Introduction:
Health policies are an inescapable and critical component of our everyday lives. The accessibility, cost and quality of health care; our preparedness for disasters; the safety of our food, water, environment and medications; the right to make individual decisions about our personal health and well-being; and many other issues are vitally tied to health policies and laws. Health policies and laws may have a lasting effect on our quality of life as individuals and on our welfare as a nation.

The course will provide a framework for understanding and analyzing a range of health policy issues. The course begins by introducing the U.S. policy-
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making and legal system. It then considers essential issues in health policy and law including health insurance, health economics, individual rights in health care, and health care access and quality.

Course Learning Objectives:
By the end of this course, students should be able to:
1. have a working understanding of federal, state, and local health policy.
2. understand the major issues surrounding the health care reform debate.
3. identify and use health policy data sources.
4. identify the major political, economic and social forces affecting the U.S. health care system.
5. examine ethical issues, cultural diversity in health services and a framework for ethical analysis.
6. develop an in-depth understanding of a range of significant and pressing health policy topics, such as children’s health, women’s health, alcohol, tobacco and drug control, and food and obesity policies.

EVALUATION:

In-Class Assignments: 50 points (~11%)
Two Quizzes: 25 points each (~11%)
Health Impact Assessment (HIA) paper:
   Part I: Group section (Screening, Scoping, and Assessing Risks and Benefits): 25 points (~5.5%)
   Part II: Individual section (Recommendations, Reporting, and Evaluation and Monitoring): 25 points (~5.5%)
Final Paper: Revised Part I, revised Part II, and Policy Brief: 100 points (~22%)
Midterm Exam: 100 points (18.75%)
Final Exam: 100 points (23.75%)

Total: 450 points

There will be in-class assignments throughout the semester worth a total of 50 points. In-class assignments include topic debates, small group and individual in-class writing assignments based on course material and discussions, and creation of a final exam study guide. There will not be make-ups for these assignments, regardless of whether you have an excused or unexcused absence.

Students will write a HIA paper. A HIA is defined as “a combination of procedures, methods, and tools by which a policy, program, or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population (CDC, 2010).” It can be used to objectively evaluate potential health effects of a project or policy before it is implemented, linking multiple sectors
in society to health. A HIA is a support tool for policy-makers to address potential health impacts, to improve health and reduce adverse outcomes, and assess health inequalities in identified policies or programs (Metcalfe & Higgins, 2009). For the HIA paper students will examine either the issue of: 1) food insecurity (or food deserts) or 2) amendment to Article XVIII of the Colorado constitution declaring that the use of marijuana is legal for persons twenty-one years of age and older and taxed and regulated in a manner similar to alcohol. Please see p. 11-17 for more details about the assignment. We will also cover the description, process, and expectations of the HIA assignment in more detail in class. Due dates: March 20, 2014 (Part I of HIA: Screening, Scoping and Assessing Risks and Benefits), April 22, 2014 (Part II of HIA: includes Recommendation, Reporting, and Evaluation and Monitoring sections), and May 8, 2014 (Final HIA – including revised Part I, revised Part II PLUS a Reflection section and Policy Brief). ****All HIA papers are due in class.

There will be an in-class midterm and final exam. The midterm exam is scheduled for March 6, 2014. The final exam will be comprehensive. The date for the final exam is to be determined. Both exams will be multiple choice and short answer in format and closed book.

The following is the grading scale used for the course:

A  94-100
A- 90-93
B+ 87-89
B  84-86
B- 80-83
C+ 77-79
C  74-76
C- 70-73
D+ 67-69
D  64-66
D- 60-63
F <60

Textbook:

Additional Reading Material:
Health Reform has recently been enacted into law. We need to talk about health reform, but our understanding of health reform is still evolving. So, we will have readings in addition to the textbook to cover key aspects of health reform and to bring the material up to date. Also, many of the special topics
and population we will address are not covered in the textbook. Thus, we will have supplemental readings to cover these areas. Articles and other reading assignments will be provided through Canvas.

**Expectations:**

I. Class attendance & Participation

A. Attendance is not required, but is highly recommended. There will be many in-class small group discussions. Having all students participate in class, generally and in the small group discussions, will make for a livelier and productive learning experience.

B. If you miss any of the in-class activities, as either unexcused or excused absences, you will not be able to make these points up in the future. While participation points may be small compared to other assignments, borderline grades will be decided based on your participation in class.

II. Policies:

A. **Academic Honesty:** We take the issue of academic honesty seriously and you should too. Acts that constitute academic “dishonesty” include plagiarism, cheating during exams, fabrication and/or falsification of work. Academic dishonesty will result in failure of the course. Please stay far away from acts that could be possibly construed as dishonest. If you need any further clarification of this policy, please feel free to ask. You are responsible for observing the College of Liberal Arts and Sciences’ guidelines on academic integrity and honor: [http://www.ucdenver.edu/academics/colleges/CLAS/faculty-staff/policies/Pages/AcademicIntegrity.aspx](http://www.ucdenver.edu/academics/colleges/CLAS/faculty-staff/policies/Pages/AcademicIntegrity.aspx)

In all of your written assignments, we expect to see your own thoughts and words. We look for evidence that YOU understand the concepts covered in class. Thus, it is very problematic if you copy others’ words rather than interpret them into your own text. Plagiarism is the use of another person’s words or ideas without crediting that person. This is applicable to all source materials, whether they are lecture slides from this course, Wikipedia, or any scholarly material. If you copy anything verbatim, you will receive no credit for that assignment, regardless of whether you provide a citation for the material.

Plagiarism and cheating will not be tolerated and either may lead to failure on an assignment, in the course, and/or dismissal from the University.

B. **Make-up Work/Exams:** All assignments must be submitted as noted on the course calendar. If you are absent, you must have a valid reason to make up an exam or course assignment. You must notify Drs. McManus
or Rooks (and preferably both) within 24 hours if you miss an exam or course assignment and provide documentation for an excused absence, e.g., physician or health center note, obituary notice, etc. If you do not have a valid reason, with documentation, you will not be allowed to make up the assignment.

C. **Late Assignments:** No late assignments will be accepted without an excused absence and proper documentation.

D. **Holidays:** Students with religious holidays that conflict with the exams or assignment due dates should notify us of those dates at least within 24 hours of the holiday.

E. **Access, Disability, and Communication:** The University of Colorado Denver is committed to providing reasonable accommodation and access to programs and services to persons with disabilities. Students requesting accommodations should contact: The Office of Disability Resources & Services (DRS) is located in the North Classroom, Rm. 2514, contact information: (303) 556-3450; DisabilityResources@ucdenver.edu. Their staff will assist in determining reasonable accommodations as well as coordinating the approved accommodations.

III. **Civility:**

A. Adherence to the Student Conduct Code is expected. We are committed to creating a climate for learning, characterized by respect for each other and the contributions each person makes to class. We ask that you make a similar commitment.

B. Please turn off cell phones during class. Appropriate and courteous use of all technology will be expected of all students. Texting, emailing, and talking on cell phones during class will not be tolerated. If you need to make an emergency phone call or text, please quietly leave the classroom and return once you are finished.

C. Courtesy of fellow classmates is expected at all times. This includes:
   a) arriving to class on time,
   b) quietly excusing yourself during class if you need to leave,
   c) respecting other students’ views and opinions, and
   d) fully participating in small group discussions, in-class activities, and assignments.

**Failure to consistently comply with any or all of these civility policies will result in a loss of participation points, potentially reducing your final grade, at the course instructors’ discretion.**
TENTATIVE COURSE CALENDAR
Drs. McManus and Rooks reserve the right to alter or adjust the course calendar as necessary. In this event, students will be notified in class and via Blackboard.

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<tr>
<th>Wk.</th>
<th>Date</th>
<th>Topics</th>
<th>Textbook Reading Assignments</th>
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<td>Part I: Introduction and Overview of Public Health Policy</td>
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<td>1</td>
<td>1/21</td>
<td>Introduction (review syllabus, exams, and assignments)</td>
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<td>1/23</td>
<td>Introduction: How does health policy fit into public health?</td>
<td>Teitelbaum &amp; Wilensky, Chapter 1</td>
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<td>1/28</td>
<td>Historical context of public health law</td>
<td>Teitelbaum &amp; Wilensky, Chapter 2</td>
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<td>Policy-making processes in the U.S.</td>
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<td>Part II: Health Care Policy</td>
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<td>Law and the Legal System</td>
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<td>Law and the Legal System</td>
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<td>The U.S. Healthcare System</td>
<td>Teitelbaum &amp; Wilensky, Chapter 4</td>
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<td>Understanding Health Insurance</td>
<td>Teitelbaum &amp; Wilensky, Chapter 7</td>
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<td>2/18</td>
<td>How to read and critique a policy paper I and concepts of HIA</td>
<td>Guest Lecture: Dr. Mondi Mason, City of Denver, Department of Environmental Health</td>
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<td>2/20</td>
<td>How to read and critique a policy paper II and processes of HIA</td>
<td>Guest lecture: Ms. Lisa Raville, Harm Reduction Center</td>
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<td>Public Health Institutions and Systems II</td>
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<td>Part III: Public Health Policy</td>
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<td>Government Health Insurance Programs I</td>
<td>Teitelbaum &amp; Wilensky, Chapter 10</td>
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<td>3/13</td>
<td>Government Health Insurance Programs II</td>
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<td>9</td>
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<td>Health care reform</td>
<td>Teitelbaum &amp; Wilensky, Chapter 9</td>
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*Part I of HIA due in class*
CLASS SCHEDULE AND READING LIST:

**Week 1:** Introduction

Teitelbaum & Wilensky, Chapter 1

**Week 2:** Historical content of public health law & Policy-making processes in the U.S.

Teitelbaum & Wilensky, Chapter 2


Week 3: Law and the Legal System

Teitelbaum & Wilensky, Chapter 3

Week 4: Introduction to the U.S. Healthcare System and Health Insurance

Teitelbaum & Wilensky, Chapters 4 & 7

Week 5: How to read and critique a policy paper I and concepts of HIA

http://www.coloradohealthreportcard.org/reportcard/2012/default.aspx

Health Impact Assessment. Derby redevelopment: Historic Commerce City, Colorado (Example of HIA)

Week 6: Public Health Institutions and Systems

Teitelbaum & Wilensky, Chapter 5

Week 7: Midterm Review & Midterm

Week 8: Government Health Insurance Programs I and II

Teitelbaum & Wilensky, Chapter 10

Colorado Center on Law and Policy, “The Affordable Care Act at 3” series of issue briefs in 2013 (skim):
   Part Five: Strengthening Medicare


The Kaiser Commission on Medicaid and the Uninsured. Medicaid A Primer. 2013. (Please read pages 1-37)

   Section Four: Medicare Program Structure (pp131-150)
   Section Five: Medicare Program Administration (pp151-194).
Week 9: 3/13 & 3/15 **Uninsured & Health care reform**

Teitelbaum & Wilensky, Chapter 9

Colorado Center on Law and Policy, “The Affordable Care Act enhances economic security and reduces poverty for low-income Coloradans” fact sheet August 2013

Colorado Center on Law and Policy, “The Affordable Care Act at 3” series of issue briefs in 2013 (skim):

**Part One:** [How Colorado’s insurance exchange is gearing up for 2014](#)

**Part Two:** [Key components implemented so far provide bridges to coverage](#)

**Part Three:** [Meaningful insurance market reforms become effective January 1, 2014](#)

**Part Four:** [Federal investments in coverage, consumer protection and prevention](#)

3/26 & 3/28 **SPRING BREAK**

**Week 10: Health promotion & Advocacy**


**Week 11: Writing a policy memo**

Teitelbaum & Wilensky, Chapter 13

**Week 12: Healthcare Quality and Healthcare Economics**

Teitelbaum & Wilensky, Chapters 8 & 11

**Week 13: 4/17 & 4/19 Food and Nutrition policy & Aging and International Comparisons**

The Colorado Health Foundation. *Food access in Colorado*. 2010; Denver, CO: Colorado Health Foundation.

**Week 14: Health disparities in maternal and child health & Persons with disabilities**


Birdsong S, Parish SL. The Healthy Families Act will support people with disabilities and their families. Policy Brief; UNC School of Social Work.

**Week 15: Final Exam Study Guide Review**

**TBD: Final Exam**
Health Impact Assessment (HIA) paper
Due: 5/8/14

Goal: This problem-based, learning assignment will be an opportunity to develop students’ scholarship through research, professional networking, and service to the community, contributing to policy solutions. By encouraging innovative learning we hope students will gain the ability to combine their theoretical knowledge of textbook concepts with real-world experiences in class discussions and research.

Background: A HIA is a support tool for policy-makers to address potential health impacts, to improve health and reduce adverse outcomes, and assess health inequalities in identified policies or programs (Metcalfe & Higgins, 2009). There are 6 steps in conducting a HIA: 1) Screening (identify projects or policies for which a HIA would be useful); 2) Scoping (identify which health effects to consider); 3) Assessing risks and benefits (identify which people may be affected and how they may be affected); 4) Developing recommendations (suggest evidence-based research and changes to policy-makers and community leaders to promote positive or mitigate adverse health effects); 5) Reporting (present the results to policy-makers and community leaders); and 6) Evaluating (determine the affect of the HIA on policy-makers’ decision processes) (CDC, 2010). A HIA will assist students with applied learning for their undergraduate Public Health degrees.

The first HIA topic option: We identified Northeast Park Hill and deficits in food access and nutrition based on information from Taking Neighborhood Health to Heart (TNH2H), a community-academic partnership located in neighborhoods in and around the former Stapleton airport, now among the largest redevelopments in the United States. TNH2H focuses on learning about and improving the health and well-being of people living in five partner neighborhoods in the Denver metropolitan area, including: East Montclair, Northwest Aurora, Stapleton, Park Hill, and Northeast Park Hill. TNH2H has a well-established connection with these communities based on a prior grant from the National Heart, Lung, and Blood Institute, a part of the National Institutes of Health, to Dr. Deborah Main, the principal investigator of this grant. Students may examine the topic of food deserts in Northeast Park Hill or another city in the Denver metro area or Colorado.

The second HIA topic option: Given the new amendment to Article XVIII of the Colorado constitution declaring that the use of marijuana is legal for persons twenty-one years of age and older and taxed and regulated in a manner similar to alcohol, students may examine the potential health impacts (positive and negative) of passing this legislation that became law on January 1, 2014. Students may consider examining children or adults in various contexts for the law’s implications on their health outcomes, such as evidence gathered from schools, neighborhood associations, community health centers, hospitals, local professional societies (such as Multiple Sclerosis, where marijuana has been therapeutic for patients’ pain), etc. Additionally, students may consider comparisons between other states or cities with similar marijuana laws and what health impacts have occurred since changes in the law.

Assignment: Individually and in small groups, students will collect and analyze data for their course assignment to find the most promising policy intervention to address food access difficulties (often related to chronic diseases and health disparities) or marijuana access and its health impacts. Examples of ideas, using the first topic as an example, are given below.
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Each student small group will focus on the first three of the six steps in conducting an HIA, including:

- **Screening.** Students will examine/critique a current policy or initiative by the federal, state, or local government and/or community leaders, thinking about its impact on your topic and population of interest. For example, we previously focused on food access, Northeast Park Hill, and Healthy People 2020 (sources: data from local government websites, such as the Colorado Department of Public Health and Environment, newspapers, the Greater Park Hill Community Inc., or other community associations for interviews).

- **Scoping.** The health effects students may consider include: nutritional intake based on the Department of Agriculture’s food pyramid, infectious diseases, chronic diseases, and access to care. Students will conduct research on the impact of urban food deserts and poor nutrition on health, particularly affecting lower SES, racial and ethnic minorities, children, and/or older adults. Students may use websites, reports, and/or interviews from the following sources: the Department of Agriculture, Live Well Colorado, the Coalition to Transform Northwest Park Hill [who received a grant from Live Well for community development (Aguilera, 2009)], the Piton Foundation (2004), etc.

- **Assessing risks and benefits** (each sub-bullet represents a possible topic; chose one):
  - History and economics of Northeast Park Hill community and food access/food desert problems, particularly affecting lower SES, racial and ethnic minorities, and older adults (sources: community websites, newspapers, library archives, and interviews).
  - Retail outlets – what are their specifications/needs for potential retail sites; what are their perceptions of how adding a retail outlet will enhance the community and meet their needs; what are the contributions or deficits to the infrastructure of similar communities with recent retail outlet entries (sources: websites, news papers, trade journals based on Lexis/Nexis search, and interviews)?
  - Other built environment assessments: drainage area difficulties exist at one site, where a possible community garden for neighborhood improvement is being discussed; other possible deterrents for retail outlets exist such as the impact of gangs, crime, abandoned buildings, etc. on the community; are light rail and bus systems adequate for transportation and connectedness to all parts of Denver? [sources: local city and state government and urban planning websites, Colorado School of Public Health (who has done research in the area for a possible community garden), community group meetings, and interviews]
  - Collect survey data on people’s perceptions of quality for the closest grocery stores, local food banks, and nutrition for the area (sources: consult with TNH2H and community meetings).
  - Older adults – Is Northeast Park Hill a community where people can Age in Community [i.e. a grassroots movement of people coming together, addressing gaps in aging services and changing family dynamics, with the goal of keeping elders in their homes and connected to their communities; this movement offers the promise of including vulnerable groups and helping them stay within their communities via reciprocity of services among community members rather than always paying for external services (Blanchard & Thomas, 2009)]? Do older adults have a network of friends to get to stores? Do community groups or associations assist older adults in any way? (sources: consult with TNH2H, community meetings, and interviews).

Additionally, each student will be responsible for developing Recommendations, Reporting, and Evaluation HIA sections as part of their individual assignment. Individual students will also:
Maintain a journal of their individual, small group, and community service experiences, incorporating course concepts and reflections on their experiences. This journal will not be graded, but it will help with gathering information throughout the semester for your final HIA paper.

Include your small groups’ research for the first three HIA sections in your individual paper.

Develop a recommendations section for policy-makers and community leaders, determining whether they will target Denver City Council or State legislators and what to include in their policy brief. Make sure to discuss how you will modify, change, or improve on the law or policy you are examining/critiquing.

Develop a reporting section that documents the population affected, the stakeholders engaged, data sources, methods, and findings, and recommendations. Include how you will communicate your findings and recommendations to decision-makers, the public, and stakeholders.

Develop an evaluation section, based on comparative analyses of prior and similar legislation and/or voting patterns of policy-makers in Colorado. As part of this evaluation, students will identify and communicate any possible barriers to policy-makers implementing our HIA suggestions (Metcalfe & Higgins, 2009).

Include a reflections section on their individual and small group experiences.

Create a policy brief from your small groups’ research findings.

Format: ~10 page paper (including your small group and individual section findings), typed, double-spaced, 12 point easy-to-read font, with 1” margins. Please be sure to use a consistent reference style for in-text citations and your full reference citations at the end of your paper, including books, journal articles, newspapers, websites, and interviews.

References:


Centers for Disease Control and Prevention (CDC). (2010). Health impact assessment. Healthy community design fact sheet series. Division of Emergency and Environmental Health Services, National Center for Environmental Health, CDC.


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Health Impact Assessment (HIA) Research Paper
Rubric Checklist
Health Policy PBHL3030
Rooks & McManus

Your final HIA paper should include the following:

1. Part I: Small group section that (worth 50 points):
   a. Is 4-5 pages total.
   b. Includes Screening, Scoping, and Assessing Risks & Benefits sections (for guidance on the six parts of an HIA, review Week 5 lecture and readings on Critiquing Policy and HIA). Each section should be between 1-2 pages.
   c. Includes at least 2 course concepts [5 points].
   d. Includes 5 peer-reviewed journal articles (not just websites, newspapers, etc.) [5 points].
   e. Is the same for all small group members.

Screening
- Describes at least 1 current policy or law [10 points].

Scoping
- Describes at least 2 adverse health effects [4 points].
- Considers health effects in at least 2 social groups [4 points].
- Describes research questions related to your HIA and data sources [4 points].
- Identifies alternatives to the proposed action to be assessed [3 points].

Assessing Risks & Benefits
- Describes baseline health of the population [5 points].
- Describes benefits and adverse health effects of the proposal.
- Addresses/Describes one of the categories listed in the syllabus (hx and economy, retail outlets, built environment assessment, etc.) [10 pts].

******The first draft of Part I is due 3/20/14 in class******

2. Part II: Individual section that (worth 50 points):
   a. Is 4-5 pages total
   b. Includes a section describing your Recommendations for policy-makers and community leaders. Describes a specific recommendation to identify actions to minimize harmful effects during the course of the HIA, ~1/2 page [10 points].
   c. Includes a section describing Reporting. Describes a specific plan to communicate findings and recommendations of an HIA to decision-makers, the public, and other stakeholders. These should be specifically listed or identified, ~1 page [10 points].
   d. Includes an Evaluation (and Monitoring) ~1-2 pages.
i. Describe a specific plan to track and assess changes in your health indicators as your project or policy is implemented and applied over time [5 points].

ii. Compare previous or similar legislation [5 points].

iii. Discuss barriers to implementing your recommendations [5 points].

*****The first draft of Part II (including sections: Recommendations, Reporting, and Evaluation and Monitoring) is due 4/22/14 in class

a. Includes a Reflection section on your individual, group, and community experiences, ~1 page [5 points].
b. Include a 1-page Policy brief at the end of your paper. Please see the example on the next page of this syllabus, following this format and language [10 points].

Your final HIA paper should:
1. Be no more than 10 pages including the small group and individual sections.
2. Be typed, double-spaced, 12 point easy-to-read font, with 1” margins.
3. Use a consistent reference style for the in-text citations and full reference citations at the end of the paper.

*****The final HIA should include: revised Part I, revised Part II, plus a Reflection section and Policy Brief and is due 5/8/14 in class

In addition to the final HIA paper, you should prepare:
A journal of your individual, small group, and community service experiences, incorporating course concepts and reflections on your experiences. But, you do not have to include the journal in your final paper. This journal is for you to keep detailed objective notes and reflections about you and your group experiences to summarize in your final paper.
Health Impact Assessment (HIA) Research Paper

Health Policy Brief Instructions

Produce a one-page policy brief as a tool to inform your local government or state Congress person about the policy problem your group chose. Your policy brief will also argue for population-level incentives to promote the policy solution you create (either your original policy idea or one existing currently that you want to expand on and support) for your Health Impact Assessment (HIA) research paper.

First, you need to briefly define your health problem and the most important issues for your target population based on your HIA literature review or background information. Second, argue for the change you want your government official to implement (ex. Increase funding for school gardening programs for children to improve their access to healthy foods and improve their diets). And, third, briefly discuss what benefits will come from implementing and promoting your policy solution (ex. Society benefits from children’s reduced chronic disease risks associated with obesity, such as cardiovascular diseases and type II diabetes, via potentially lower long-term medical costs for chronic disease management), making sure to cite some evidence-based literature or community examples where these types of changes have been successfully implemented and show some progressive results. Be sure to add one or two references to your policy brief. There are examples of one-page policy briefs posted on Blackboard, under Assignments.

Another suggested outline for a policy brief (Lavis, et al., 2009) may include:

**Title** (possibly in the form of a compelling question)

**Key messages** (possibly as bullet points)
- What is the problem?
- What do we know (and not know) about viable options to address the problem?
- What policy implementation considerations need to be addressed?

**Report**
- Introduction that describes the issue and the context in which it will be addressed
- Definition of the problem such that its features can be understood in one or more of the following terms:
  1. The nature and burden of common diseases and injuries that the healthcare system must prevent or treat
  2. The cost-effective programs, services, etc. that are needed for prevention, intervention, and/or treatment, and
  3. The health system arrangements that determine access to and use of cost-effective programs, services, etc., including how they affect particular groups
- Options for addressing the problem

**References**

Syllabus: PBHL 3030

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Spring, 2014
Spring 2014 CLAS Academic Policies
The following policies pertain to all degree-seeking students in the College of Liberal Arts and Sciences.

- **Schedule verification**: It is each student’s responsibility to verify online that his/her official registration is correct: verify before classes begin and prior to the drop/add deadline. Failure to verify schedule accuracy is not sufficient reason to justify a late add or drop.

- **E-mail**: Students must activate and regularly check their official student e-mail account for CU Denver business: [http://www.ucdenver.edu/student-services/Pages/WebMail.aspx](http://www.ucdenver.edu/student-services/Pages/WebMail.aspx). Those who forward e-mail must check CU Denver e-mail regularly for messages not automatically forwarded.

- **Waitlists**:
  - Students are **not** automatically notified if they are added to a class from a waitlist.
  - Students are **not** automatically dropped from a class if they never attended, stopped attending, or do not make tuition payments.
  - Waitlists are purged after the 1st week of classes, after which a paper Schedule Adjustment Form (SAF or drop/add form) is required. It is the student's responsibility to get the form (online or at the Advising Office, NC 4002), have it signed, deliver it to the Registrar (Annex 100) or the Student Services Center (NC 1003), and verify her/his schedule online.

- **Late adds** (after 5 February) will be approved only when circumstances surrounding the late add are beyond the student’s control. This will require a written petition and verifiable documentation. Petition forms are available in NC 4002. The signature of a faculty member on a SAF does not guarantee that a late add petition will be approved.

- **Late drops/withdrawals** (after 7 April) will be approved only when circumstances surrounding the late drop have arisen after the published drop deadline and are beyond the student’s control. This will require a written petition and verifiable documentation. The signature of a faculty member does not guarantee that a late drop/withdrawal petition will be approved.

- **Tuition**: Students are responsible for completing arrangements with financial aid, family, scholarships, etc. to pay their tuition prior to Census Date (5 February). Students who drop after that date are (1) financially responsible for tuition and fees, (2) academically responsible and will receive a "W" grade, and (3) are ineligible for a refund of COF hours or tuition.

- **Graduation**:
  - Undergraduate students wishing to graduate in Spring 2014 must complete the online Graduation Application form, in the UCD Access Portal, and meet with their academic advisor to obtain a graduation application. This application must be submitted by Census Date (5 February). You can obtain an application only after meeting with your advisor. There are no exceptions to this policy.
  - Graduate students wishing to graduate in Spring semester 2014 must complete the online Graduation Application form, in the UCD Access Portal, and have a Request for Admissions to Candidacy on file with the CU Denver Graduate School (LSC 1251) no later than 5 PM, February 5, 2014.
Important Dates and Deadlines

- **January 20, 2014**: Martin Luther King Holiday. Last day to withdraw from all classes via UCDAccess and receive a refund of the $200 advance payment and all tuition.
- **January 21, 2014**: First day of classes.
- **January 26, 2014**: Last day to add or waitlist classes using UCDAccess. After this date, a Schedule Adjustment Form (SAF) is required to change, add, or drop.
- **January 27, 2014**: Last day to drop without a $100 drop charge. No adds permitted on this day.
- **January 28 – February 5, 2014**:
  - UCDAccess registration is closed; registration now requires a SAF with faculty signature.
  - Verify your registration via UCDAccess. You are not registered for a course unless your name appears on the official roster; conversely, your name may have been added automatically from the waitlist without notification, which means that you will be held responsible.
- **February 5, 2014**: Census date.
  - **2/5/14, 5 PM**: Last day to add structured courses without a written petition for a late add. This is an absolute deadline and is treated as such. This does not apply to independent studies, internships, project hours, thesis hours, dissertation hours, and modular courses.
  - **2/5/14, 5 PM**: Last day to drop a course or completely withdraw from Spring 2014 using a SAF and still receive tuition refund, minus the drop fee. After this date, tuition is forfeited and a "W" will appear on the transcript. This includes section changes. This is an absolute deadline.
  - **2/5/14, 5 PM**: Last day to request Pass/Fail or No-Credit option for a course.
  - **2/5/14, 5 PM**: Last day for a graduate student to register for a Candidate for Degree and last day for a Ph.D. student to petition for a reduction in hours.
  - **2/5/14, 5 PM**: Last day to apply for Spring 2014 graduation. If an undergraduate, you must make an appointment and see your academic advisor to apply. If a graduate student, you must complete the Intent to Graduate and Candidate for Degree forms.
- **February 17-26, 2014**: Faculty can use the Early Alert system.
- **March 24-30, 2014**: Spring Break-(no classes; campus open).
- **April 7, 2014, 5 PM**: Last day for non-CLAS students to drop or withdraw without a petition and special approval from the academic dean. After this date, a dean’s signature is required.
- **April 22, 2014, 5 PM**: Last day for CLAS students to drop or withdraw with signatures from the faculty and dean but without a full petition. After this date, all schedule changes require a full petition. Petitions are available in NC 4002 for undergraduates and in the CU Denver Graduate School offices for graduate students.
- **May 12-17, 2014**: Finals Week. No schedule changes will be granted once finals week has started--there are no exceptions to this policy. Commencement is May 17.
- **May 22, 2014**: Due date for faculty submission of grades (tentative).
- **May 26, 2014**: Spring final grades available on UCD Access (tentative).