversity, and worth of all persons. It is not acceptable to verbally, physically, mentally, psychologically, or sexually abuse any member of the UNH community, or participate in or condone any form of prejudice, bigotry, harassment, intimidation or threat, whether verbal or written¹. Furthermore, student acts which interfere with the routine operation of teaching, administration, research, or professional practice are strictly prohibited².

In all activities, each MPH and PHC student is expected to behave with integrity and in a manner that is courteous, responsible, considerate of the rights and interests of others, and to be personally honest³. Students enrolled in the MPH or PHC Program are expected to conduct themselves as public health professionals and to demonstrate respect and cooperation toward faculty and their fellow students.

This Student Code of Professional Conduct begins when the student accepts admission to the MPH or PHC Program and is enforceable until the MPH degree or Public Health Certificate has been awarded. This Code governs behavior by MPH and PHC students which occurs on or off UNH property (e.g., during the Field Study experience or Integrating Seminar, or workshops) and is enforceable throughout the entire matriculation period, regardless of whether classes are in session or students are enrolled in classes. The Code applies to UNH MPH and PHC students even while participating in educational and research activities, and workshops or conferences in other schools or colleges of UNH, or in other academic institutions².

Thus, all MPH and PHC students in our community will be presumed to have knowledge of the provisions of this Code, as a function of enrollment in the UNH MPH or PHC Program. Lack of familiarity with its provisions will not serve as a defense to any actions violating student conduct as defined herein². Failure to comply with any of its provisions will serve as grounds for course failure (by the Instructor, as appropriate) or recommendation to The Graduate School for dismissal from the MPH Program Director or PHC Program Administrator. Student appeals for a violation of this student code of conduct are governed by the process outlined in the Grievance Section of the MPH and PHC Student Handbook.

The UNH MPH and PHC Programs are successful in providing an excellent, positive learning environment when each member of our community works in harmony to create an atmosphere in which the ability of students to function professionally is optimized and our unique public health responsibility is recognized

The Public Health Glossary

absorbing capacity:

The ability of a community to absorb the impact of a disaster and respond.

academic health center:

An allopathic or osteopathic medical school, one or more health professions schools (e.g., allied health, dentistry, nursing, pharmacy, public health, veterinary medicine), and one or more owned or affiliated teaching hospitals or health systems.

access (to health care):

An individual's ability to obtain medical services on a timely and financially acceptable basis. Factors determining ease of access also include availability of health care facilities, transportation to them, and reasonable hours of operation.

accountable care organizations (ACOs):

An entity—usually a hospital or a physician group—that accepts responsibility for the medical care of a population of people. An insurer or government payer develops some form of financial incentives to motivate the ACO to ensure that health care cost patterns for the covered group are better than the patterns for comparable people not in the group. First initiated by the Medicare program, various versions of the ACO idea are being tried by a range of payers.

accreditation:

A decision made by a recognized organization that an institution substantially meets appropriate standards.

Accountable Care Organizations (ACOs)

ACOs are groups of doctors, hospitals, and other health care providers who come together voluntarily to give coordinated high-quality care to their patients. ACOs primarily target Medicare and Medicaid patients. The goal of the ACO is to provide coordinated care and to ensure that patients get the right care at the right time, while avoiding unnecessary duplication of services and preventing medical errors. When an ACO succeeds in delivering high-quality care and reducing costs, the members of the ACO can be rewarded financially by sharing in the savings generated. Recently, the Centers for Medicare and Medicaid Services (CMS) created mechanisms under which ACOs can also be penalized for poor performance (e.g., if they fail to deliver high-quality care and reduce costs). This is known as a 'two-sided risk' model, because there are both rewards and penalties.

Source: Centers for Medicare and Medicaid Services (CMS): <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ACO/>
<https://revcycleintelligence.com/features/exploring-two-sided-financial-risk-in-alternative-payment-models>

activities of daily living (ADLs):

Tasks required for a person's normal functioning. These include activities such as eating, bathing, and toileting.

administrative efficiency:

Measuring whether the enormous bureaucracy required to operate health systems works smoothly and swiftly.

Adverse selection:

Insurance term. Adverse selection occurs when people buy more insurance when they know they are at a higher risk of an event (for example, poor health) occurring.

Affordable Care Act (ACA) - Patient Protection and Affordable Care Act (P.L. 111-148)

On March 23, 2010, President Obama signed the Patient Protection and Affordable Care Act into law. The law focused on provisions to expand coverage, control health care costs, and improve the health care delivery system.

A brief summary of the law's key provisions are as follows:

- Require most U.S. citizens and legal residents to have health insurance (known as the “Individual Mandate”)
- Create state-based American Health Benefit Exchanges (“Exchanges”, for short) through which individuals can purchase coverage, with premium and cost-sharing credits available to individuals/families with income between 133-400% of the federal poverty level, and create separate Exchanges through which small businesses can purchase coverage.
- Require employers to pay penalties for employees who receive tax credits for health insurance through an Exchange, with exceptions for small employers.
- Impose new regulations on health plans in the Exchanges and in the individual and small group markets.
- Expand Medicaid to 133% of the federal poverty level. (This was originally formulated as a requirement for all states, but was knocked down by the Supreme Court and became a voluntary program that states can opt into).
- Encourage payment reform and a transition to ‘value-based payment’, in which providers are rewarded for keeping populations healthy, rather than for the number of services they provide.

Source: Kaiser Family Foundation: <http://files.kff.org/attachment/fact-sheet-summary-of-the-affordable-care-act>

Ageing Network:

Created as a result of the Older Americans Act of 1965, comprising federal, state, local, and tribal agencies and organizations that are designated to plan for and provide assistance to older Americans and their families nationwide.

all-hazards approach:

The cornerstone basis of public health preparedness, this approach uses basic phases and processes for addressing any type of disaster and forms the basis of a public health preparedness plan.

ambulatory care:

Health care services that patients receive when they are not an inpatient or home in bed.

ambulatory surgical center (ASC):

A facility that provides surgical services for procedures that are done on an outpatient basis.

artificial intelligence:

Information technology systems that sense, comprehend, act and learn.

assessment:

The use of various well-tested statistical tools to understand the prevalence, severity, and causes of public health problems. A core function of public health.

assisted living facilities:

Also known as “health homes” created by the ACA to give states an option for providing patient-centered, medical home-type services to Medicaid beneficiaries suffering from severe or multiple chronic conditions.

Association of State and Territorial Health Officers (ASTHO):

An organization representing public health agencies and public health professionals in the United States.

assurance:

A core function of public health involving the enforcement of policy, as with inspection of restaurant sanitation or nursing home safety; monitoring legal compliance, as with smoke-free indoor air laws; ensuring proper implementation of necessary services, such as supervision of home visits to new mothers in disadvantaged communities; and adequate crisis response, as when public health allocates resources, trains, and drills to prepare for natural disasters.

authority:

The ability to direct the activities and choices of others and to expect results accordingly.

average length of stay (ALOS):

The average number of days a patient admitted to a hospital stays there as a patient.

behavioral health services:

Clinical and supportive activities intended to treat or manage mental illness and/or alcohol or substance abuse (chemical dependency).

behavioral risk factors:

An element of personal behavior—such as unbalanced nutrition, use of tobacco products, leading a sedentary lifestyle, or the abuse of alcohol—that leads to an increased risk of developing one or more diseases or negative health conditions.

biosurveillance:

Activities that aim to rapidly detect infectious disease outbreaks (bacterial, viral, and other biological agents) that occur naturally or through deliberate means. Biosurveillance includes collection of data, analysis, and rapid response to findings.

bundled payments:

A payment arrangement whereby a provider is paid a fixed amount of money to address a specific medical problem, often for a specific period of time. For example, a surgeon could receive a bundled payment that covers their services, the cost of any medical assistants used, the cost of any devices required for the surgery, and perhaps the cost of the surgical suite itself.

capital:

The money required by health care organizations to pay for labor, buildings, and supplies.

capitated payment:

A payment method in which a physician or hospital is paid a fixed amount per patient per year, regardless of the volume or cost of services each patient requires.

Capitation:

A method of financial reimbursement—prominent with HMOs—in which a provider is paid a certain amount per patient for a predetermined set of services. Capitation payments are often described in terms of amounts “per member per month” or “**pmpm.**”

care process:

A series of actions, interactions, and conditions experienced by an individual receiving medical services. Factors involved in the care process include patient safety, preventive care, coordinating care across different health providers, and health professionals’ engagement with patients.

cash assistance programs:

Previously referred to as welfare, these programs provide financial support to qualifying low-income individuals or families. These programs include Temporary Assistance for Needy Families (TANF), Supplemental Security Income (SSI), and Unemployment Insurance (UI).

centers of care:

Facilities that provide outpatient rehabilitative services for patients with a particular, specific illness, such as multiple sclerosis, Parkinson’s disease, or stroke.

certification:

Issued from the federal government for a hospital to receive reimbursement for services provided to Medicare and Medicaid patients.

change management:

In organizational management, the process by which leaders transform their organizations to meet challenges.

chronic care:

Treatment or rehabilitative health services provided to individuals on a long-term basis (more than 30 days), in both inpatient and ambulatory settings.

chronic care model:

Organizing care to be proactive and focused on keeping people as healthy as possible, instead of performing reactively when people are injured or sick. A critical aspect is the focus on patient self-management.

chronic illnesses:

Ongoing medical conditions that can be treated but not cured.

COBRA:

Acronym for the Consolidated Omnibus Budget Reconciliation Act of 1985 that included a provision requiring employers to permit workers to hold onto their health insurance plans for up to 18 months after termination provided that the employee pay up to 105% of the average cost of the premium.

coinsurance, co-payments, and deductibles:

Major forms of cost sharing by healthcare consumers. Coinsurance obliges the beneficiary to pay a fixed percentage of medical bills. Co-payments are flat, patient pays the per visit fees. Deductibles obligate the beneficiary to pay the first part of any medical bill up to a certain level.

community health centers:

Provide health care services, focusing on primary and preventive care, to medically underserved and indigent populations.

community health improvement:

Focuses on collaboration among a wide array of organizations (e.g., public health departments, health care delivery organizations, social service agencies, government entities) to address issues impacting the health of a particular community.

community power:

The ability of communities most impacted by structural inequity to develop, sustain, and grow an organized base of people who act together through democratic structures to set agendas, shift public discourse, influence who makes decisions, and cultivate ongoing relationships of mutual accountability with decision-makers that change systems and advance health equity.

Community rating:

A system of insurance pricing where everyone in a certain area is charged the same rate, regardless of health history or personal characteristics, contrasted with “experience rating” where persons or groups are charged different rates depending on health history or demographic characteristics, such as age.

community resilience:

The ability of a community to prepare for, withstand, and recover quickly from a disaster.

competencies:

In a health care organization, the knowledge, skills, abilities, and attitudes needed for success.

consolidation:

In health care, the merging of profit and nonprofit hospitals in a community to establish hospital systems that subsequently may expand across larger and larger parts of a state or region.

consumers:

The individuals purchasing and utilizing health care.

continuing care retirement community:

Provides a full range of long-term care facilities and services—an assisted living facility and a skilled nursing facility.

continuity of care:

Includes continuity of information (e.g., shared medical records), continuity across primary and secondary care (e.g., discharge planning from specialist to generalist care), and provider continuity (e.g., seeing the same provider each time).

continuum of care:

Encompasses care from the cradle to the grave and includes services focused on both the prevention and the treatment of medical conditions and diseases as well as end-of-life care.

corporate medical practice:

Physician practices that are owned by business corporations or entities, rather than those owned by one practitioner or a partnership of practitioners.

countermeasures and mitigation:

Strategies that are planned for and implemented for the purpose of reducing the impact of disaster events. Such strategies are planned well in advance and are based on findings from hazard vulnerabilities and risk assessments.

cross-sectoral collaborative approaches:

Collaborative approaches are essential to addressing underlying causes of poor health and therefore to improving health and health equity at the population level.

cost shifting:

Shifting the costs of taking care of some patients or services to another group. For example, hospitals have historically shifted the costs of providing graduate medical education to various payers who are not in a position to recognize or refuse to pay.

crowdsourcing:

A bottom-up, participatory approach to problem-solving that engages large groups of people, leveraging power and collective wisdom to generate and co-create contextualized and tailored solutions.

customer-friendly:

A practice that focuses on making the experience both useful and free of hassles for the patient as a consumer of health care.

cybersecurity:

The act of being protected against unauthorized or criminal use of electronic data. Threats are growing and are a constant concern for health care systems as more patient care operations and functions are transitioned to electronic systems.

defensive medicine:

The practice of ordering additional and unnecessary procedures or tests to avoid potential malpractice lawsuits.

data science:

An interdisciplinary field focused on extracting knowledge from typically large data sets and applying the knowledge and insights from that data to solve problems.

determinants of health:

The core factors or cause of health outcomes, usually at a very basic or core level.

diagnostic centers:

Facilities that may be owned by a health system, physician group, or for-profit corporate entity, among others. The center may focus on a particular type of diagnostic service, such as radiology (imaging) or laboratory tests.

disaster:

An event of such magnitude that there is insufficient capacity to respond adequately, and external resources must be secured.

Disproportionate Share Hospital (DSH) program:

A hospital that provides a large amount (or disproportionate share) of uncompensated care and/or care to Medicaid and low-income Medicare beneficiaries. Federal funding to assist healthcare providers (primarily hospitals) that care for very large numbers of Medicare or Medicaid clients.

dual eligible:

Describes the status of individuals in the United States who qualify to receive benefits from both the Medicare and Medicaid programs simultaneously.

effectiveness:

In health care management, the measure of degree to which goals are achieved. Can be defined and measured in many ways, such as the proportion of some organizational goal achieved per unit of time. An example would be the percentage of customers who rate the service at an 8 or higher on a 10-point scale in the last year.

efficiency:

In health care management, the ability to produce the largest results for a given number of resources or the ratio of useful work performed relative to total resources used. Efficiency recognizes that resources are constrained, so organizations need to achieve the “biggest bang for the buck.”

electronic health records (EHRs):

Digital records contain a comprehensive patient medical history, combining information from multiple provider sources. Also called electronic medical records (EMRs).

emergency:

An event that must be attended to immediately in order to preserve life or assets and can be addressed with existing resources in the community.

emergency care:

Designed to provide immediate care for sudden serious illness or emergency.

enabling factor:

Skills or physical elements, such as availability and accessibility of resources, which make it either possible or easier for individuals or populations to change their behavior or environment. Examples include living conditions, social support, resources, and skills.

end-of-life care:

Care that helps people with advanced, progressive, incurable illnesses to live as well as possible until they die. Types of care include management of pain and other symptoms as well as psychological, spiritual, social, and practical support.

energy balance equation:

The amount of energy (calories) expended versus the amount consumed.

equity:

In health care, the quality of fair and impartial delivery of medical services. Equity ensures that all who seek care receive similar treatment.

ERISA: The Employee Retirement Income Security Act of 1974

A federal law that has been interpreted to prohibit states from regulating employers who self-insure their employee medical benefits.

evidence-based management:

The use of the best available evidence to make management decisions.

Fast Healthcare Interoperability Resources (FHIR):

The data standard that specifies an application programming interface (API) for exchanging health data in order to connect third-party apps to HIT systems.

fee-for-service:

A billing system in which a health care provider charges a patient a set amount for each individual service provided.

fragmentation:

Care that is delivered by different providers who are not co-located or within proximity of each other. Generally, refers to care that is not coordinated carefully and that can lead to waste or mistakes in treatment.

fundamental cause theory:

The idea that achieving health equity requires an intentional focus on combating upstream causes of inequity, including knowledge, money, power, prestige, and beneficial social connections.

governance:

The activity of an organization that monitors the outside environment, selects appropriate alternatives, and negotiates the implementation of these alternatives with others inside and outside the organization.

gradient:

A steady increase in the rate of a measured factor in the population health model; a dose-response effect in the medical model, where it is taken as evidence of a robust relationship between causal factor and outcome.

health (World Health Organization definition):

More than the absence of disease; rather, “a state of complete mental, physical, and social well-being.”

health care:

Many factors contribute to physical and mental health in a population or society.

health care delivery:

The provision of preventive, treatment, or rehabilitative health services, from short term to long term, to individuals as well as groups of people, by individual practitioners, institutions, or public health agencies.

health care informatics:

The interdisciplinary study of the design, development, adoption, and application of IT-based innovations in health care services delivery, management, and planning.

health impact assessments (HIAs):

Help policy makers and community stakeholders to identify the health impacts of decisions about nonhealth issues, such as economic development, housing, or transportation plans.

health inequities:

Systematic differences in the health status of different population groups. These inequities have significant social and economic costs both to individuals and societies.

health maintenance:

Providing screening and prevention services that can keep people from becoming ill and identifying illnesses early when they might be easier to treat.

health maintenance organizations (HMOs):

A managed care company that organizes and provides health care for its enrollees on a fixed, prepaid premium.

health need factor:

Vulnerability in physical, mental, and social health.

health promotion:

The science and art of helping people change their lifestyles to move toward a state of optimal health. Optimal health is defined as a balance of physical, emotional, social, spiritual, and intellectual health.

health status of entire populations:

The incidence, prevalence, and distribution of health problems and differences by places and populations.

health system:

Organizations that operate multiple service units under single ownership.

health care informatics:

The interdisciplinary study of the design, development, adoption, and application of HIT-based innovations in health care services delivery, management, and planning.

health care information technology (HIT):

Involves the collection, processing, storage, and exchange of health information in an electronic environment. Widespread use of HIT within the health care industry will improve the quality of health care, prevent medical errors, reduce health care costs, increase administrative efficiencies, decrease paperwork, and expand access to affordable health care.

horizontal integration:

Affiliations among providers of the same type (e.g., a hospital forming relationships with other hospitals).

hospice care:

Programs that operate in different settings to provide palliative care and comprehensive support services to dying patients, as well as counseling and bereavement support for their family members. Hospice care is reimbursable under Medicare and many state Medicaid programs, as well as by private insurers.

hospital-at-home:

A model of care that provides hospital-level care in patients' homes rather than acute care settings.

Incident Command System:

A standardized approach to manage an incident, regardless of size, scope, or complexity.

incident management:

A standardized series of steps, actions, and analysis performed by an organization to respond to, protect against, mitigate, recover from, and prevent recurrence of an incident.

independent software vendors:

Companies who develop, market, and sell software solutions. Artificial intelligence is used to enhance the functionality or user experience of the product.

information blocking:

Inhibiting the appropriate exchange, access, and use of electronic health information

infrastructure:

The complex network of laws, regulations, authorities, and services involved in a system of public health services.

innovation:

Developing new treatments, medical instruments, and drugs for the bewildering array of diseases and health conditions that beset us.

inpatient:

A patient who requires an overnight stay in the hospital.

instrumental activities of daily living (IADLs):

Everyday tasks, such as housework, taking medication, preparing meals, shopping, and responding to emergency alerts, among others. These tasks are considered less crucial than the type of tasks called activities of daily living (ADLs).

integration:

In health care, the merging of hospitals with long-term care facilities, physician practices, rehabilitation providers, and diagnostic and outpatient surgery facilities to diversify the types of care a single system can deliver.

interoperability:

HIT that enables the secure exchange of electronic health information with, and use of electronic health information from, other HIT without special effort on the part of the user; allows for complete access, exchange, and use of all electronically accessible health information for authorized use under applicable state or federal law; and does not constitute information blocking.

leadership:

The act of influencing other people to achieve a common goal.

longevity:

The long duration of an individual's lifespan.

long-term care:

A general term for a range of services provided to chronically ill, physically disabled, or mentally disabled patients in a nursing home or through long-term home health care.

machine learning:

A subdomain of artificial intelligence that is based on statistical methods and utilizes computers to find patterns and make decisions or predictions without human intervention.

management:

The task of overseeing the operations of a complex set of processes and tasks as required for health care delivery or public health activities. Generally, refers to what administrators do behind the scenes to assure that clinicians can deliver health services effectively.

medicaid:

A joint federal-state program of health care coverage for low-income individuals, under Title XIX of the federal Social Security Act. States set benefits and eligibility requirements and administer the program. Medicaid is the major source of payment for nursing home care of the elderly.

medical model:

The set of procedures traditionally used by Western physicians to diagnose and treat illness: the components include complaint, history, physical examination, ancillary tests if necessary, diagnosis, treatment, and prognosis with and without treatment.

medicare:

Federal entitlement program of health care coverage for the elderly and disabled and people with end-stage renal disease, governed by Title XVIII of the federal Social Security Act and consisting of several parts: Part A for institutional and home care; Part B for physician care; a managed care component (informally called Part C); and Part D, covering prescription drugs.

medicare wellness visits:

Medicare wellness visits include a “Welcome to Medicare” visit, also known as an Initial Preventive Physical Exam (IPPE), and yearly Annual Wellness Visit (AWV), which is covered once every 12 months. The IPPE is only covered once within the first 12 months of Medicare Part B enrollment. The AWV provides a regular opportunity to focus on preventive health and supports healthy aging.

multisectoral collaborations:

The coming together of many parts of a community to improve quality of life. In the health sector, it generally is used to describe partnerships involving, for example, medical care providers, public health providers, government leaders, business leaders, community-based organizations, and community residents.

multispecialty group practice (MSGP):

A practice that employs primary and specialty care physicians who share common governance, infrastructure, and finances; refer patients for services offered within the group; and are typically affiliated with a particular hospital or hospitals.

National Association of County and City Health Officials (NACCHO):

A professional association whose members are mostly public health leaders and professionals working at the county and city/community levels.

nongovernmental organizations:

Generally used outside the United States to describe any organization that is not a government agency. In the United States, the term used more generally for this sector is nonprofit organizations.

Older Americans Act:

Legislation passed in 1965 that created the National Aging Network, which consisted of the federal-level Administration on Aging, State Units on Aging, and community-level Area Agencies on Aging to plan and provide services for older adults.

organizational design:

A methodology that identifies ineffective or inefficient aspects of an organization’s structure—including workflow, procedures, structures, and systems—and realigns all elements to facilitate an organization’s achievement of strategic and operational goals.

outcomes:

Measures of treatments and effectiveness in terms of access, quality, and cost.

outpatient:

Not requiring an overnight hospital or health care facility stay.

palliative care:

Pain and symptom management and emotional and spiritual support for individuals facing a chronic, debilitating, or life-threatening illness.

patient- and family-centered care:

A strategy of improving quality of care that involves respectfully listening to the patients' health care experiences and background, prioritizing patient needs, establishing relationships with patients and their families or caregivers, and incorporating the patients' preferences, needs, and values into care planning.

patient engagement:

The process of involving individuals in their health care, disease management, or preventive behaviors.

patient outcomes:

What happens after a person receives health care or a health-related intervention? This term most frequently refers to whether or not the services or interventions eliminate the medical problem experienced by a person before receiving care. But outcomes also include a range of factors related to how well the patient is treated such as wait times or clarity of explanations offered to a patient about the services received.

Patient Protection and Affordable Care Act (ACA):

The 2010 health reform act that could extend insurance coverage to as many as 32 million Americans. The law also included regulations that affect the quality of coverage insurers must offer. Additionally, the law created a range of initiatives focused on encouraging reform in how medical care is organized and delivered, with a goal of reducing costs and improving quality and outcomes. Finally, other aspects of the law provided funding for expanded primary care capacity and a wide range of other health system improvements. This law is often referred to as Obamacare.

patient-centered medical home (PCMH):

A widely accepted philosophy (not a destination) of primary care that is patient centered, comprehensive, team based, coordinated, accessible, and focused on quality and safety.

patient-centered outcomes:

Are results of health care that can be obtained from a health care professional's ability to care for their patient's families in ways that are meaningful, valuable and helpful to the patient. Patient-centered outcomes focus attention on a patient's beliefs, opinions, and needs in conjunction with a physician's medical expertise and assessment.

payer mix:

The distribution of payments/payers to a provider or health systems, which determines financial viability.

pay-for-performance (P4P):

To reward hospitals, physicians, and others for achieving particular quality or efficiency goals.

performance management:

The process by which a manager collaborates with their teams to establish legitimate criteria for evaluating performance. To be effective, managers must connect individual performance goals to personal motivations. When motivations are aligned with individual goals, which are aligned with department goals,

which are aligned with the larger organizational purpose and strategy, then the manager improves the chances of organizational success.

performance measurement:

Measuring, monitoring, and enhancing staff performance to improve overall organizational performance.

policy development:

To create and advocate for solutions to achieve public health goals.

policy issues:

A social issue or problem (including one related to health) that might be addressed through a governmental law or initiative. Addressing a policy issue generally involves defining the problem, stating the goal, and creating and debating alternative approaches for resolving the problem to reach the goal. Debating policy issues is a key role of the political and governmental process.

population health:

The health outcomes of a group of people and the distribution of outcomes within that group. The field of population health assesses how patterns of health determinants affect health outcomes and develops policies and interventions that link these areas.

post-acute care:

A level of continued medical treatment after a hospital stay, either at home or in a specialized facility, emphasizing recuperation, rehabilitation, and symptom patients. Services range from intensive short-term rehabilitation to longer-term restorative care and include both rehabilitative and palliative care services.

practice ecology model:

The need to address not just the behavior of individual providers, but also the powerful effects of the health care systems and environments in which providers practice.

predisposing factor:

Preexisting characteristics of an individual or their context that may influence (encourage or inhibit) a health-related behavior. Some are amenable to change (e.g., knowledge, attitudes) whereas others are not (e.g., genetic or demographic characteristics).

preferred provider organizations (PPOs):

A limited group (panel) of providers (doctors and/or hospitals) who agree to provide health care to subscribers for a negotiated and usually discounted fee and who agree to utilization review.

prehospital care:

Includes medical services provided in the community, such as stabilization by emergency services before or during transportation to a health care facility.

primary care:

The general health care that people receive on a routine basis that is not associated with an acute or chronic illness or disability and may be provided by a physician, nurse practitioner, or physician assistant. Primary care also includes visits to physicians to develop an initial diagnosis of a possible medical problem.

primary prevention:

Helping people avoid the onset of a health condition.

private practice:

A solo or group physician practice is not a corporate practice or a hospital-based practice or a publicly run practice. It is owned by some or all of the physicians in the practice.

privileges:

Rights granted annually to physicians and affiliate staff members to perform specified kinds of care in the hospital.

professionalism:

A set of skills, attitudes, and behaviors that are expected of a professional.

profits:

The difference between revenues and costs. In health care organizations, profits result when revenues exceed organizational costs.

protective health behaviors:

An element of personal behavior—such as balanced nutrition, physical activity, stress management, and sleep—that lead to a decreased risk of developing one or more diseases or negative health outcomes.

Public Health Accreditation Board (PHAB):

Created national voluntary performance standards for public health agencies, with development, refinement, and review.

public health agencies:

Official agencies established by state or local government provide environmental health services, preventive medical services, and sometimes, therapeutic services.

public health preparedness:

The ability of a community, region, or nation to prevent, prepare for, respond to, and recover from emergencies or disasters that have the potential to impact health on a large scale.

public reporting:

A potential driver for quality improvement in health care, based on the premise that the availability and use of comparative information on a facility's quality and cost information can be a force for improving quality.

quality improvement:

Activities undertaken to improve quality relative to accepted standards of care.

quaternary care:

An extension of tertiary care entails providing the most complex medical and surgical care for highly specialized and unusual cases.

rehabilitation services:

Service organizations in which various types of trained professionals deliver services to people with a medical condition that causes physical problems, creating disabilities. The aim is to restore functional abilities to as high a level as possible.

remote patient monitoring (RPM):

The ability to monitor patients outside the traditional clinical setting like a hospital or clinic.

resource management:

All activities related to identifying, storing, tracking, deploying, and sharing resources.

responsibility:

The need for an individual, team, or organization to be answerable to any commitment made.

retail clinics:

Are medical clinics located in pharmacies (e.g., CVS, Walgreens), grocery stores, and big box stores such as Target? These clinics provide routine care for acute conditions as well as preventive care.

reverse causality:

When two things are related to one another but the issue of which one causes the other can be unclear. For example, we observe that people with high incomes are healthier than people with low incomes and assume that this means income is a determinant of health, but it may be the reverse, with good health leading to high incomes.

risk mapping:

The process by which public health organizations, political leaders, businesses, and social agency managers are expected to assess the hazards and vulnerabilities that exist in their community and develop disaster prevention and preparedness plans according to the specific hazards and risks.

safety-net providers:

A provider that delivers care for free or at a reduced cost to low-income and/or uninsured patients. Safety-net providers can do this by being subsidized by governments or by raising charitable donations.

same-day surgery:

Surgical procedures that are performed on an outpatient basis.

secondary prevention:

Identifying and treating people who have risk factors or preclinical disease.

single specialty group practice:

A practice with two or more physicians that have the same medical specialty.

social determinants of health:

The circumstances in which people are born, grow up, live, work, and age, and the systems in place to address illness that are, in turn, shaped by larger forces, including economics, social policies, and politics.

social ecological models:

Models that integrate behavioral science with clinical and public health approaches. They redefine what the targets of successful health interventions need to be—not just individuals but also the powerful social contexts in which they live and work. And they emphasize that a person's health behavior is affected by multiple levels of influence: interpersonal factors (e.g., physiologic factors, knowledge, skill, motivation), social factors (e.g., social-cultural norms, supports, and networks), organizational and community factors, broader environmental influences, and public policies.

social marketing strategies:

The use of marketing to design and implement programs to promote socially beneficial behavior change.

solo practice:

Individual practice of medicine by a physician who does not practice in a group or does not share personnel, facilities, or equipment with three or more physicians.

special hospitals:

Health care facilities that provide diagnostic and treatment services for patients who have specified medical conditions, both surgical and nonsurgical.

specialty care:

Medical services delivered by a physician trained to be an expert in one specific area of medicine. It is the type of care that requires extensive knowledge about how to diagnose and treat one specific type of medical problem.

stakeholder:

Persons with an interest in the performance of an organization. Examples of hospital stakeholders are physicians and nurses, payers, managers, patients, and government.

strategy:

In health care, making decisions that will uniquely position the organization—compared to their competitors—to deliver sustainable value to patients.

structural competency:

The ability of health care providers to discern how symptoms, clinical problems, diseases, and attitudes toward patients, populations, and health systems are influenced by upstream decisions and social determinants of health.

structure, process, and outcome measures:

Avedis Donabedian's 1988 definition of quality measurement in which structure refers to facilities and health care professionals providing care; process refers to the set of services provided and how those services are provided; and outcome refers to the end results that people experience and care about.

subacute care:

A level of inpatient care needed by a patient immediately after or instead of hospitalization for an acute illness, injury, or exacerbation of a disease process.

surge management:

Planning and responding to situations in which the need for response markedly exceeds response capacity.

systems thinking:

A mental model that describes how managers can view their role in organizations. In this model, the manager acts as a facilitator who helps to make the organization deliver products and services more efficiently and effectively.

telehealth:

The use of electronic information and telecommunication technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health, and health administration.

tertiary care:

Medical care or procedures performed by specialized physicians and teams in specially equipped hospitals. Advanced cancer care, burn treatment, and advanced surgeries are examples of tertiary care. Quaternary care is even more highly specialized, rarely used, and sometimes experimental.

tertiary prevention:

Treating people with an established disease in order to restore their highest functioning, minimize negative impact, and prevent complications.

upstream causes:

Factors that impact health, including structural, societal, community, and individual-level causes of variations in health distribution.

urgent care centers:

A health care center that offers walk-in access and extended hours to individuals with illnesses and injuries that do not require emergency care.

value:

Health care is measured by the outcomes achieved instead of the number of services delivered.

value-based purchasing:

A concept through which public and private health care payers provide incentives usually as an overlay on payment systems to reward hospitals, physicians, and others for achieving particular quality goals.

vertical integration:

Affiliations among providers of different types (e.g., a hospital, clinic, and nursing home forming an affiliation).

waste:

System and organizational inefficiencies that lead to higher health care costs without improved outcomes.

workforce:

The people engaged in or available for work in a particular industry, such as health care.

Epidemiology: Concepts, Skills, Applications, and Measures of Association – Examples

ACTIVE IMMUNITY Acquired through either previous exposure to the pathogen or immunization against the pathogen, which is usually through vaccination

ACTIVE SURVEILLANCE Surveillance initiated and completed by public health agency staff; labor and time intensive

ACUTE Refers to rapid onset and/or short-course of a disease

ADJUSTED MORTALITY RATE We adjust the mortality rates to remove the effect of age so the populations are similar in structure by indirect or direct standardization

AGENTS Factors for which the presence, excessive presence, or relative absence is essential for the occurrence of disease

AIRBORNE TRANSMISSION

Disease caused by spores, dust particles, and through very small, suspended droplets that enter the respiratory system

ALPHA (α) VALUE

In statistical hypothesis testing, a pre-determined cut-off value used to judge statistical significance.

ALPHA (α)-LEVEL Probability of observing an association between the disease and exposure of interest exists, when the truth is that association does not exist

ANALYTICAL STUDY Generate hypotheses, examine associations, and attempt to find causal relations between exposures and outcomes

ANONYMITY The assurance that there are no possible links between a study participant and the data. Anything that can link the research data to an actual human being is a violation of anonymity.

ASSENT The process of asking a child to participate in a study

ASSOCIATION Identifiable relationship between an exposure and an outcome

ATTACK RATE In food-borne outbreaks, attack rate is synonymous with incidence

ATTRIBUTABLE RISK PERCENT The proportion of the disease among the exposed that is due to the exposure

ETA (β)-LEVEL Probability of failing to observe an association between the disease and exposure of interests exists, when the truth is that association does exist
BIAS Systematic error in the design or conduct of the study

BIAS AWAY FROM NULL Occurs when the observed effect is stronger than the true effect.

BIAS TOWARD THE NULL Occurs when the observed effect is weaker than the true effect

BINARY Dichotomous

BIOLOGIC PLAUSIBILITY Exposure/outcome relationship is logical and reasonable given current biological knowledge

BIostatistics Statistical theory and methods, which are directly related to investigations in the biological and health sciences. In short, statistics is the art and science of collecting, organizing, describing, and analyzing data.

Blinded Process of ensuring participant (single), physicians (double), and data analysts (triple) are unaware of into which groups participants are randomized; way of reducing bias

CARRIERS People who harbor the infectious agent but don't show any signs of infection

CASE Person who has been diagnosed as having a disease, disorder, injury, or condition

CASE DEFINITION Standard set of criteria to ensure consistency in diagnosis

CASE FATALITY RATE (CFR) Number of deaths from a specific disease divided by the number of individuals in the population with the specific disease

CASE REPORT Profile of a single individual

CASE SERIES Group of case reports from individuals with the same disease

CASE-CONTROL STUDY Study design that compares the exposures among individuals with a specific disease to those without the disease

CASE-REFERENT STUDY Synonym for case-control study

CATEGORICAL VARIABLE Place individuals into one of several groups or categories with no numerical values

CAUSALITY Relationship between exposure and outcome, where the exposure must temporally take place prior to outcome; be compatible with existing theory; show consistent results in replicated studies; risk of outcome is reduced by decline in exposure

CAUSE-SPECIFIC MORTALITY RATE Evaluate death rates related to a particular disease or condition. It is calculated by looking at the number of deaths from a specific cause divided by the number of persons in a total population

CHRONIC DISEASE Diseases and health conditions of continuous duration that must be managed appropriately; combination of components may be present

CLINICAL TRIAL Used to evaluate a new treatment for an ill patient

CLUSTER Aggregations of relatively uncommon events in an area in amounts that are perceived to be greater than what is expected by chance.

COHERENCE The extent to which a hypothesized causal association agrees with existing theory and knowledge

COHORT STUDY Two groups of participants, with similar characteristics except exposure of interest, are followed over time simultaneously

COMMON SOURCE EPIDEMIC Occur when there is a pronounced clustering of cases of disease that occurs within a short time (i.e., within a few days or even hours) due to exposure of persons or animals to a common source of infection such as food or water

COMMON VEHICLE SPREAD Spread of a disease through a common source—for example, through the air, water, food, or drugs

COMMUNITY TRIAL Used to evaluate community-wide interventions

CONCURRENT STUDY Group of participants is recruited in the present/current time and followed into the future to determine disease incidence; also referred to as prospective study

CONFIDENCE INTERVALS Measure the range within which the true magnitude of effect lies with a certain degree of certainty

CONFIRMED CASE The individual is classified as case confirmed when all case definition criteria are met

CONFOUNDER Variable that confuses the relationship between the exposure and disease

CONFOUNDING Distortion of an exposure-disease association caused by the association of another factor with both the diseases and exposure; variable that confuses the relationship between exposure and disease

CONSIDERATION OF ALTERNATE EXPLANATIONS Ruling out other explanations for the association between an exposure and an outcome

CONSISTENCY Replication of consistent findings across a wide array of study designs, provides evidence of causality

CONTINUOUS SOURCE EPIDEMIC Occurs when exposure to a source is prolonged over an extended period of time

CONTINUOUS VARIABLE Infinitive numerical values

CONTROL PARTICIPANT In a case-control study, who does not have the disease, disorder, injury, or condition of interest

CORRELATION Association between variables that results in a linear relationship

CROSS-SECTIONAL STUDY Study design in which individual-level data is collected; both exposure and outcome data are collected at the same point in time

CRUDE MORTALITY RATE Number of deaths from all causes in a population divided by the number of persons in the total population

CUMULATIVE INCIDENCE All the individuals identified as at risk at the beginning of the time period are followed for the specified period of time to determine how many develop the disease of interest

DEATH RATE total number of deaths observed divided by the total amount of person-time; synonym of mortality rate

DEMOGRAPHIC TRANSITION Shift from high birth and death rates to much lower birth and death rates; occur as countries develop and grow economically

DEPENDENT VARIABLE Response variable, is the health outcome or response being investigated

DESCRIPTIVE STATISTICS Describe important features and trends in the sample data

DESCRIPTIVE STUDIES Studies that observe the frequency of health-related states and provide a means of organizing, summarizing, and quantifying epidemiological data by person, place, and time

DETECTION BIAS Occurs if individuals with the exposure of interest are more likely to receive medical care and have the disease of interest identified

DETERMINANT Any factor that brings about change in a health condition

DIAGNOSTIC TEST A test to determine whether a person has a disease or disorder, usually when some clinical symptoms are present

DIRECT CONTACT Person-to-person physical contact, such as touching with contaminated hands, skin-to-skin contact, kissing, direct droplet spread by sneezing or coughing, blood transfusion [via placenta included] or sexual intercourse

DIRECT STANDARDIZATION Method for adjustment requires that we select a standard population first

DISCRETE VARIABLE Count **DISTRIBUTION** Occurrence of diseases and other health outcomes varies in populations, with some subgroups of the populations more frequently affected than others

DOSE-RESPONSE RELATIONSHIP As the amount or dose of the exposure increases, the risk of the disease increases; considered as evidence of a causal relationship

ECOLOGICAL FALLACY Making the assumption that an exposure is causal because it is prevalent in the same population that has a high prevalence of a certain health outcome

ECOLOGICAL STUDY Use data aggregated at a population level, using groups of people as the unit of analysis

EFFECT MODIFICATION Occurs when the stratum-specific measures of association are not uniform; also known as interactions

EFFICACY Proportion of individuals in the control group who experience the outcome of interest (which is not desired), who could have been expected to have a favorable outcome had they been in the intervention group instead

ENABLING FACTORS The social determinants of health—income, nutrition, housing, and health insurance, among others that can either positively or negatively influence the odds of an individual developing a disease.

ENDEMIC The constant presence of an agent or a health condition within a given geographic area or population

ENVIRONMENT Surroundings and conditions external to the human or animal that cause or allow disease transmission

EPIDEMIC Occurrence of disease or other health-related events clearly in excess of what is normally expected; may only be one case

EPIDEMIC CURVE Graph that shows the distribution of cases of disease by time on onset of disease

EPIDEMIOLOGICAL TRANSITION Shift in the patterns of disease and death from primarily acute, infectious disease to chronic, lifestyle-based diseases

EPIDEMIOLOGICAL TRIANGLE Shows the interaction and interdependence of agent, host, environment, and time as used in the investigation of diseases and epidemics

EPIDEMIOLOGY Study of the distribution and determinants of health and disease, injuries, disability, and mortality in populations

EQUIPOISE State of genuine uncertainty about the benefits or harms that may result from each of the two or more regimens. A state of equipoise is an indication for a randomized controlled trial because there are no ethical concerns about one regime being better for a particular patient

ERADICATED Permanent reduction to zero of the worldwide incidence of infection caused by a specific agent as a result of deliberate efforts; intervention measures are no longer needed

ETIOLOGY Study of specific cause or combination of causes of disease

EXCLUSION BIAS Establishing different eligibility rules for recruitment of the comparison groups in a study
EXPERIMENTAL STUDY Participants are placed into a treatment or control/placebo group and followed over time; includes field, clinical, and community trial subtypes

EXPOSURE The variable whose causal effect we are estimating in an epidemiological study. Pertains either to contact with a disease-causing factor or to the amount of the factor that impinges upon a group or individuals

EXTERNAL VALIDITY Extent to which the results of the study are applicable to other populations

FATALITY RATE Number of deaths in a specific population at a specific point in time divided by the total population in the same place and time

FEE FOR SERVICE The predominant form of financial reimbursement prior to the emergence of managed care, whereby providers are paid a fee for every service performed.

FIELD TRIAL Evaluates interventions for disease prevention

FOMITE Articles that convey infection to others because they have been contaminated by pathogenic organisms, a form of vehicle-borne transmission

FREQUENCY MATCHING Controls selected for the study have a similar distribution of a matching variable among the cases

GERM THEORY An explanation for epidemics based on the existence of microscopic organisms

GRADUATE MEDICAL EDUCATION (GME):

The system for training new physicians, funded substantially through Medicare and Medicaid payments to teaching hospitals for direct and indirect costs.

GROSS DOMESTIC PRODUCT (GDP):

The value of all goods and services produced by assets owned by a particular country in a particular year.

HERD IMMUNITY Proportion of individuals in the population who are resistant to a particular disease

HOSPITAL CONTROLS Patients seeking care for conditions other than the disease of interest at hospitals or other health care facilities where cases are identified
GENERALIZABILITY Applies to the accuracy with which study results can be transferred from situations or people other than those originally studied.

HOST An organism, usually a human or an animal, who harbors a disease

INCIDENCE Number of new cases of a disease that occur during a specified time in a population at risk for the disease

INDEPENDENT VARIABLE Explanatory variable, is the treatment, exposure, or risk factor(s) being studied

INDEX CASE First disease case brought to the attention of the epidemiologist; not necessarily primary case

INDIRECT STANDARDIZATION The indirect standardization process for adjustment is used when the age-specific death rates are unavailable

INDIRECT TRANSMISSION Pathogens or agents are transferred or carried by some intermediate item, organism, means, or process to a susceptible host, resulting in disease i.e., airborne, vector-borne or vehicle-borne

INDIVIDUAL MATCHING Researcher matches each control to a particular case with respect to the matching variable(s)

INFECTIOUS DISEASE Caused by the entry and multiplication of microorganisms and parasites in the body of humans and animals

INFERENCE STATISTICS Used to investigate the research hypothesis about the source population, using information from the sample; allow us to conduct an investigation of a research hypothesis about a population of interest using information from a random sample of data from that population

INFORMATION BIAS Error in the classification of participants with respect to disease or exposure status

INFORMED CONSENT Providing adequate information to each potential study participant so that he/she may make an informed decision about whether or not to participate

INNATE IMMUNITY Inborn barriers to disease and infection; physical barriers like intact skin, mucosal lining, cilia, and the cough-and-gag reflex; chemical barriers like acidity in the stomach, various enzymes, lipids, and interferons that create a hostile environment for agents seeking to invade

INSTITUTIONAL REVIEW BOARD Group at all institutions, including colleges and universities, responsible for ensuring that the rights and welfare of all human research participants are adequate

GENERALIZABILITY Applies to the accuracy with which study results can be transferred from situations or people other than those originally studied.

INTERNAL VALIDITY Extent to which the results of a study accurately reflect the true situation in the study population

INTERVIEWER BIAS Error due to interviewers' subconscious or conscious gathering of selective data, which may influence a participant's response.

LATENCY PERIOD Time between exposure and development of consequent disease

LEAD-TIME BIAS Occurs when screening detects a disease earlier in its course than if screening had not been performed

LENGTH BIAS Overestimation of survival duration among screening-detected cases, which is caused by the (relative) excess of slowly progressing cases

LIFE EXPECTANCY The probable number of years a person will live after a given age

LIFE TABLES Analyze how long a patient with a particular condition is likely to survive

LONGITUDINAL STUDY Study design in which participants are followed forward in time; also known as a cohort study

LOSS TO FOLLOW-UP BIAS Group of participants lost over the course of the study is systematically different from those who complete the study

MANAGED CARE (MCO): Refers to any of several organizations in which measures are taken to provide care for a group of patients within a budget. Key examples are health maintenance organizations (HMOs), preferred provider organizations (PPOs), and point-of-service plans (POS). Over time, the distinctions among these forms have blurred.

MATCHING The process of making the case and control groups as similar to each other as possible with respect to one or more variables

MEASURE OF ASSOCIATION quantifies the relationship between exposure and disease or another outcome

MEDICARE The federal health program, created in 1965, to finance health care for people over the age of 65 and some disabled persons. Part A, funded largely through a payroll tax, funds primarily hospital care. Part B, funded through general federal revenues and recipient cost sharing, pays for physician, home health, and other kinds of care.

MEDICAIDE The federal/state program that finances health services for some populations of low-income families, disabled, and elderly persons. The federal government pays between 50% and 77%, depending on a state's per capita income, and states administer the programs and pay the balance. Medicaid is the principal payer for nursing home and other long-term care services in the United States.

MEDIGAP POLICIES Supplemental insurance policies sold by private companies to Medicare recipients to cover things not covered by Medicare.

META-ANALYSIS Combines the results from a number of studies using statistical methods to pool the results, providing a quantitative summary

MIASMA THEORY Scientific theory which blamed the spread of disease on bad air

MISCLASSIFICATION BIAS Occurs when the disease or exposure status of participants is categorized incorrectly

MIXED EPIDEMIC Common source epidemic is followed by person-to-person contact, and the disease is spread as a propagated outbreak

MODIFIED COMMUNITY RATING

A version of community rating that allows some variation in premiums, within prescribed limits, for things like age and location.

MORBIDITY Measurement of disease in a population. The extent of illness, injury, or disability in a defined population. It is usually expressed in general or specific rates of incidence or prevalence.

MORTALITY Measurement of death in a population

MULTIFACTORIAL ETIOLOGY Development of disease caused by many factors, including environmental exposures, social determinants (e.g., poverty), lack of access to care, etc.

NEGATIVE PREDICTIVE VALUE (NPV) Quantifies the proportion of individuals with a negative screening test who truly do not have the disease

NOMINAL VARIABLES Named categories

NOTIFIABLE DISEASE Usually infectious diseases that have the potential to endanger a population

NULL EFFECT Measure of association the value that indicates no association between exposure and disease: a relative risk, or odds ratio equal to 1

MEASUREMENT BIAS Occurs when there is inaccurate classification of subjects on study variables because of poor measurement tools

NULL HYPOTHESIS States that there is no relationship between the independent and dependent variables

OBSERVER BIAS Systematic difference between a true value and the actually observed value because of observer error

ODDS RATIO OR Comparison of the occurrence of exposure among a group with the disease to those without disease The odds ratio (OR) is another measure of association commonly used in epidemiology. The OR quantifies the relationship between an exposure and a health outcome. The OR is calculated by

dividing the odds of disease among the exposed by the odds of disease among the unexposed. A two-by-two table is used to calculate the OR; please review the calculations in Ch. 3 of the CDC Online book and/or from your Epidemiology course (see: Centers for Disease Control and Prevention, Online Book: See Table 3.15) <https://www.cdc.gov/csels/dsepd/ss1978/SS1978.pdf>

The odds ratio is sometimes called the *cross-product ratio* because the numerator is based on multiplying the value in cell “a” of the table times the value in cell “d,” whereas the denominator is the product of cell “b” and cell “c.” A line from cell “a” to cell “d” (for the numerator) and another from cell “b” to cell “c” (for the denominator) creates an “X” or “cross” on the two-by-two table.

(Note that “Odds” refers to the probability of an event occurring divided by 1/probability of the event occurring. A simple way to calculate odds is: $\text{Odds} = \text{Probability (P)} / (1 - P)$).

ORDINAL VARIABLES Ranked categories

OUTBREAK A limited and somewhat localized increase in the incidence of a disease

OVERDIAGNOSIS Occurs when doctors find evidence of a disease through screening that in reality is unlikely to get any worse or even may go away on its own

OVERTREATMENT Unneeded treatments that result from overdiagnosis due to screening.

P-VALUE Probability of obtaining a result at least as extreme as that observed in the study by chance alone

PANDEMIC Epidemic occurring worldwide or over a very wide area, crossing international boundaries, and usually affecting a large number of people

PARTICIPANT Human subject being studied

PASSIVE IMMUNITY Occurs less frequently and occurs when antibodies from other sources are given as post-exposure prophylaxis for diseases like rabies and hepatitis

PASSIVE SURVEILLANCE Surveillance that requires that medical care providers—not public health practitioners—report notifiable diseases on a case-by-case basis to state and local health agencies

PERIOD PREVALENCE Prevalence of a disease in a population over a specified period of time (includes cases at the start of the period and any subsequent new cases)

PLACEBO Standard of care given to the group not receiving the experimental drug/therapy in a randomized controlled trial

POINT PREVALENCE Prevalence of a disease in a population at a single point in time

POINT SOURCE EPIDEMIC Defined by the exposed developing the disease very quickly, often over one incubation period

POPULATION All the inhabitants of a given area considered together

POPULATION-BASED CONTROLS Random sample of individuals without the disease of interest who are selected from the same source population as the cases

POPULATION HEALTH The health outcomes of a group of people and the distribution of outcomes within that group. The field of population health assesses how patterns of health determinants affect health outcomes and develops policies and interventions that link these areas.

PORTABILITY

The ability of an insured person to maintain health insurance coverage when moving from one job to another. The Health Insurance Portability and Accountability Act of 1996 was designed to provide portability protection to workers, though without assurances that the extended coverage would be affordable.

POSITIVE PREDICTIVE VALUE (PPV) Quantifies the proportion of individuals with a positive screening test who truly have the disease

POWER The likelihood that the study will detect an association between a disease and exposure if an association actually exists

PRACTICAL SIGNIFICANCE The public health or patient treatment importance, meaning or relevance of a statistically significant finding

PRECIPITATING FACTORS Associated with the clear onset of a disease or illness

PREDISPOSING FACTORS Characteristics such as sex, age, educational status, marital status, work environment, previous or concurrent illness, and even attitudes toward using health services, or genetic traits that may result in a weakened immune system or increased susceptibility to a disease-causing agent

PREVALENCE Compares the prevalence of disease among those with the exposure to the prevalence of disease among those without the exposure

PREVALENCE RATIO Compares the prevalence of disease among those with the exposure to the prevalence of disease among those without the disease

PREVALENCE STUDY Synonym for cross-sectional study

PRIMARY CASE First disease case within a population

PRIMARY PREVENTION aims to stop a disease or injury before it occurs through personal and community efforts such as health education, improved nutrition, immunizations, sanitation, and infection control

PROGNOSTIC STUDY Conducted in order to make a prediction of the future course of a disease; focus on both positive and negative outcomes including: death, complications, pain and suffering, quality of life, and remission

PROPAGATED EPIDEMIC Arises from infections being transmitted from one infected person to another; transmission can be through direct or indirect routes

PROPORTION Fraction of the population that is affected by the disease

PROPORTIONATE MORTALITY RATE (PMR) Proportion of the dead died from a particular cause. It is calculated by taking the number of deaths from a particular cause divided by the total number of deaths in the population

PROSPECTIVE COHORT STUDY Group of participants is recruited in the present/current time and followed into the future to determine disease incidence; also referred to as concurrent study

PROSPECTIVE PAYMENT SYSTEM

The program used by the federal government to pay hospitals a lump sum for each inpatient episode of care according to the patient's principal diagnosis or "diagnosis related group" (DRG).

PUBLIC HEALTH

A branch of health services that is focused on the health of populations as opposed to medical care focused on individual patients. Discipline of positively influencing health determinants to prevent disease and disability improving life and promoting health through the organized, collective efforts of society

QUANTIFY To determine or calculate the amount of something (in epidemiology, we usually calculate the risk or odds of disease associated with some factor or exposure)

QUANTITATIVE VARIABLE Possess numerical value

RANDOMIZATION Process by which all subjects have an equal probability of being assigned to either the intervention or control group

RANDOMIZED CONTROL TRIAL Clinical control trials in experimental studies

RATE Indicates how fast the disease is occurring in a population; a measure of the frequency with which an event occurs in a defined population in a defined time

RATIO Used to compare the occurrence of a variable in two different groups, neither of which is included in the other

RECALL BIAS Differences in accuracy between study groups in remembering past experiences

REFERENCE POPULATION Also referred to as standard population; reflects the concept that death occurring at a younger age results in greater loss of future productivity than would death at a later age

REINFORCING FACTORS Repeated exposures, environmental conditions, or work-related activities or behaviors that aggravate or perpetuate an established disease or an injury

RELATIVE RISK RR: Compares the risk of disease in the group with the exposure to the risk of disease in a group without the exposure; also known as the risk ratio

The relative risk (or risk ratio) (RR) is a measure of association that quantifies the relationship between an exposure and a health outcome (e.g., disease, injury, *risk* factor, or death). The RR is computed as the *incidence of disease in the exposed group, divided by the incidence in the unexposed group*.

In other words, the RR is obtained by dividing the *risk* (incidence, attack rate) in group 1(exposed) by the *risk* in group 2 (unexposed).

REPORTING BIAS When participants selectively reveal or suppress information germane to the study

REVERSIBILITY If a factor causes a disease, the risk of the disease can be expected to decline when exposure is reduced or eliminated

RESEARCH HYPOTHESIS States that the relationship we expect to find between the independent and dependent variables

RESERVOIR Normal habitat in which infectious agents live, grow and multiply

RESPONSE BIAS Systematic error due to differences in the characteristics between participants

RETROSPECTIVE COHORT STUDY Groups individuals on exposure status in the present time but examines medical events or outcomes that were measured in the past.

RISK FACTORS/DETERMINANTS Any factor that brings about change in a health condition

SAFETYNET PROVIDERS Hospitals, clinics, community health centers, and other healthcare providers that care for any and all individuals regardless of their ability to pay. Financial support often comes from

federal, state, county, or local governments. These providers also tend to care for high proportions of Medicaid patients. Nationally, 33% of safety net hospitals are public, 57% are private not-for-profit, and 10% are investor-owned.

SAMPLING BIAS A non-random sampling strategy is used to select participants in a study

SCREENING Method by which unrecognized diseases or conditions can be identified

SECONDARY CASE Those persons who become infected and ill after a disease has been introduced into a population and who become infected from contact with the primary case

SECONDARY PREVENTION Prevention attempts to reduce the progress of disease through early detection and prompt interventions, i.e., screening tests

SELECTION BIAS Results in differences in the characteristics of those who are selected to participate and those who are not; or the characteristics of groups with the study: specifically, the association between the exposure and disease differs for those selected into the study and those who are not

SELF INSURANCE

The practice by many large employers (with more than 50 workers) of assuming the financial risk for employee health benefit programs.

SENSITIVITY Ability of a screening test to correctly identify individuals with the disease

SERIAL TRANSFER Transmission of disease from human to human, human to animal to human, or human to environment to human in a sequence (measles, STDs, AIDS).

SINGLE PAYER

A health care system financed exclusively or overwhelmingly by government, federal, and/or state, and generally associated with the systems in Canada and Great Britain. Coverage is universal, and spending is controlled by centralized budgeting. Such a structure eliminates the administrative costs associated with private, decentralized insurance coverage.

SOURCE POPULATION The population the study is designed to make inferences about

SPECIFICITY Ability of a screening test to correctly identify individuals without the disease

SPECIFICITY OF THE ASSOCIATION Occurs when one exposure is associated with only one outcome; provide evidence of causality

STANDARD POPULATION Also referred to as reference population; reflects the concept that death occurring at a younger age results in greater loss of future productivity than would death at a later age

STATISTICAL SIGNIFICANCE The unlikelihood that differences observed in a study sample have occurred due to error or chance
STRATIFICATION Separate into different groups

STRENGTH OF THE ASSOCIATION The stronger the association, as measured by the relative risk or odds ratio, the more likely it is that the relationship is causal.

STUDY DESIGN The blueprint that allows for an assessment of events for statistical inference concerning relationships between exposures and diseases

SURVEILLANCE Ongoing systematic collection, analysis, and interpretation of health data essential to planning, implementation, and evaluation of public health practice, as well as the timely dissemination of these data to those who need to know

SURVEILLANCE BIAS In a monitored population, disease ascertainment is better than in the general population because practitioners are actively looking for disease

SUSCEPTIBLE Individual is vulnerable to a disease because he or she has no resistance or immunity to the disease

SUSPECTED CASE Individual who has all of the signs and symptoms of a disease or condition, but has not yet been diagnosed via laboratory or other definitive testing methods

SWITCHOVER Observed and true effect are on opposite sides of the null value

SYMPTOMATIC CASES Individuals who have apparent signs of the infection

SYNDROMIC SURVEILLANCE Uses symptom information to alert public health officials to a potential problem

SYSTEMATIC REVIEW Uses defined strategies to find, analyze, and synthesize all relevant studies on a particular topic

TARGET-ORGAN SPECIFICITY Toxic substances do not affect all organs to the same extent

TEMPORAL RELATIONSHIP Exposure must have occurred before the disease developed; considered as evidence of a causal relationship

TERTIARY PREVENTION Focuses on reducing impairment and helping people manage the long-term health problems or chronic injuries.

TIME Accounts for incubation periods (the time between the host first encountering the pathogen and when signs and symptoms first appear), life expectancy of the host or the pathogen, and duration of the course of the illness or condition

Title XXI/The State Children's Health Insurance Program (SCHIP):

Approved in 1997, this federal program provides more than \$24 billion in funding to states to expand health insurance coverage for uninsured children, primarily in families with incomes less than 200% of the federal poverty line.

TOXICOLOGY Branch of science concerned with the study of chemicals and their effects on the human body

TRANSMISSION Any mechanism by which an infectious agent is spread, and is essentially how an infectious agent bridges the gap between portals in the human body

TWO-BY-TWO TABLE

A helpful tool to use when calculating measures of association such as the RR (see: Centers for Disease Control and Prevention, Online Book: CDC SELF-STUDY Course SS1978 Principles of Epidemiology in Public Health Practice Third Edition <https://www.cdc.gov/csels/dsepd/ss1978/SS1978.pdf>)

Source: <https://www.cdc.gov/csels/dsepd/ss1978/>

Example:

	Disease	No Disease	Total
Exposed	a=100	b=1900	2000
Not Exposed	c=80	d=7920	8000
Total	180	9820	10,000

VARIOLATION Method of immunizing patients against smallpox by infecting them with the substance from the pustules of patients with the disease

VECTOR-BORNE Disease transmitted through a live intermediary, such as an insect or animal

VEHICLE-BORNE Disease spread through inanimate intermediates, including food and water, clothes, bedding, cooking utensils, and medical equipment

VOLUNTEER BIAS Occurs because people who are healthier, health-conscious, or have medical insurance are more likely to be screened than those who are less healthy or lack insurance

YEARS OF LIFE LOST (YLL) Calculated by subtracting a person's age at death from the standard life expectancy for the general population of interest

YEARS OF POTENTIAL LIFE LOST (YPLL) Also referred to as years of life lost (YLL)

ZOONOSES Any disease or infection that is naturally transmissible from vertebrate animals to humans

Appendix F: MPH Program Completion

MPH Student Checklist for Program Completion

Course Number	Course Title	F/S	Number of Credits	√	Date Completed
Required Courses					
PHP 900	Public Health Care Systems	F	3		
PHP 901	Epidemiology	F	3		
PHP 902	Environmental Health	F	3		
PHP 903	Biostatistics	F	3		
PHP 904	Social and Behavioral Health	S	3		
PHP 905	Public Health Administration	F	3		
PHP 906	Public Health Finance and Budgeting	Sum	3		
PHP 907	Public Health Policy	F	3		
PHP 908	Public Health Ethics	S	3		
PHP 912	Public Health Law and Negotiation	S	3		
PHP 926	Evaluation in Public Health	F	3		
PHP 922	Public Health Economics	S	3		
PHP 990	Field Study	S	3		
PHP 998	Integrating Seminar	S	3		
Total Required Course Credits Required – 42 Credits					

Appendix G

Graduate Certificates

A

[Adapted Physical Education \(Graduate Certificate\)](#)
[Adolescent Development \(Graduate Certificate\)](#)
[Assistive Technology \(Graduate Certificate\)](#)
[Autism Spectrum Disorder \(Graduate Certificate\)](#)

C

[Child Welfare \(Graduate Certificate\)](#)
[Citizen and Community Science \(Graduate Certificate\)](#)
[Coastal Policy \(Graduate Certificate\)](#)
[Commerce and Technology \(Graduate Certificate\)](#)
[Curriculum and Instructional Leadership \(Graduate Certificate\)](#)

D

[Didactic Program in Dietetics \(Graduate Certificate\)](#)

E

[Ecological Genomics \(Graduate Certificate\)](#)

F

[Feminist Studies \(Graduate Certificate\)](#)

G

[Geospatial Science \(Graduate Certificate\)](#)

H

[Health Data Science \(Graduate Certificate\)](#)
[Hospitality Management \(Graduate Certificate\)](#)

I

[Industrial Statistics \(Graduate Certificate\)](#)
[Intellectual and Developmental Disabilities \(Graduate Certificate\)](#)

O

[Ocean Mapping \(Graduate Certificate\)](#)

P

[Public Health \(Graduate Certificate\)](#)

S

[Spanish \(Graduate Certificate\)](#)
[Special Education Administration \(Graduate Certificate\)](#)
[Substance Use Disorders \(Graduate Certificate\)](#)

T

[Trauma Informed Policy and Practice \(Graduate Certificate\)](#)



Visit our website at: www.nhpha.org



NEPHTC Stipend Program

The Health Equity Student Internship Program allows public health students to gain practical experience working on projects to improve health equity while being financially supported and placed in agencies providing public health or primary health care services to medically underserved areas or populations.

The program is funded through the Health Resources and Services Administration's (HRSA) New England Public Health Training Center. Stipends are \$3,500. Internships are located in agencies in the six New England states: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island and Vermont.

Awards of student stipends are contingent on receipt of notice of award by HRSA to Boston University for the 2021-2022 project year.

General Program Requirements

Student Eligibility

- (1) Must be a U.S. citizen or a non-citizen U.S. national or foreign national holding a visa permitting permanent residence in the United States.
- (2) Must be a graduate or doctoral students pursuing a degree in a health profession or a 3rd or 4th year undergraduate student pursuing a public health degree.

Program Requirements

- (1) Internship projects must address medically underserved communities or populations (<https://bhwh.hrsa.gov/shortage-designation/muap> for more information). Whenever possible, agencies should be located in medically underserved communities or rural areas.
- (2) Students applying for NEPHTC Health Equity stipend must have their project approved and confirmed by their university and field placement site prior to submitting their application.
- (3) Interns are expected to work 200 total hours or the number of hours that fulfills the degree requirement for an internship/practicum at their academic institution.
- (4) All internships require a deliverable of 1) a photo, 2) an executive summary and 3) a poster presentation or report that must include the following sections: abstract, introduction, methodology, findings, conclusions and discussion. The report/poster will be shared with HRSA and all three deliverables may be shared publicly on the NEPHTC website. In addition, all interns must provide a signed work-plan and complete a mid-point survey response during their internship to keep NEPHTC updated on the status of their project.
- (5) Students must complete an evaluation at the end of their internship and are responsible for having their agency supervisor complete an evaluation of their work.
- (6) All internship project and administrative requirements must be completed no later than June 1, 2024.
- (7) Students must respond to a follow-up survey one-year after the completion of their project (2024).

Appendix I: IRB Training

IRB Training

Applications to the UNH IRB must include for the applicant documentation of completion of the [UNH web-based training on human subjects protections \(link is external\)](#). The training module takes approximately 30 minutes. Individuals who certify their completion of the module at the end will receive an email that is the documentation/certification of completion of the training to be submitted as part of the IRB application. **The UNH IRB will not review applications missing this documentation.**

The training is designed to assist researchers with gaining familiarity with key issues in conducting research involving human subjects.

Please contact [Melissa McGee](#) (603) 862-2005, [Susan Jalbert](#) (603) 862-3536, or [Julie Simpson](#) (603) 862-2003 in UNH Research Integrity Services with any questions about the training requirement or the documentation/certification of completion of training.

Human Subjects

The University of New Hampshire (UNH) recognizes its responsibility to produce and disseminate knowledge in accordance with its mission of research, teaching, and public service. When non-human models are insufficient, use of human subjects in research is an integral aspect of scholarly activity at UNH. UNH recognizes its ethical and legal responsibilities to provide a mechanism to protect individuals involved as subjects in research conducted under the auspices of UNH.

Accordingly, to protect the rights and welfare of every human subject involved in research activities, UNH has a policy on the use of human subjects in research and an Institutional Review Board for the Protection of Human Subjects in Research (IRB) that oversees the program of protecting human subjects at UNH according to established procedures.

[UNH POLICY ON USE OF HUMAN SUBJECTS IN RESEARCH](#)

[INSTITUTIONAL REVIEW BOARD FOR THE PROTECTION OF HUMAN SUBJECTS IN RESEARCH \(IRB\)](#)

[UNH IRB PROCEDURES MANUAL](#)

Data Management

Collection and generation of research data are integral aspects of research activity at the University of New Hampshire (UNH). Research data have several purposes:

- To serve as a record of the investigation;
- To form the basis on which conclusions are made; and
- To enable the reconstruction of procedures and protocols.

- In keeping with its commitment to promote integrity in the scholarly process, UNH researchers' data management practices should ensure open and timely access to research data. Such access is especially vital with respect to questions about compliance with legal or regulatory requirements governing the conduct of research, accuracy or authenticity of data, primacy of findings, and reproducibility of results. Accordingly, UNH has a policy on the ownership, management, and sharing of research data and web-based training, as well as [resources](#) via the Dimond Library.

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- [UNH IRB INFORMED CONSENT DOCUMENT TEMPLATES](#)
 - [REQUESTING A MODIFICATION TO A PROTOCOL PREVIOUSLY APPROVED BY THE IRB](#)
 - [IRB GUIDE FOR RESEARCHERS ~ FOR STUDIES INITIALLY APPROVED BY THE UNH IRB BEFORE JANUARY 21, 2019](#)
 - [IRB GUIDE FOR RESEARCHERS 2019 ~ FOR STUDIES INITIALLY APPROVED BY THE UNH IRB ON/AFTER JANUARY 21, 2019](#)
 - [ACTIVITIES INVOLVING HUMAN SUBJECTS AND UNH IRB APPROVAL](#)
 - [RESPONSIBILITIES OF DIRECTORS OF RESEARCH STUDIES INVOLVING HUMAN SUBJECTS](#)
 - [PRIVACY, CONFIDENTIALITY AND ANONYMITY IN HUMAN SUBJECTS RESEARCH](#)
 - [UNH IT OPTIONS FOR FILE SHARING, STORAGE, AND COLLABORATION](#)
 - [UNH IT FILE STORAGE DATA CLASSIFICATION](#)
 - [INFORMATION INDIVIDUALS IN NEW HAMPSHIRE ARE LEGALLY REQUIRED TO REPORT PAYMENTS TO PARTICIPANTS, COERCION, & UNDUE INFLUENCE IN HUMAN SUBJECTS RESEARCH](#)
 - [PAYMENT OF INCENTIVES/COMPENSATION TO RESEARCH PARTICIPANTS \(HUMAN SUBJECTS\)](#)
 - [GUIDELINES FOR RESEARCH INVOLVING COLLEGE STUDENTS](#)
 - [GUIDELINES FOR RESEARCH INVOLVING CHILDREN/MINORS](#)
 - [GUIDELINES FOR HUMAN SUBJECTS RESEARCH INVOLVING VIRTUAL REALITY](#)
 - [UNH POLICY AND PROCEDURES FOR THE PROTECTION OF MINORS](#)
 - [GUIDELINES FOR CONDUCTING SURVEY RESEARCH](#)
 - [QUALTRICS SURVEY RESEARCH SUITE \(UNH IT LOGIN PAGE\)](#)
 - [UNH SURVEY CENTER](#)
 - [EUROPEAN UNION \(EU\) GENERAL DATA PROTECTION REGULATION \(GDPR\) & HUMAN SUBJECTS RESEARCH](#)
 - [OFFICE OF HUMAN RESEARCH PROTECTIONS \(OHRP\) INTERNATIONAL COMPILATION OF HUMAN RESEARCH STANDARDS](#)
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- [UNH LIBRARY GUIDE ON RESPONSIBLE CONDUCT OF RESEARCH AND SCHOLARLY ACTIVITY - HUMAN SUBJECTS PAGE](#)

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