

Doisy College of Health Sciences

2021-2022 Program-Level Assessment: Annual Report

Program Name (no acronyms): **Health Sciences**

Department: **Clinical Health Sciences**

Degree or Certificate Level: **B.S.**

College/School: **Doisy College of Health Sciences**

Date (Month/Year): **August 2022**

Assessment Contact: **Teresa Neal**

In what year was the data upon which this report is based collected? **AY 2021-2022**

In what year was the program's assessment plan most recently reviewed/updated? **AY 2020-2021**

Is this program accredited by an external program/disciplinary/specialized accrediting organization? **The HIM Concentration track is.**

1. Student Learning Outcomes

Which of the program's student learning outcomes were assessed in this annual assessment cycle? (Please list the full, complete learning outcome statements and not just numbers, e.g., Outcomes 1 and 2.)

Program Learning Outcome (PLO) #1

Students will communicate effectively to express issues in healthcare.

Program Learning Outcome (PLO) #3

Students will demonstrate effective team skills when collaborating on healthcare projects.

Program Learning Outcome (PLO) #5

Students will exhibit ethical behaviors related to health sciences that are rooted in Jesuit values.

2. Assessment Methods: Artifacts of Student Learning

Which artifacts of student learning were used to determine if students achieved the outcome(s)? Please describe the artifacts in detail and identify the course(s) in which they were collected. Clarify if any such courses were offered a) online, b) at the Madrid campus, or c) at any other off-campus location.

PLO #1 – Students will communicate effectively to express issues in healthcare.

None of these courses aligned with this PLO and listed below were offered online, at the Madrid campus, or at any other off-campus location.

HSCI 1000 Intro to Health Sciences: Small group discussions on health care issues

- Students discuss healthcare issues that include comparing global policies related to mental health. This assignment requires that students link to the World Health Organization Mental Health Atlas: Country Profiles. A worksheet is provided to students with specific information needed to compare the two countries' policies. See Appendix A.

HSCI 2000 United States Healthcare System – Team Position Paper

- A team position paper served as the artifact to assess this PLO. Teams were randomly assigned to compare a healthcare issue to two healthcare systems across the globe. A position paper presents one side of an arguable opinion about an issue. The goal of the paper is to convince an audience that your opinion is valid and defensible. Student teams developed supporting evidence for both

sides of an issue, including factual knowledge, statistical evidence, and authoritative testimony. See Appendix A.

HSCI 4500 Hot Topics in Healthcare: Current healthcare issues paper

- The students were assigned to "fix healthcare." Over 3 days, the students were assigned groups to discuss and determine their top priorities for fixing healthcare. They were to provide details as to why they made these choices. On the second day, the groups were combined to create 2 groups. Each group would review the previous group's choices and then pick the top 3 from those items with any additional detail they see fit. On the 3rd day, the 2 groups came together to determine the final 3 ways to fix healthcare from the documents. See attached assignment. See Appendix A

PLO #3 – Students will demonstrate effective team skills when collaborating on healthcare projects

HSCI 2500 Human Development Across the Lifespan: Life History Integrative Observation Assessment

- A life history project served as the artifact to assess this PLO. Students were randomly assigned to teams. This project aims to allow teams to learn, understand and apply theories and concepts of human development. There are two parts to the assignment. The first part of the assignment includes a "life history." A life history consists of an interview to learn about various experiences that affect human development. The second part consists of an "observation." The objective of the observation is to allow teams to observe an infant, child, or adult to determine developmental milestones and characteristics. Teams integrated the life history and observation data, supported by theory and concepts learned in class, into the video documentary form. See Appendix B.

HSCI 4600 Consumer Health: Group Booklet Project

- The project was divided into 3 sections. 1 – Booklet: The students were to create a consumer-friendly health education booklet following the criteria highlighted in the class lectures. 2 – peer review. 3 – presentation. See attached assignment. See Appendix B

PLO #5 – Students will exhibit ethical behaviors related to health sciences that are rooted in Jesuit values.

HSCI 1000 Intro to Health Sciences: Small group discussions on ethical health care issues

- This small group discussion is measured by dialogue documented in a blog. The blog is evaluated by the instructor. See Appendix C.

HSCI 3200 Aspects of Health Law: Group Ethics Presentation

- The assignment has three parts and is designed to introduce a topic in healthcare with ethical implications through group presentations. Part 1 - Groups are instructed to remain unbiased while presenting the ethical dilemma. Part 2 – The presenting group then leads the class to discuss the ethical concerns. Part 3 - The students follow up the class discussion with a discussion board activity. See Appendix C.

HSCI 4600: Consumer Health: Health Literacy Pop Quiz Assignment

- The class first determined the questions they would ask. This is important because you want consistent answers for discussion purposes. They then went out to the SLU community and asked 5 individuals the questions. They were to listen and educate each one. They then had to create a table of the answers for discussion. In the final section and most importantly, the students

needed to reflect on the process. This was the first time they experienced health literacy issues with consumers and how they used the tools from class to educate them. See attached assignment. See Appendix C.

3. Assessment Methods: Evaluation Process

What process was used to evaluate the artifacts of student learning, and by whom? Please identify the tool(s) (e.g., a rubric) used in the process and **include them in/with this report document** (please do not just refer to the assessment plan).

The course instructors evaluated identified artifacts from the specified course using the specific PLO rubric. As the course instructor reviewed each artifact, they determined at which level (knowledge/comprehension, application/analysis, or synthesis/evaluation) the students' work met the criteria on the rubric. Upon completion of reviewing 100% of the student submissions, the course instructor determined if the program target was or was not met.

PLO #1 – Students will communicate effectively to express issues in healthcare

HSCI 1000 Intro to Health Sciences: Small group discussions on health care issues

- Students work in small groups to discuss several healthcare issues. The instructors observe the students. The instructors evaluate that the students demonstrate that they can effectively express issues in healthcare using the PLO rubric. See Appendix A.

HSCI 2000 United States Healthcare System – Team Position Paper

- Student teams determine a healthcare issue they are mutually interested in and compare how the healthcare systems in at least two countries deal with that issue. The healthcare issue and countries are preapproved by the instructor. The artifact is evaluated using a rubric by the instructor and the PLO rubric. See Appendix A.

HSCI 4500 Hot Topics in Healthcare: Current healthcare issues paper

- It was always a very lively discussion on these days. They each wanted to get their points on the document. The instructor observed many discussions that were passionate but respectful. In the end, they did agree on the priorities each day. The final piece of the assignment is for the students to reflect on the activity. This allowed them to individually reflect on their experiences and give their final paper opinions. The artifact is evaluated using a rubric by the instructor and the PLO rubric. See Appendix A.

PLO #3 – Students will demonstrate effective team skills when collaborating on healthcare projects

HSCI 2500 Human Development Across the Lifespan: Life History Integrative Observation Assessment

- Students define specific theories and behaviors relevant to issues in healthcare in written or video form. The artifacts are evaluated using a rubric by the instructor and the PLO rubric. See Appendix B.

HSCI 4600 Consumer Health: Group Booklet Project

- 1 – Booklet: The students were to create a consumer-friendly health education booklet following the criteria highlighted in the class lectures. 2 – peer review: Each group reviewed another group's booklet for health literacy, flow, effective pictures/colors, and topic. 3 – presentation. Each group provided a short presentation of their booklet. They were to describe why they chose the topic, colors, pictures, flow, and general information. These artifacts are evaluated using a rubric by the instructor and the PLO rubric. See Appendix B.

PLO #5 – Students will exhibit ethical behaviors related to health sciences that are rooted in Jesuit values.

HSCI 1000 Intro to Health Sciences: Faculty observations during in-class group projects

- The instructor observes that students express their desire to learn more about ethical issues they will face when they become healthcare practitioners. The instructors evaluate that students express their desire to learn more about ethical issues they will face using the course rubric and PLO rubric. See Appendix C.

HSCI 3200 Aspects of Health Law: Group Ethics Presentation

- Rubrics are used to evaluate the presentation, in-class facilitated discussion, and the post-discussion board activity. All of the components of the assignment are assessed by the course instructor. See Appendix C.

HSCI 4600: Consumer Health: Health Literacy Pop Quiz Assignment

- The course instructor evaluated the students' reflections on the project using the PLO rubric. See Appendix C.

4. Data/Results

What were the results of the assessment of the learning outcome(s)? Please be specific. Does achievement differ by teaching modality (e.g., online vs. face-to-face) or on-ground location (e.g., STL campus, Madrid campus, other off-campus site)?

The teaching modality was consistent within each assessed group of artifacts. There was no observed difference based on teaching modality.

PLO #1 – Students will communicate effectively to express issues in healthcare

HSCI 1000 Intro to Health Sciences: Small group discussions on health care issues

- The artifacts of sixty students were assessed. Over 90% of the class received a ranking of "Analysis," indicating an understanding of issues in healthcare. See Appendix A.

HSCI 2000 United States Healthcare System – Team Position Paper

- The artifacts of one hundred and eleven students were assessed. Over 85% of the class received a ranking of "Analysis," indicating an ability to analyze, evaluate and create a manuscript expressing issues in healthcare. See Appendix A

HSCI 4500 Hot Topics in Healthcare: Current healthcare issues paper

- The artifacts of forty-seven students were assessed. The course was taught face-to-face. 90% of

the students successfully achieved the synthesis for the group activities, and 91% achieved the synthesis for the reflection piece. See Appendix A.

PLO #3 – Students will demonstrate effective team skills when collaborating on healthcare projects

HSCI 2500 Human Development Across the Lifespan: Integrative Observation Assessment

- The artifacts of one hundred and six students were assessed. Over 85% of the class received a ranking of "Analysis," indicating the ability to demonstrate effective team skills while collaborating on a healthcare project. See Appendix B.

HSCI 4600 Consumer Health: Group Booklet Project

- The artifacts of forty-seven students were assessed. The course was taught face-to-face. 90% of the students achieved the "application" ranking. See Appendix B.

PLO #5 – Students will exhibit ethical behaviors related to health sciences that are rooted in Jesuit values.

HSCI 1000 Intro to Health Sciences: Faculty observations during in-class group projects

- The artifacts of sixty students were assessed. The instructor observed that at least 90% of students express their desire to learn more about ethical issues they will be facing when they become practitioners in the healthcare field. See Appendix C.

HSCI 3200 Aspects of Health Law: Group Ethics Presentation

- The artifacts of seventy-two students were assessed. This activity was both in-person and online. 90% of students achieved a ranking of "Analysis," indicating that they could analyze, evaluate, and create a presentation and lead the class discussion in identifying appropriate ethical behaviors that met the assessment's target level. See Appendix C.

HSCI 4600: Consumer Health: Health Literacy Pop Quiz Assignment

- The artifacts of forty-seven students were assessed. The course was taught face-to-face. 83% of the students ranked at the synthesis level. See Appendix C.

5. Findings: Interpretations & Conclusions

What have you learned from these results? What does the data tell you?

PLO #1 – Students will communicate effectively to express issues in healthcare

HSCI 1000 Intro to Health Sciences: Small group discussions on health care issues

- Reflecting on the observation of students in their ability to express issues in healthcare, we defined areas that we could consider covering in the future course.

HSCI 2000 United States Healthcare System – Team Position Paper

- Using the current assessment rubrics, students demonstrated their ability to effectively express issues in healthcare.

HSCI 4500 Hot Topics in Healthcare: Current healthcare issues paper

- The students seemed to enjoy the group work. They listened to each other, researched their priorities, and agreed on the documentation. The first day was the most cooperative, but the next day became more interesting because more people were involved. There was some great

discussion. Some of the quietest students made their voices heard. The 3rd day was quite vocal. The entire class was engaged with the decisions. Both sides wanted their voices heard. Some "heated" but respectful discussions were had. In the end, they could create a document that showed their willingness to work together and compromise. Some students stated they felt like they were in the U.S. Congress. The reflection allowed them to close the circle and think about all that happened during the 3 days. The instructor purposely gave them a day for each section because she wanted them to use all they had learned throughout their years in Health Sciences to come up with their priorities. If it is extended, then there would be more time to research.

PLO #3 – Students will demonstrate effective team skills when collaborating on healthcare projects

HSCI 2500 Human Development Across the Lifespan: Integrative Observation Assessment

- Using the current assessment rubrics, students demonstrated an application level. This information provides confirmation that we are challenging students at the appropriate level.

HSCI 4600 Consumer Health: Group Booklet Project

- The timing of the project is key. The corresponding lectures and assignments must be completed before the project can begin. The students also need time to complete this project. Making sure the schedule aligns with this project at the beginning of the semester is best. The instructor discussed the project weekly in class and was available for questions, but some groups waited to start the booklet. Thus, the instructor had many questions the last week before the due date. Adding a check-in time with each group halfway through might help alleviate this issue.

PLO #5 – Students will exhibit ethical behaviors related to health sciences that are rooted in Jesuit values.

HSCI 1000 Intro to Health Sciences: Faculty observations during in-class group projects

- The faculty have learned that we can challenge our students on this topic.

HSCI 3200 Aspects of Health Law: Group Ethics Presentation

- Using the current assessment rubric, the students demonstrated the ability to discern the ethical issues and have a robust discussion about both sides of the issue. While this was a practical assignment, the class size and the in-person presentation required several class sessions to conduct this activity. Going forward, the course instructor plans to modify the project to still capture the intent without utilizing as many class periods.

HSCI 4600: Consumer Health: Health Literacy Pop Quiz Assignment

- The students were given 2 weeks to complete the project, and many waited to complete the assignment until the last few days. Their documentation clearly showed that they did not allow the appropriate amount of time for the project. It showed in their table of information and reflections. They also did not take the time to educate their individuals. It appeared they were just asking the questions and nothing else. In the future, it might be good to have the table of information due in one week and the reflection due the following week.

6. Closing the Loop: Dissemination and Use of Current Assessment Findings

- A.** When and how did your program faculty share and discuss these results and findings from this cycle of assessment?

B. How specifically have you decided to use these findings to improve teaching and learning in your program? For example, perhaps you've initiated one or more of the following:

Changes to the Curriculum or Pedagogies

- Course content
- Teaching techniques
- Improvements in technology
- Prerequisites
- Course sequence
- New courses
- Deletion of courses
- Changes in frequency or scheduling of course offerings

Changes to the Assessment Plan

- Student learning outcomes
- Artifacts of student learning
- Evaluation process
- Evaluation tools (e.g., rubrics)
- Data collection methods
- Frequency of data collection

Please describe the actions you are taking as a result of these findings.

PLO #1 – Students will communicate effectively to express issues in healthcare

HSCI 1000 Intro to Health Sciences: Small group discussions on health care issues

- The faculty are working on ways to better facilitate small groups to advance and deepen the discussions.

HSCI 2000 United States Healthcare System – Team Position Paper

- We were pleased with these results, and will continue to use this assessment with new and emerging issues in healthcare. In addition, the instructor will consider a less technical textbook than the current one.

HSCI 4500 Hot Topics in Healthcare: Current healthcare issues paper

- The instructor who created the course and taught for 11 years retired. The new program director will review and share the results with the future instructor.

PLO #3 – Students will demonstrate effective team skills when collaborating on healthcare projects

HSCI 2500 Human Development Across the Lifespan: Integrative Observation Assessment

- The faculty will consider providing additional lifespan material to get students more accumulated to the transition stage they are assigned.

HSCI 4600 Consumer Health: Group Booklet Project

- The instructor who created the course and taught for 11 years retired. The new program director will review and share the results with the future instructor.

PLO #5 – Students will exhibit ethical behaviors related to health sciences that are rooted in Jesuit values.

HSCI 1000 Intro to Health Sciences: Faculty observations during in-class group projects

- The faculty are working on ways to better facilitate small groups to advance and deepen the discussions.

HSCI 3200 Aspects of Health Law: Group Ethics Presentation

- The instructor who created the course and taught for 11 years retired. While we are pleased with the students' performance on this artifact, due to the students' performance and the class size, the new course instructor will modify the assignment to eliminate the

class presentation and allow students to record the presentations for the class to view outside the classroom. In addition, the project will incorporate questions to encourage the students to expand and further develop their thoughts. The assessment rubric will remain the same.

HSCI 4600: Consumer Health: Health Literacy Pop Quiz Assignment

- The instructor who created the course and taught for 11 years retired. The new program director will review and share the results with the future instructor.

If no changes are being made, please explain why.

7. Closing the Loop: Review of Previous Assessment Findings and Changes

- A.** What is at least one change your program has implemented in recent years as a result of assessment data?

The textbooks for some of the courses are being reconsidered.
A reflection paper has been assigned to courses.

- B.** How has this change/have these changes been assessed?

The reflection papers were focused not just on the instructor but also on the student and the course. Students have a guided reflection paper that includes their assessment of at least two learning outcomes.

- C.** What were the findings of the assessment?

The instructors that used reflection papers found that over 90% of the students did well in expressing themselves about the topic/assignment and understanding the topic. Students also reflected on their own learning and the course's learning outcomes.

- D.** How do you plan to (continue to) use this information moving forward?

Adding reflection papers will give the instructor information about the students' understanding of the topic/assignment. If the student's reflections demonstrate a lack of knowledge, then the instructor can evaluate and make the necessary changes for the next year. It will allow for an ongoing process of evaluation.

IMPORTANT: Please submit any assessment tools (e.g., artifact prompts, rubrics) with this report as separate attachments or copied and pasted into this Word document. Please do not just refer to the assessment plan; the report should serve as a stand-alone document.

Appendix A

PLO #1: Students will communicate effectively to express issues in healthcare.

PLO #1 Rubric

Program in Health Sciences (HSCI)		
Program Learning Outcome (PLO #1): Students will communicate effectively to express issues in healthcare.		
Knowledge/Comprehension**	Application/Analysis**	Synthesis/Evaluation**
<ul style="list-style-type: none">Identifies effective communication when expressing issues in healthcare	<ul style="list-style-type: none">Develop effective communication when expressing issues in healthcare	<ul style="list-style-type: none">Demonstrate effective communication when expressing issues in healthcare

PLO #1 Artifacts

Artifact for #1.

HSC11000 Introduction to Health Sciences

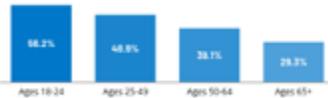
GLOBAL MENTAL HEALTH

NAME _____

INSTRUCTIONS: Please answer the following questions using the resources and links provided.

The issue:

Younger Adults are More Likely to Report Symptoms of Anxiety and/or Depressive Disorder During the COVID-19 Pandemic



1. Connect to the report entitled *The State of the World's Children 2021: On My Mind: Promoting, Protecting and Caring for Children's Mental Health* [The State of the World's Children 2021 | UNICEF](#)

Read the "Highlights" section:

What is the purpose of the report?

2. What are the statistics relative to a diagnosed mental disorder among 10-19 year olds?
3. Read the COVID-19 section. What are some of the fears of young people?
4. Read the High Cost of Investment Section. What are governments NOT doing to assist young people in the treatment of mental health?
5. What is the 4th leading cause of death for young people aged 15-19 years?
6. Read the section Unheard Calls for Help. What does the UNICEF and Gallup survey suggest the majority of people in countries believe about mental health and what to do about making it better?
7. Watch the 3:25 minute video entitled One Question Can Change Everything. What is your opinion of the video and what is the one question?
8. Read the section Understanding Mental Health: Breaking Barriers. Why is it hard for people to express their feelings?
9. Read the section It's Time for Leadership. What does UNICEF call for?
10. Define Communication according to UNICEF.

Student Example for #1

HSCI1000 Introduction to Health Sciences ¶

GLOBAL MENTAL HEALTH ¶

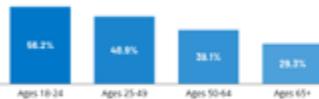
¶

NAME: Student Example ¶

INSTRUCTIONS: Please answer the following questions using the resources and links provided. ¶

The issue: ¶

Younger Adults are More Likely to Report Symptoms of Anxiety and/or Depressive Disorder During the COVID-19 Pandemic



1. → Connect to the report entitled *The State of the World's Children 2021: On My Mind: Promoting, Protecting and Caring for Children's Mental Health*: [The State of the World's Children 2021 | UNICEF](#) ¶

¶
Read the "Highlights" section. ¶

¶
What is the purpose of the report? ¶

The purpose of the report is to examine the factors or social determinants of adolescent mental health and solutions or standards to promote good mental health. ¶

¶
2. → What are the statistics relative to a diagnosed mental disorder among 10-19-year-olds? ¶

An estimated 13% of adolescents between 10-19-year-olds lived with diagnosed mental disorder. ¶

¶

3. → Read the COVID-19 section. What are some of the fears of young people? ¶

Young people are stressed about their safety, health, and future, since their environment may be unstable. Their environment has a impact on their mental health. ¶

¶

4. → Read the High Cost of Investment Section. What are governments NOT doing to assist young people in the treatment of mental health? ¶

The governments are not investing enough money into programs for adolescent mental health which is limiting human potential that can contribute to economy, and development of region. ¶

5. → What is the 4th leading cause of death for young people aged 15-19 years? ¶

¶

Suicide is the fourth leading cause of death for young people aged 15-19 years. ¶

¶
6. → Read the section Unheard Calls for Help. What does the UNICEF and Gallup survey suggest the majority of people in countries believe about mental health and what to do about making it better? ¶

Majority of people believe they shouldn't have to deal with mental health alone, and the best solution is to share experiences and seek support through outreach. ¶

¶
7. → Watch the 3:25 minute video entitled One Question Can Change Everything. What is your opinion of the video and what is the one question? ¶

¶
I like that the perspectives shifted between adults and children, because it shows they all struggle with communication with each other. The questions were "What is on your mind?" ¶

¶
8. → Read the section Understanding Mental Health: Breaking Barriers. Why is it hard for people to express their feelings? ¶

Many societies look down on moments of poor mental health, and so people fear harsh words, laughter, and abuse because of reaching out for help. They don't want to seem weak in the eyes of their community. ¶

¶
9. → Read the section It's Time for Leadership. What does UNICEF call for? ¶

They call for commitment by finding strong leaders to push for mental health programs, communication, and action to promote mental health through supporting communities or families, protect vulnerable children, and care for those who seek support. ¶

¶
10. Define Communication according to UNICEF. ¶

Being open about your feelings, worries, and sources of stress, and listening to everyone, regardless of who they are and what they do. Also, spreading more information about classifying mental health and various emotions. ¶

¶

HSCI2000 Health Care Position Paper

Progress Report 1: Due Sunday, October 17, 2021
Progress Report 1 Peer Review: Due Sunday, October 17, 2021
Progress Report 1: Team Assessment: Due Sunday, October 17, 2021

Final Position Paper Manuscript: Due Sunday, December 12, 2021
Final Position Paper Peer Review: Due Sunday, December 12, 2021
Final Position Paper Team Assessment: Due Sunday, December 12, 2021

Presentation: Due Sunday, December 12, 2021
Presentation Peer Review: Due Sunday, December 12, 2021
Presentation Team Assessment: Due Sunday, December 12, 2021

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Introduction to Health Care Position Paper

What is a position paper?

Like a debate, a position paper presents one side of an arguable opinion about an issue. The goal of a position paper is to convince the audience that your opinion is valid and defensible. Ideas that you are considering need to be carefully examined in choosing a topic, developing your argument, and organizing your paper. It is very important to ensure that you are addressing all sides of the issue and presenting it in a manner that is easy for your audience to understand. Your job is to take one side of the argument and persuade your audience that you have well-founded knowledge of the topic being presented. It is important to support your argument with evidence to ensure the validity of your claims, as well as to refute the counterclaims to show that you are well informed about both sides ("Writing a position paper", n.d.).

Write a position paper to

- Organize and outline your viewpoint on an issue
- Formally inform others of your position as a foundation to build resolution to difficult problems
- Present a unique, though biased, solution or a unique approach to solving a problem
- Frame the discussion in order to define the "playing field."
This can put you in an advantageous position with those who may not be so well prepared as regards the issues behind their positions
- Establish your credibility
Here you are demonstrating that you have a command of the issues and the research behind them, and can present them clearly
- Let your passion be demonstrated in the force of your argument rather than in the use of emotional terms
- Guide you in being consistent in maintaining your position in negotiation

The better prepared you are

The more disadvantaged are your opponents and more likely they will defer to you.

Research

Develop supporting evidence for both sides

including factual knowledge, statistical evidence, authoritative testimony

- Identify the issues and prejudices keeping in mind your audience
List these as appropriate and anticipate counterclaims
- Assume familiarity with basic concepts
but define unfamiliar terms/concepts or state meanings that define your point of departure
- Refer to those who agree with your position to assist you in developing your argument
- Familiarize yourself with those who disagree with you to prepare your defense.
Summarize their argument and evidence, then refute

Consider your audience

Start with a topic sentence or two that attracts attention and summarizes the issue

Inform the reader of your point of view

Development

Focus on three main points to develop

Each topic is developed with

- a general statement of the position
- an elaboration that references documents and source data
- past experiences and authoritative testimony
- conclusion restating the position

Establish flow from paragraph to paragraph

- **Keep your voice active**
- **Quote sources** to establish authority
- **Stay focused** on your point of view throughout the essay
- **Focus on logical arguments**
- **Don't lapse into summary**
in the development--wait for the conclusion

Conclusion

- **Summarize, then conclude, your argument**
- **Refer to the first paragraph/opening statements**
as well as the main points
 - does the conclusion restate the main ideas
 - reflect the succession and importance of the arguments
 - logically conclude their development

Share a draft with others

to better develop the paper and ensure that your argument is clear

Revise, spell-check, and succeed in building your case. Double-space, 12 pt font and 1" margins.

Grading

Your team manuscript will be honestly graded using the grading rubric. If your team lost points on the progress reports, the team will be allowed to make corrections for up to 90% of points returned. Teams will NOT be able to recover lost points on the final manuscript.

Position Paper Topics Studied in Previous Courses

Physician Assisted Suicide Policies in the United States and Sweden
Infant Mortality in the United States versus Japan
UK National Health Service and US Healthcare System
Canada's Medicare and US Healthcare System
Analysis of German Healthcare System

Progress Report One (1) Guidelines

Due Date: Sunday, October 17, 2020, 11:59pm

100 Total Points

INSTRUCTIONS: Please provide the following elements to your *DRAFT* position paper. Each section should be as complete as possible. I will edit (if necessary, your draft). Please include changes in the next draft progress report two (2). **Please use IN-TEXT CITATIONS where necessary.**

Progress Report One (1) Manuscript Sections	
Title	<ul style="list-style-type: none"> a. Title of manuscript b. Team number c. Team names d. Course name e. Free of typographical errors
Table of Contents	<ul style="list-style-type: none"> a. Section headings (you can also include subheadings if you desire (e.g., Introduction would be the heading, while the identification of the issue and statement of the problem would be subheadings) b. Page numbers Proper alignment (be sure to check your uploaded document when you post to Blackboard) c. Free of typographical and other errors
Introduction	<ul style="list-style-type: none"> a. Identification of the issue This should be a short abstract type summary of the identification of the issue and its importance in its relation to the healthcare system. It should include the statement of the problem. (1 to 2 pages at the most) b. Statement of the problem The statement of the problem can be in question and hypotheses format. Otherwise, you can state the problem as you deem appropriate for your style of writing. (1 to 2 paragraphs) c. Proper in-text citation d. Page numbers e. Free of typographical and other errors
Body	<ul style="list-style-type: none"> a. Background information and supporting documentation <ul style="list-style-type: none"> a. The background information should include historical, social, cultural, economic, and/or political aspects of your problem. (And any other aspects of your problem you would like to present.) b. Provide in-text citations when making points of fact. b. Discussion of both sides of the issue <ul style="list-style-type: none"> a. When writing a position paper, it is important to note both the positive and negative aspects of your position. This many include the pros and cons as they relate to the historical, cultural, social, economic and/or political aspect of your issue. b. Free from typographical or other errors.
References (APA Format)	<ul style="list-style-type: none"> a. References should be APA format. You may consult the APA manual (they are found in the reference section of the library), Purdue Owl Online Writing Lab https://owl.english.purdue.edu/owl/, or drop by my office for use of my personal APA manual. b. Proper alignment
	Free of typographical or other errors.
<i>Save your document using your team number first, then with final manuscript (e.g., Team 1, Progress Report 1).</i>	

Progress Report One (1) Rubric				
	Beginner 1	Developing 2	Accomplished 4	Advanced 5
Title Page <i>(Course name, title of position paper, team number and team member names) Free of typographical and other errors (5 points)</i>	Did not follow instructions fully. Instructions included course name, title, team number and team member names. Typographical and other errors.	Did not completely follow instructions. Many of the elements (course name, title, team number and team member names) were excluded. Some typographical and other errors.	Followed almost all the instruction but some of the elements (course name, title, team number and team member names) were excluded. Some typographical and other errors.	Followed all instructions that included a course name, title, team number and team member names. Free of typographical and other errors.
	Beginner 1	Developing 2	Accomplished 4	Advanced 5
Table of Contents <i>(Section heading (subheadings if necessary), page numbers, aligned, free of typographical and other errors) (5 points)</i>	Did not follow instructions fully. Instructions include section headings, page numbers, aligned and free of typographical and other errors.	Did not completely follow instructions. Many elements (section headings, page numbers, aligned and free of typographical and other errors) were excluded.	Followed most of the instructions but some of the elements (section headings, page numbers, aligned and free of typographical and other errors) were excluded.	Followed all instructions that included section headings (subheadings if necessary), page numbers, aligned and free of typographical and other errors.
	Beginner 1	Developing 20	Accomplished 25	Advanced 35
Introduction <i>(Identification of issue, statement of problem and free of typographical or other errors) (25 points)</i>	Did not follow instructions fully. Instructions include identification of the issue, statement of the problem and free of typographical and other errors.	Did not completely follow instructions. Many elements (identification of the issue, statement of the problem and free of typographical and other errors) were excluded.	Followed most of the instructions but some of the elements (identification of the issue, statement of the problem and free of typographical and other errors) were excluded.	Followed all instructions that included identification of the issue, statement of the problem and free of typographical and other errors.
	Beginner 1	Developing 20	Accomplished 25	Advanced 40
Body <i>(Background, discussion of both sides, references where necessary and free of typographical or other errors) (10 points)</i>	Did not follow instructions fully. Instructions include background, discussion of both sides, references where necessary and free of typographical or other errors.	Did not completely follow instructions. Many elements (background, discussion of both sides, references where necessary and free of typographical or other errors) were excluded.	Followed most of the instructions but some of the elements (background, discussion of both sides, references where necessary and free of typographical or other errors) were excluded.	Followed all instructions that included background, discussion of both sides, references where necessary and free of typographical or other errors.
	Beginner 1	Developing 5	Accomplished 8	Advanced 10
References <i>(APA format and free of typographical and other errors) (10 points)</i>	Did not follow instructions fully. Instructions include APA format and free of typographical and other errors.	Did not completely follow instructions. Many elements (APA format and free of typographical and other errors) were excluded.	Followed most of the instructions but some of the elements (APA format and free of typographical and other errors) were excluded.	Followed all instructions that included APA format and free of typographical and other errors.
	Beginner 1	Developing 2	Accomplished 4	Advanced 5

<p>Save and upload your document using your team number first then Progress Report 1 before upload</p>	<p>Did not follow instructions fully. Instructions include saving and uploading your document using your team number then progress report number before upload.</p>	<p>Did not completely follow instructions. Many elements (saving and uploading your document using your team number then progress report number before upload) were excluded.</p>	<p>Followed most of the instructions but some of the elements (saving and uploading your document using your team number then progress report number before upload) were excluded.</p>	<p>Followed all instructions that included saving and uploading your document using your team number then progress report number before upload.</p>
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Final Manuscript Guidelines

Due Date: Sunday, December 12, 2021, 11:59pm

100 Total Points

INSTRUCTIONS: Please provide the following elements to your final position paper.

Final Manuscript Sections	
Title	<ul style="list-style-type: none"> a. Title of manuscript b. Team number c. Team names d. Course name e. Free of typographical errors
Table of Contents	<ul style="list-style-type: none"> a. Section headings (you can also include subheadings if you desire (e.g., Introduction would be the heading, while the identification of the issue and statement of the problem would be subheadings) b. Page numbers c. Proper alignment (be sure to check your uploaded document when you post to Blackboard) d. Free of typographical and other errors
Introduction	<ul style="list-style-type: none"> a. Identification of the issue <ul style="list-style-type: none"> a. This should be a short abstract type summary of the identification of the issue and its importance in its relation to the healthcare system. It should include the statement of the problem. (1 to 2 pages at the most) b. Statement of the problem <ul style="list-style-type: none"> a. The statement of the problem can be in question and hypotheses format. Otherwise, you can state the problem as you deem appropriate for your style of writing. (1 to 2 paragraphs) c. Proper in-text citation d. Page numbers e. Free of typographical and other errors
Body	<ul style="list-style-type: none"> a. Background information and supporting documentation <ul style="list-style-type: none"> a. The background information should include historical, social, cultural, economic, and/or political aspects of your problem. (And any other aspects of your problem you would like to present.) b. Provide in-text citations when making points of fact. b. Discussion of both sides of the issue <ul style="list-style-type: none"> a. When writing a position paper, it is important to note both the positive and negative aspects of your position. This many include the pros and cons as they relate to the historical, cultural, social, economic and/or political aspect of your issue. c. Free from typographical or other errors.
Conclusion	<ul style="list-style-type: none"> a. Suggested course of action. <ul style="list-style-type: none"> i. Using information from your discussion of both sides of the issue, suggest a course of action and/or possible solution(s) to the problem. ii. Explain why your possible solution(s) or action could work. iii. Be sure to include who/what will be impacted by your course of action. iv. Be sure to reference your points. b. Free from typographical or other errors.
References (APA Format)	<ul style="list-style-type: none"> a. References should be APA format. You may consult the APA manual (they are found in the reference section of the library), Purdue Owl Online Writing Lab https://owl.english.purdue.edu/owl/, or drop by my office for use of my personal APA manual. b. Proper alignment c. Free of typographical or other errors.

Save your document using your team number first, then with final manuscript (e.g., Team 1, Final Manuscript).

Final Manuscript Rubric				
	Beginner 1	Developing 2	Accomplished 4	Advanced 5
Title Page <i>(Course name, title of position paper, team number and team member names) Free of typographical and other errors (5 points)</i>	Did not follow instructions fully. Instructions included course name, title, team number and team member names. Typographical and other errors.	Did not completely follow instructions. Many of the elements (course name, title, team number and team member names) were excluded. Some typographical and other errors.	Followed almost all the instruction but some of the elements (course name, title, team number and team member names) were excluded. Some typographical and other errors.	Followed all instructions that included a course name, title, team number and team member names. Free of typographical and other errors.
Table of Contents <i>(Section headings if necessary), page numbers, aligned, free of typographical and other errors) (10 points)</i>	Did not follow instructions fully. Instructions include section headings, page numbers, aligned and free of typographical and other errors.	Did not completely follow instructions. Many elements (section headings, page numbers, aligned and free of typographical and other errors) were excluded.	Followed most of the instructions but some of the elements (section headings, page numbers, aligned and free of typographical and other errors) were excluded.	Followed all instructions that included section headings (subheadings if necessary), page numbers, aligned and free of typographical and other errors.
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Conclusion <i>(Course of action, pros/cons, possible solution/action, who's impacted, points referenced, free of typographical or other errors) (20 points)</i>	Did not follow instructions fully. Instructions include background, discussion of both sides, references where necessary and free of typographical or other errors.	Did not completely follow instructions. Many elements (background, discussion of both sides, references where necessary and free of typographical or other errors) were excluded.	Followed most of the instructions but some of the elements (background, discussion of both sides, references where necessary and free of typographical or other errors) were excluded.	Followed all instructions that included background, discussion of both sides, references where necessary and free of typographical or other errors.
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	Beginner 1	Developing 2	Accomplished 4	Advanced 5
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Position Paper Presentation Guidelines
Due Date: Please Upload A MP4 File or YouTube Link

100 Total Points

Position Paper Presentation Sections	
Title	<ul style="list-style-type: none"> a. Title of manuscript b. Team number c. Team names d. Course name e. Free of typographical errors
Introduction	<ul style="list-style-type: none"> a. Identification of the issue b. Statement of the problem c. Proper in-text citation d. Page numbers e. Free of typographical and other errors
Body	<ul style="list-style-type: none"> a. Background information and supporting documentation b. Discussion of both sides of the issue c. Free from typographical or other errors.
Conclusion	<ul style="list-style-type: none"> a. Suggested course of action. b. Free from typographical or other errors.
References (APA Format)	<ul style="list-style-type: none"> a. References should be APA format. You may consult the APA manual (they are found in the reference section of the library), Purdue Owl Online Writing Lab https://owl.english.purdue.edu/owl/, or drop by my office for use of my personal APA manual. b. Proper alignment c. Free of typographical or other errors.
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KEEP YOUR PRESENTATION TO A Maximum of 7 MINUTES.

All members of the team MUST contribute to the presentation.

Position Paper Presentation Rubric				
	Beginner 1	Developing 2	Accomplished 4	Advanced 5
Title Page <i>(Course name, title of position paper, team number and team member names) Free of typographical and other errors (5 points)</i>	Did not follow instructions fully. Instructions included course name, title, team number and team member names. Typographical and other errors.	Did not completely follow instructions. Many of the elements (course name, title, team number and team member names) were excluded. Some typographical and other errors.	Followed almost all the instruction but some of the elements (course name, title, team number and team member names) were excluded. Some typographical and other errors.	Followed all instructions that included a course name, title, team number and team member names. Free of typographical and other errors.
	Beginner 1	Developing 15	Accomplished 20	Advanced 25
Introduction <i>(Identification of issue, statement of problem and free of typographical or other errors) (5 points)</i>	Did not follow instructions fully. Instructions include identification of the issue, statement of the problem and free of typographical and other errors.	Did not completely follow instructions. Many elements (identification of the issue, statement of the problem and free of typographical and other errors) were excluded.	Followed most of the instructions but some of the elements (identification of the issue, statement of the problem and free of typographical and other errors) were excluded.	Followed all instructions that included identification of the issue, statement of the problem and free of typographical and other errors.
	Beginner 1	Developing 15	Accomplished 20	Advanced 25
Body <i>(Background, discussion of both sides, references where necessary and free of typographical or other errors) (10 points)</i>	Did not follow instructions fully. Instructions include background, discussion of both sides, references where necessary and free of typographical or other errors.	Did not completely follow instructions. Many elements (background, discussion of both sides, references where necessary and free of typographical or other errors) were excluded.	Followed most of the instructions but some of the elements (background, discussion of both sides, references where necessary and free of typographical or other errors) were excluded.	Followed all instructions that included background, discussion of both sides, references where necessary and free of typographical or other errors.
	Beginner 1	Developing 15	Accomplished 20	Advanced 25
Conclusion <i>(Course of action, pros/cons, possible solution/action, who's impacted, points referenced, free of typographical or other errors) (15 points)</i>	Did not follow instructions fully. Instructions include background, discussion of both sides, references where necessary and free of typographical or other errors.	Did not completely follow instructions. Many elements (background, discussion of both sides, references where necessary and free of typographical or other errors) were excluded.	Followed most of the instructions but some of the elements (background, discussion of both sides, references where necessary and free of typographical or other errors) were excluded.	Followed all instructions that included background, discussion of both sides, references where necessary and free of typographical or other errors.
	Beginner 1	Developing 5	Accomplished 8	Advanced 10
References <i>(APA format and free of typographical and other errors) (5 points)</i>	Did not follow instructions fully. Instructions include APA format and free of typographical and other errors.	Did not completely follow instructions. Many elements (APA format and free of typographical and other errors) were excluded.	Followed most of the instructions but some of the elements (APA format and free of typographical and other errors) were excluded.	Followed all instructions that included APA format and free of typographical and other errors.
	Beginner 1	Developing 2	Accomplished 4	Advanced 5

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	Beginner 1	Developing 2	Accomplished 4	Advanced 5
Professionalism in presentation, all team members contributed and meets the 7 minute guideline.	Did not follow instructions fully.	Only met two of the four guidelines.	Only met three of the four guidelines.	Met all guidelines.

References

Writing a position paper. (n.d.). Retrieved from <https://www.sfu.ca/cmns/130d1/WritingaPositionPaper.htm>

Study guides and strategies (2017). Retrieved from <http://www.studygs.net/wrtstr9.htm>

Student Example for #2

The Insulin Health Care Crisis:
Pharmaceutical Costs in the United States Versus Germany

Team 11



HSCI 2000: The US Health Care System

Dr Elaina Osterbur

October 17, 2021

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Introduction

Identification of the Issue

Prescription drugs are essential to everyday life for the majority of Americans today, although their accessibility is still questionable? The cost of prescription drugs is extremely high in the United States and not to mention some medications aren't covered by insurance. We chose to focus on the increasing price and availability of insulin in the United States. It has been said that a normal American typically spends up to \$1,200 on prescription drugs a year. (Blumberg, 2019) If you were to need a life dependent drug and there was no option for an off-brand drug you essentially would be forced to pay full price. The overall price of "more than 3,400" (Team, 2020) drugs has taken an intense price increase in the year 2019. The following years are said to have an increase of 10.5 %. (Team, 2020) These drugs are also not planning on stopping increasing anytime soon. The tough reality is that over thirty four million Americans have diabetes and thirty one percent of those people require insulin. Some people are even forced to "ration" their insulin because they cannot afford it, doing something like this could lead to serious health complications and death in some cases. This is an issue that needs attention brought to it!

Statement of the Problem

We here in the United States pay the most for prescription drugs out of the whole world, seventeen percent of healthcare spending goes towards prescription drugs. (Commonwealth, 2017) There are a few reasons that prescription drugs are so expensive, the first being there is no price regulation when dealing with drug manufactures, they can price their drug at whatever cost they want. Most drug manufactures also put a patent on that specific drug so that no one else can

profit off of it, this could lead to no off-brand drug options being produced. Some of the big drug companies argue that these new and improved drugs come with new price tags. However, a study conducted by the Journal Health Affairs stated that they are simply increasing the price of prescription drugs that aren't "new and improved" and are already available. (Blumberg, 2019). Essentially these drug companies can just raise and lower their prices whenever they want too, and the consumers will have to pay the cost. Once a drug is FDA approved research and development on that specific drug is very little to none so how can the drugs even be new and improved if no research is going on? (Blumberg, 2019)

However, these reasons don't necessarily correlate with the direct cost of insulin. Insulin itself has been around for almost one hundred years and the new developments in the insulin industry are still almost twenty years old. (Rajkumar, 2020) So why do Insulin prices keep going up? We chose to compare the price of Insulin in Germany to the United States as an example. The German healthcare system says citizens with "chronic conditions" are not forced to pay more than two percent of the costs associated with this condition, their healthcare plan pays the rest after that. (Luthra, 2019) Another problem is not only the competition between the big pharmaceutical companies but also with competing insurance agencies. The insulin industry really only had three big competitors, Novo Nordisk, Sanofi-Aventis, and Eli Lilly. (Chesak, 2020) With the constant rising competition between these factors come rising costs. It's almost a never-ending battle that the consumers are forced to fight.

All of the studies we researched were mostly conducted on the wholesale price of drugs and did not take into account insurance prices. Although not everyone has insurance and even if they do not everyone's insurance covers anywhere close to the cost of these drugs. Prescription drugs can range from treating a simple infection to potentially saving your life. Is there a bright

future ahead of the cost of prescription drugs and what could we potentially do to improve the issue at hand?

Background

History of Pharmaceuticals in the United States

The US Pharmaceutical Industry is founded on a long history of distributing medications to society. The growth of the pharmaceutical industry was greatly observed in the 19th century. A Pharmaphorum article notes that early treatments based on traditional remedies and folk-knowledge being offered by apothecaries and pharmacies were riddled with uncertainty (Pharmaphorum, 2020). The establishment of the pharmaceutical industry that is known today led to a much greater level of comfort and certainty within treatments. The birth of the modern US pharmaceutical industry was founded on merging the ideas of the 17th century Scientific Revolution and the 18th century Industrial Revolution. Thus, the modern US pharmaceutical industry focuses on scientific and industrial concerns.

Early pharmaceuticals in the United States had a close relationship with war efforts. Pfizer was initially founded in 1894 by two German immigrants, but demands for pharmaceutical products such as painkillers skyrocketed upon the arrival of the American Civil war in 1861. Near the same time, Eli Lilly was finding his footing in the pharmaceutical field. After serving as a Colonel in the army, he established his pharmaceutical business in 1876. Wartime served as a needed boost to establish a pharmaceutical industry in the United States as the demand for drugs continued to rise. Arthur Daemrich, author of *Pharmaceutical Manufacturing in America: A Brief History* summarizes "On the leading edge of globalization, these companies expanded production around the world between the 1890s and 1910s, rebuilt in the interwar period, and

then grew internationally again after World War II” (Daemmrich, 2017, p. 63). After establishing their ground in the industry, these companies became major pharmaceutical names and influences around the world.

While the pharmaceutical industry was being established, other important medical classes were growing in America. Mike Magee writes in *A Brief History of American Pharma: From Snake Oil to Big Money*, “... the American drug industry arose during the same 19th-century milieu that gave rise to the American Medical Association (AMA)” (Magee, 2019). At this time, America was stepping its foot into the playing field of medicine and initiating its position in becoming a medical superpower. However, this initial ambition and innocence soon became corrupted.

Magee touches on the history of the caduceus, a common symbol for medicine in America that was adopted in 1871 by the US Public Health Service. The symbol included a winged rod with two snakes twined around it, and stood for the god Hermes. Magee summarizes that Hermes is known as the messenger god. He stands for commerce and trade, as well as liars, gamblers, and thieves. Magee says “when we assemble all the facts, it may be that using the caduceus, emblem of commerce and traders, to represent American medicine isn’t so off the mark after all” (Magee, 2019). Magee’s statement articulates a common conception of the pharmaceutical industry found in the United States today. Companies are focused on profit and business, rather than catering to the medical needs of patients and families. What arose out of necessity, became something of luxury and finance. America’s simple pharmaceutical history became blown out of scale into the corrupt system that the United States’ medical system is caught in today.

History of Insulin:

Insulin is a crucial biological hormone that aids in regulating proper blood glucose levels in the body while maintaining other metabolic processes (Wilcox, 2005, para. 4). For many individuals with diabetes, especially type one, it is extremely important to be able to acquire supplementary vials of insulin in order to ensure that the body can properly regulate glucose levels. However, availability and accessibility of insulin can be a major problem for many in the United States. The production and administration of insulin has quite the history in the United States.

Prior to the discovery of pharmaceutical insulin, doctors would typically put individuals on very strict diets and restrict their carbohydrate intake. In many instances, this course of action would end up causing more harm such as malnutrition or starvation, and could even lead to death. Care for diabetes before the discovery of insulin would generally allow the patient a few extra years of life, but would still ultimately lead to death.

In 1889, German research led to the conclusion that the pancreas is a crucial organ in regulating blood glucose levels. It was found that dogs would develop diabetes and soon after die when their pancreas was removed (American Diabetes Association, 2019, para. 5). Thus, it was hypothesized that the pancreas is the site of insulin production, but was referred to as “pancreatic substances” at the time. Later in 1910, these pancreatic substances were named “insulin” by Sir Edward Albert Sharpey-Shafer when he theorized that insulin was the only chemical absent in the pancreas in individuals with diabetes. It wasn’t until 1921 that insulin was successfully extracted from the pancreas of a dog.

Surgeon Frederick Banting and his assistant Charles Best were the first researchers to successfully identify insulin and collect it from a dog’s pancreas. Using what seemed to be “thick

brown muck” (American Diabetes Association, 2019, para. 7), the scientists were able to keep another diabetic dog alive until they ran out of insulin extract at the University of Toronto. Next, an even more pure form of insulin was introduced to the scene when it was able to be extracted from the pancreas of a cattle.

Early in 1922, the first purified insulin injection was administered at a Toronto hospital. A young boy with severe diabetes was given the injection, and his blood glucose levels were observed to decline from deadly to almost normal measures. Here, it was noted just how life changing insulin injections could serve to be. However, this could only be possible if the administration of insulin remained accessible and affordable to all individuals in need of its medicinal properties.

After his discovery, Banting thought it would be unethical to associate his name with an insulin patent. He pondered that it would not be right for someone to benefit from a medical advancement that is crucial to the survival of so many individuals. Understanding how necessary insulin is for those with diabetes, James Collip and Charles Best sold the patent to the University of Toronto for just \$1 (Belluz, 2019, para. 1).

Insulin in the United States

When insulin first entered the scene in the United States, prices were low and affordable. These prices remained low even as insulin continued to develop and become even more refined. As human insulin and analog insulin were introduced in the late 1900s, vials were priced around \$14-\$24 (Hirsch, 2016, para. 2). As these newer and more modified versions of insulin initially developed, accessibility and availability of the drugs were not a general worry. Eli Lilly served as a major distributor of insulin in the late 1900s, while maintaining low prices and proper

medical ethics. At this point, major pharmaceutical companies were not manipulating the sales of crucial drugs.

In the early 2000s, insulin prices continued to rise in the United States. This was not a substantial issue for those with reliable health insurance. However, those without insurance began to face issues regarding the affordability and availability of the insulin that they so crucially need. In 2005, the price of a vial rose to about \$60, while the uninsured population sat at about 16.4% (Hirsch, 2016, para. 3). Fast forward to 2012, and the monopoly on modern insulin begins under the grasp of pharmaceutical companies associated with the US Health Care System. A single vial of modern insulin skyrockets to over \$100, forcing many individuals to fall back to historical versions of the drug that certainly are not as effective. Copayments continue to rise through insurance companies, making access and affordability to insulin difficult for both the insured and uninsured alike. Today, insulin prices continue to rise while patients and providers look for ways to afford the drug. Considering the lethal power that major pharmaceutical companies hold over American citizens, it is not surprising to note that individuals today must ration their insulin. An alternate health care system model may be a crucial step in seeing insulin prices return to an affordable and accessible level.

Insulin in Germany

Germany assumes the position of a Universal Health Care System. In Germany, all citizens must be insured. Statutory Health Insurance, otherwise known as National Health Insurance is utilized in order to ensure that the majority of citizens can be properly insured. Statutory health insurance provides inpatient, outpatient, mental health, and prescription drug coverage for those enrolled. As of 2020, nearly 86% of Germany's population had been enrolled

in statutory health insurance (Tikkanen et al., 2020, para. 1). Statutory health insurance is administered via sickness funds that are independent of the government. These funds are financed via wage contributions and supplementary contributions, making up 14.6% of income and 1% of wages respectively, both of which are shared by employers and employees (Tikkanen et al., 2020, para. 1). Yet, individuals can elect to enroll in private health insurance. Thus, health insurance is considered to be very affordable and accessible in Germany.

Due to varying health care systems, insulin is drastically less expensive in Germany than compared to prices in the United States. A data collection gathered by the Office of The Assistant Secretary for Planning and Evaluations in 2020 compares insulin prices in the US to other countries. The data displays average prices for the year of 2018. For all types of insulin, the average price per standard unit reached a grand \$98.70 in the United States, while it was only \$11.00 in Germany (RAND Health Care, 2020, p. 10). Based on these inequalities in price, it would be valid to propose the United States shifting towards a universal health care system in order to lower the price of insulin and other necessary prescription drugs. Germany can serve as an influential model for what the United States' health care system could look like in the future.

Discussion

Need for Reform

The United States today accounts for 6 out of 10 of the big pharmaceutical companies in the world. Number one being Johnson and Johnson with a market cap value of 428.7 billion dollars, and this number will only continue to increase as the years go on for every pharmaceutical company. A main struggle of pharmaceutical companies in the US is the outrageous spending throughout the companies, which ultimately creates a struggle of having

pharmaceutical drug prices skyrocket. One instance was stated that “The latest furor over U.S. drug costs was prompted by the decision by unlisted Turing to hike the cost of an old drug against a parasitic infection to \$750 a pill from \$13.50” (Hirschler, 2015). That same drug was stated to be sold for about sixty-six cents in Britain. This is just one of the numerous ongoing examples of pricing in the US being unexplainably expensive. This dramatic price increase has been on different political agendas and has been debated in the US for years between different politicians and policy makers, yet nothing has been done about it. The main drug that has been in issue discussed in the United States for being abnormally, inhumanely, expensive is insulin.

In the United States, around thirty million people have diabetes, many of whom use insulin which costs the US around \$327 billion per year(ADA, 2015). The use of insulin has been found as a miracle drug for many with diabetes because it helps maintain homeostasis of glucose and also helps reduce cardiovascular risks. This drug reduces diabetes complications greatly and has been found to be a literal matter of life or death for many with this disease. This being said, the cost of insulin should not be the main worry of a patient with diabetes, except in the United States it is often found to be. Like every other pharmaceutical drug, insulin prices have dramatically increased over the years. It has been found that only about twenty-four percent of people below the poverty line in the United States with diabetes are able to buy and use the drug. What do the other seventy-six percent of people not able to purchase the drug do? The absence of insulin for someone with diabetes causes a build up of glucose in the blood rather than being evenly dispersed throughout the body in different cells which can cause detriment on a body. Some complications include “kidney disease, nerve damage, heart problems, eye problems, and stomach problems” (Gunnars, 2019). Someone should not have to weigh the

consequences of whether or not they can handle the problems that arise from not taking their needed dose of insulin due to the pricing being too high to get covered.

Now to take a look at why prices in the United States are drastically increasing and plan to continue. To begin with, the United States has a source of a few main pharmaceutical companies that have patents for their products. This creates a monopoly that makes it impossible for another company to create the same products/drugs without a lawsuit being created. For the example of insulin, NovoNordisk, Sanofi-Aventis, and Eli Lilly control the main production of this drug which contributes to the high pricing (Rajkumar, 2020). The lack of competition due to the small companies not being able to create the same drug has made it nearly impossible to change these prices. In the case of the United States we have what is called unregulated monopolies which have to do with the absence of a cap on pricing of drugs that the company creates, allowing them to price the drug to whatever they feel is necessary. Another reason for prices being so expensive have to do with the high cost and time to create a new product. In an article made by Nature.com, they state it takes about “12 years for a drug to move from preclinical testing to final approval. It is estimated that it costs approximately \$3 billion to develop a new drug, taking into account the high failure rate, wherein only 10–20% of drugs tested are successful and reach the market” (Rajkumar, 2020). And although this takes a lot of time and money, most companies' funds come from public funding, which makes it even more important for pricing of drugs to be fair for the community.

A universal health care system makes it possible for a citizen to receive healthcare whenever it is needed without the financial burden that a private insurance company creates. In the United States, we do not have a universal health care system like many other countries such as Germany. This makes the problem of high pricing even more of an issue since many people

already struggle with the high pricing of the drugs. Another problem with high cost of prescription drugs not only affects citizens but the healthcare budget which limits the funding for other issues in healthcare. Policy makers and regulators need to find ways to reduce the pricing of drugs and develop ways to reduce the cost of drugs and increase the speed of clinical trials. Ever since Covid-19, we passed the vaccine in months after extensive research and clinical trials were done. This shows that the United States is able to create a safe and effective drug quicker than the usual time and that it is possible to lower the clinical trial times for most pharmaceuticals.

Another big reform that needs to be recognized is the patent laws big pharma use in order to inhibit other competing companies to create drugs similar to their own. These current patent laws allow large companies to spend billions on legal rights to protect existing patents because any competitor would have to go to court challenging the rights to the drug to create their own newer and better drug. Often times, since billions are put into these patents, the big pharmaceutical companies win the legal battle against the smaller companies. This creates the full circle of big pharma keeping the monopolies and pricing power of drugs since no other company is easily able to create generic versions of drugs so dramatic pricing can be maintained. In the light of insulin pricing, the United States insulin costs about eight times other leading countries for their same drug. This makes the unexpressed problem of monopolies detrimental for many who cannot afford the drugs.

Although this issue seems unfixable, there are many ways that it can be improved. It was stated on hbr.org that a way to improve these problems would be to cut out the unneeded spending of things such as patents and provide and distribute that money to different places such as the National Institutes of Health (NIH) and other research partners. The National Institutes of

Health is known as the main steward of medical and behavior research for the United States. They say their mission is “to seek fundamental knowledge about the nature and behavior of living systems and the application of that knowledge to enhance health, lengthen life, and reduce illness and disability” (Cefalu, 2018). Reinvesting money that goes into private research in pharmaceutical companies and moving that towards government and smaller private companies can help dramatically decrease the pricing of those drugs. This could help generate a flood of innovative and as for many, life-saving, products. This ultimately would create a safer, quicker, and more efficient research environment to get the drug passed quicker. Although big pharmaceutical companies play a major role in the industry, and protecting the revenues of big pharma companies is not the strategy that should be used.

Benefits of the US Healthcare System

Most think the U.S. pharmaceutical industry is flawed and are against it, but some would argue otherwise that it might be some of the best in the world, or justify it being the way it is. Certain individuals or groups or even political parties are fine with the system for the most part. There may be a few reasons as to why there are people who don't see a problem with the industry.

The United States has some of the best pharmaceutical companies in the world, so why change anything? A major objection of the industry is how expensive certain drugs, like insulin, are. People need these medications but can't afford them. But someone could just dispute the fact that there are generic versions of name-brand drugs. Also, not to mention, there are a lot of drugs now that are over the counter that used to have to be prescribed, or still are in some countries. Generic drugs are FDA approved and are literally equivalent to their parallel name brand. So, if

one is complaining about their name-branded medication you could point out that it could easily be cheaper. Lisa Ellis wrote for the Harvard School of Public Health on the American Pharmaceutical Industry and one thing that she mentioned was “Once six or more generic manufacturers are in the market for a particular drug, that drug can cost 90 percent less than the original branded medication,”(Ellis, 2016).

Yes, there are big companies that have patents on certain drugs, which makes it hard for those products to come in a generic version as well. But these companies are the ones who are in the lead of other pharmaceutical companies and are able to profit off these costs and patents by being able to have the access and ability to advance their research and better the industry. The United States is the worldwide leader in per capita for prescription drug spending, representing 30-40 percent of the worldwide market (Ellis 2016). Just in these past two years with COVID, the two U.S. companies Johnson & Johnson and Pfizer are two of the top 10 pharmaceutical companies in the world right now along with Merck & Co, AbbVie, and Abbott (Pharmapproach, 2021).

The argument of universal healthcare always comes up when talking about the United States’ Healthcare system. Countries like Germany are able to have their citizens know they can afford the care they need. However, there are cons to the universal healthcare system. It is good to know you can get a medication you need, like insulin, but for people who are healthy not needing any sort of long term healthcare, they are having to essentially take care of those who are poor and sick (Gaille, 2018). Universal Healthcare makes it hard for pharmaceutical companies to be able to move forward in their research and development since they can’t increase prices. In the future, the lack of funding for these companies could actually cost more lives than are saved by the increased access to healthcare (Gaille, 2018). So while universal

health care can provide an increase in cost for drugs like insulin, patients may not be getting the best care they can receive, or have to wait forever to receive care.

Conclusion

Course of Action

There is no set and stone solution to these problems but we as a country could take action to lessen the effects. The first thing the United States could do is put rules and regulations against excessive prices for existing drugs and new upcoming drugs, this can be done through legislation. Another action that could be taken is to relax the process so that biosimilars/generics could flow easier into the market. The “patent process” could also be regulated to try and prevent certain companies from overpatenting so that they can be a monopoly. There are a lot of things we could do to improve these rising costs and accessibility but overall an action of Universal Healthcare would be most beneficial. We compared the cost of insulin in Germany (who has a universal healthcare model) to the cost here in the United States and it was significantly lower because of their cap on drug costs. One article compared public education to public healthcare, is it a right or is it owed to us? (McDonald, 2017) If it is done correctly it will benefit us greatly and that overall is more important than tax dollars at the end of the day.

Pros & Cons

In agreement with the course of action, there are many benefits of becoming a universal healthcare system. The first and foremost being the lower cost for healthcare for everyone in the country. This correlates to the price of insulin like many other pharmaceutical drugs being at a much lower cost than it is now through regulation and price capping. This helps with people in

poverty with life threatening diseases such as diabetes. Especially since many have to have the stressors of whether or not they are going to be able to afford a drug that determines their life outcome. The lower pricing through regulations also correlates with price transparency that comes with any type of healthcare being performed since each drug, appointment, surgery, etc., would all have a “price tag” of around the exact cost of each. This helps relieve stress on the unknown that comes with the US Healthcare system now. The overall pro of having a universal healthcare system is that it creates a feeling of security when it comes to having a way to get medical attention without the unknown of if it is affordable. With someone that has a life threatening disease, their main stressor should never have to be whether they can afford the pricing that comes with the appointments and drugs that need to be taken. And with a universal healthcare system, this issue can be resolved.

While changing the healthcare system and pharmaceutical industry in the United States would be great, there would be many problems that would arise in the transition. With the way the United States government is set up it would take so many steps to approve such a drastic shift with the healthcare system. Many people and parties in America are very opinionated and passionate about the individualism the U.S. government has (Flannigan 2017). There are multiple disagreements between republicans and democrats in the government and with the citizens as well. Having a single-payer healthcare system allows for different parties to decide how they want to go about their own ways and opinions without as much conflict. Just trying to add in Obamacare added in a lot of dispute between different political parties lasting many years (Flannigan 2017).

Who is Impacted

Availability and accessibility of insulin impacts countless individuals that have been diagnosed with both type one and type two diabetes. One's ability to acquire sufficient quantities of insulin at an affordable rate can mark the difference between life and death. Thus, health care systems must be able to accommodate individuals of all backgrounds and provide proper care. In terms of the United States healthcare system, reforms must be made in order to see these accommodations happen. These reforms would impact the government, healthcare consumers, and healthcare providers as well as many other parties such as caregivers and health product manufactures.

In terms of the big picture, moving towards a universal health care system would impact all parties that interact with healthcare in the United States. Progressing towards a universal healthcare system such as that of Germany would be an introductory step in reducing the costs of necessary prescription medications such as insulin. Not only would this directly impact the lives of those who reside in the United States, but this development in the current healthcare system could also impact other systems around the world. Upon implementation of new advancements and reforms to the US Healthcare System, other countries could look towards this newly developed system as a model for what a positive structure could be. Overall, the outlined course of action would impact a multitude of audiences and demographics within the scope of the United States and beyond.

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Artifact for #3.

PROGRAM IN HEALTH SCIENCES
DOISY COLLEGE OF HEALTH SCIENCES
SAINT LOUIS UNIVERSITY
Hot Topics – Spring 2022

Fixing Healthcare

The healthcare industry is in a crisis. Medical costs are rising, millions of American citizens are not able to afford medical insurance, and there is a shortage of healthcare providers.

Assignment:

Day 1 (10 points)

- Break into 8 assigned groups
- Create a document with a plan for “fixing” the US healthcare system
- detailed thought is important
- Share with the instructor via email at the end of class on 1/26/2022.
- All group member names must be on the document

Day 2 (10 points)

- Break into 2 groups (*instructor will determine groups*)
- Review the 4 documents from each of those groups and create a new document by combining the best options from those plans
- All group member names must be on the document
- Share with the instructor via email no later than end of class on 1/31/2022

Day 3 (10 points)

- The entire class will review the 2 proposals and create a final document by combining the best options from those plans
- Share with the instructor via email no later than the end of class on 2/2/2022

Categories of focus:

- Coverage for all Americans
- Cost of Care
- Shortage of Healthcare workers

Participation points (*within all groups*) – 5
Project – 30

Student Example for #3

Final group discussion – entire class

Coverage for All Americans

We worked to put together a list of ways that we think coverage for all Americans can be achieved. The first is to increase transparency in how the healthcare system works by establishing online training programs to increase insurance and healthcare literacy. Many people don't really understand their benefits and all of the possible options of their insurance plans, so this would increase people's awareness of their options and how to best afford their healthcare. Additionally, to increase knowledge of the healthcare system could lead to more people gaining coverage.

A way to do this would be to have insurance companies require training before being able to obtain insurance or having high schools add a health literacy class to core curriculum. This way, everyone who will be engaging in healthcare will be required to have some extent of knowledge about what they are doing. Having an increased knowledge of how the system works would lead to more people getting more engaged in their healthcare and being open to looking for ways to obtain proper coverage.

Another way that more Americans can obtain coverage is through offering incentives to employers to offer health insurance for their employees. If employers for small business or fast food chains would be given tax breaks or significant discounts to be able to offer their employees healthcare coverage, this would decrease the amount of people that fall into the gaps of the Affordable Care Act.

The last and most significant change that we would employ to get coverage for all Americans would be to expand the Affordable Care Act. If we were to expand the Affordable Care Act, it would include a larger range of incomes, thus increasing the amount of covered Americans. To ensure that the income that we are making the new cut-off allows for all Americans to have a chance to get coverage (without completely bankrupting them), it would make sense to take the average middle class income and use this as the baseline rather than the poverty line. There are many Americans who have a job, but that job does not offer healthcare and does not pay enough for them to be able to afford private health insurance on their own so widening the ACA in this way would help the most Americans and close the current gap.

Another addition could also be making sure to include all those in the middle class bracket whose job does not offer health insurance. Additionally, there could be a form that individuals are allowed to fill out if they feel that they are still falling into the gaps (Example: someone has a salary that is slightly above the new middle class baseline and doesn't qualify, then they can provide documentation to show how they still cannot afford private healthcare). Anyone can still choose to opt for private insurance at any time for better coverage, but having this be offered to more individuals would benefit the most people.

Through expanding the ACA, there would be a subsequent tax increase to be able to pay for this change. It would be good to increase the taxes on things that are counterintuitive to health (cigarettes, alcohol, e-cigarettes, etc) to be able to pay for this increase, but with the amount needed, it will not be able to only come from this source. We cannot change the minds of others, but in an ideal world where we can change the system of healthcare, everyone would be okay with a tax increase so that all Americans can have insurance coverage.

Cost of Care

As noted today, coverage for all Americans comes when the cost is more manageable. So, any solutions you see above can also be applied to cost of care as they do somewhat intersect. Below are some other ways that we thought of to reduce the cost of medical care for not only Americans, but the government and insurance companies so that they are more inclined to cover more care.

Transparency is one thing that our country lacks significantly. If we were to look for a way to cut costs first, this is usually where everyone's mind goes first. Being able to have a sticker price for everything so that individuals can "shop around" for not only physicians or procedure settings, but also for pharmaceuticals. The best way to enable this would be to have it be a requirement for Medicare/Medicaid funding and this would cause most, if not all, hospitals to fall into this way of offering healthcare. As for pharmaceuticals specifically, also having Medicare/Medicaid require price maximums on all medications so that companies cannot continue to raise prices just because there is a demand.

The other idea that we had was to increase preventative care measures. This would not lead to an immediate decrease in spending and there are many Americans at this time who only go to a physician when they are very sick. But, the goal would be to increase the amount of Americans who are participating in preventative care, therefore causing less long term/chronic diseases. This would ideally lead to less spending on expensive chronic/serious diseases that could have been avoided with cheaper preventative care. Some ways that we thought about increasing preventative care was first increasing the education around preventative care that could be covered in the high school health literacy class that we mentioned above, employers requiring that their employees go to yearly checkups by offering the employers and/or employees incentives, or offering cheaper insurance premiums if they continue to go to keep up with their preventative care (similar to getting better car insurance prices by being a good driver).

Another separate way to incentivize people to seek preventative care or care in general would be to offer transportation. Many people who do fall into the Affordable Care Act to have their healthcare paid for do not have a way to get to the hospitals, so if some form of transportation was included with the Affordable Care Act, this would also result in more people seeking care and allowing for all Americans to get the healthcare that they need.

Provider Shortage

Lastly, we discussed the current provider shortage. At this time, there is a huge shortage of nurses and primary care providers, but obviously we will always need more providers in general. To incentivize an increase in primary care providers we suggest creating medical schools that are specifically for primary care providers that offer lower costs, shorter schooling time, and higher acceptance rates. Branching off of this, to increase more physicians entering the field in general, allowing for larger medical school class sizes and residency programs. As mentioned during the discussion, Medicare/Medicaid has been regulating the amount of residents in our country with the same regulations since the ACA was passed. This is obviously

outdated and should be updated to allow for more residents and more opportunities for physicians to start their field of choice.

For healthcare professionals more generally, the government could offer incentives to companies to be able to give students job security, thus encouraging them to attend school. There are already companies that will assist you with your tuition if you work for their company for some amount of time after you get out of school, so if more companies/hospitals had incentives to do this more often, there would be many more individuals who are more eager to seek out healthcare as a profession.

Lastly, to be able to keep those that are already in the profession (rather than trying to get more into the field as noted above), we believe that overall a better working environment would improve the situation. Some of the ideas that we had thought of include offering free parking, shortening shifts times from 12 hours to 8 hours (nurses/techs specifically), lowering the overall workload by ensuring that workers are not assigned to an excessive amount of patients, and giving more paid time off or bonuses. Through all of these things, we would hope that this would decrease burnout in our current healthcare professionals.

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Fixing Healthcare Reflection

HSCI: 4500-1: Hot Topics in Healthcare

Professor Julie Wolter

Saint Louis University

February 11, 2022

The first day, when we worked in groups of four, I was surprised how much my group participated. All four of us had a good discussion about the current problems in healthcare and possible solutions. I think all of us had experience working in the healthcare field and had experienced some of the challenges firsthand. Thus, we all had an opinion and were very passionate about the assignment. The second day, when we combined 4 groups of 4, was a little more chaotic. Some people didn't want to talk at all, while others led the discussion and spoke openly. What surprised me about this day was that some individuals still felt the need to argue their own personal points of view, even after the group had decided that it would not be moving on as one of the top one or two ideas. I think it showed a good example of "selective hearing", where individuals wouldn't respect the discussion taking place and only chose to participate when it came to bringing up their own issues. On the third day, when we had the entire classroom involved, I found it hard to participate. I felt that a handful of people were constantly discussing the same issue and just kept circling back to it. It was difficult to bring new ideas and perspectives without being forced to address the previous problem. I felt that the discussion wasted a lot of time when other issues could have been discussed.

One challenge we faced on the second day was struggling to narrow the group's ideas down to one or two main points. My group was more passive and would "agree" with all aspects of a group's plan. As a result, our ideas remained broad and didn't involve any ideas towards the actual implementation of the goal. We tried to narrow our ideas down at the end of the day, but I think it was too late. On the third day, we struggled with organization and having a productive conversation. As mentioned above, the discussion kept flipflopping back and forth between cost of care and coverage of all Americans. We never really found a solution or decided upon a general course of action. We also didn't get to the healthcare worker shortage until there was

only 5 minutes left in class. We attempted to shift the conversation multiple times with failure, ultimately resorting to someone shouting that we needed to move on at 9:45. I felt very frustrated by the end of the conversation.

I think the most satisfying parts of the activity took place on the second day when the four groups came together to share ideas. I think this was the most satisfying because we were exposed to so many different, good ideas. My own group came up with solutions that we thought were very reasonable; however, other groups shared other creative ideas that we hadn't thought of. I think my favorite part was hearing the idea about starting a new school that would be specifically for PCPs. This idea was so realistic and so directly showed a possible solution to the physician shortage that I got excited. It was an idea that could be extremely successful if/when implemented. I could see it happening in the future, and that was a good feeling.

If I were to do this activity again, I would want it to be in a more structured environment. I would want to implement rules for different groups "taking turns" talking and having a certain amount of time to talk before moving on. On the second day, my side of the room took turns going from group-to-group when discussing a certain topic. I thought this was a productive way to hear everyone's ideas in a manner that made sense. However, on the third day, people were mixing the cost of healthcare and coverage for all Americans topics together and were talking over each other. At times, I felt that the discussion had no direction and people were just talking in circles. I also felt that the same people were talking for the majority of the discussion. I think by giving everyone a certain amount of time to talk, we could hear everyone's perspectives and have a more guided conversation.

I honestly was not happy with the outcome of the conversation. I was very frustrated. Our group never came to an agreement about which course of action to take, whether we would work to expand the current Medicare/Medicaid programs or build a new universal program. I feel like we focused on the negatives of both ideas and never talked about the reality of implementing either. I think we agreed that it would be *easiest* to expand Medicare/Medicaid, but never talked about how we would do that or what changes we would make. I was also frustrated that the healthcare worker burnout did not have enough time to be talked about, especially as someone who just worked for over three years in healthcare and ended my employment, partially because of burnout. I felt that this topic was not given the respect that it deserved. I was also frustrated that one member of our group felt the need to continuously bring up their own idea, which the majority of the group disagreed with, and claim that they had the “group’s support”. In the end, we didn’t even have time to discuss the comment due to a lack of time. Overall, I understood the purpose of the activity, and I recognize how difficult it must be to have these conversations in Congress. In my opinion, we have shown that we are no better.

Appendix B

PLO #3: Students will demonstrate effective team skills when collaborating on healthcare projects.

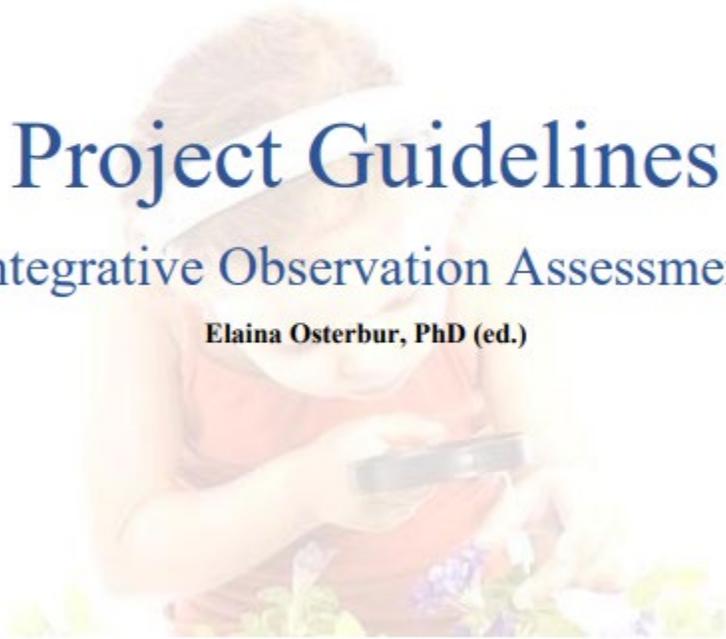
PLO #3 Rubric

Program in Health Sciences (HSCI)		
Program Learning Outcome (PLO #3): Students will demonstrate effective team skills when collaborating on healthcare projects.		
Knowledge/Comprehension**	Application/Analysis**	Synthesis/Evaluation**
<ul style="list-style-type: none">Identifies effective team skills when collaborating on healthcare projects	<ul style="list-style-type: none">Applies effective team skills when collaborating on healthcare projects	<ul style="list-style-type: none">Exhibits effective team skills when collaborating on healthcare projects

Artifact for #1.

HSCI2500 Human Development Across the Lifespan

Spring 2022



Project Guidelines

Integrative Observation Assessment

Elaina Osterbur, PhD (ed.)

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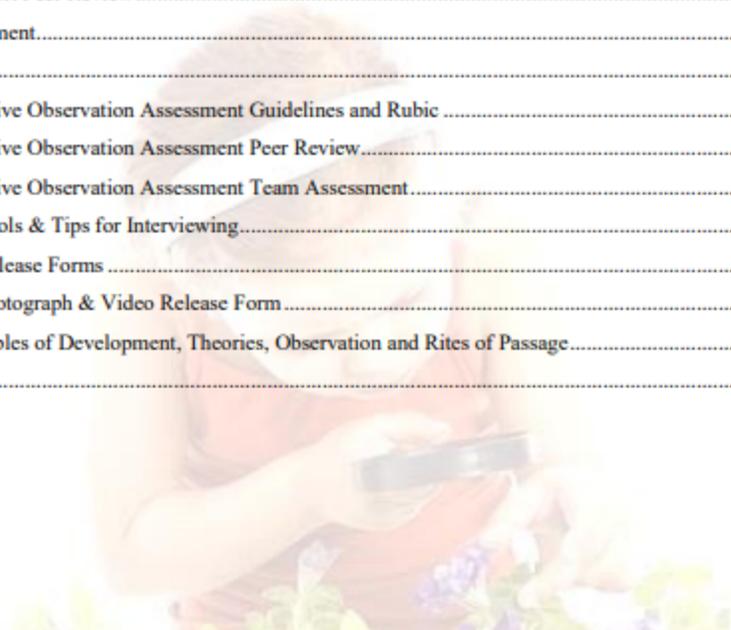
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Introduction

This project is aimed at providing you and your team with the opportunity to learn, understand and to apply theories and concepts of human development. There are two parts of the assignment. The first part of the assignment includes a “life history”. A life history includes an interview to learn of the variety of experiences that affect human development. If you have been assigned to interview and observe an individual(s) that are not adults, you will include the parents (or guardians) in the interview and observation process. The second part includes an “observation”. The objective of the observation is to give you the opportunity to observe an infant, child or adult to determine developmental milestones and characteristics. You will integrate the life history and observation data, supported by theory and concepts learned in class, into the written or video documentary form.

Video Documentary Life History/Observation

Scope and Goals

Each student will work in a team for the entire project to produce a 5-8 minute video. The main objectives are to communicate clear and accurate information in an engaging manner for an audience of your peers. **Note:** *The project is evaluated on the grading rubric. The video is not assessed on the basis of its technical merits (i.e., you will not get extra points because the final product is visually impressive in a way that does not bear on effective communication and objective content). Note that sound is more important than video—if no one can hear it, no one will watch it.*

Deliverables Due Dates

1. Progress Report —due Sunday, March 27, 2022, 11:59pm
2. Progress Report Peer Review – Due Sunday, March 27, 2022, 11:59pm
3. Final Video (along with signed video release forms) – due Sunday, May 8, 2022, 11:59pm
4. Final Video Peer Review – Due Sunday, May 8, 2022, 11:59pm
5. Final Video Team Assessment – Due Sunday, May 8, 2022, 11:59pm

Required elements for the video.

1. *Length.* Your video should be 5-8 minutes in length, plus time for a “credit roll” to show your references.
2. *Style.* There are no restrictions on the style of the video (i.e., you may use a narrated slide show, a recorded lecture, a digital whiteboard, animated graphics, a scripted scene, filmed artist drawings on paper, “man on the street” interviews, Zoom mp4, a combination of the above, etc.)
3. *Title slide.* Your video should begin with a descriptive title, your team name(s) and team number, Saint Louis University, and the semester and year in which it was created.
4. *Original content.* Aim to create your own resources. That means using your own drawings, pictures, music, animations, filmed scenes, and interviews. Where this is not possible, be sure that you only use material which falls under Creative Commons license (that you can use and modify without breaking copyright laws).

5. **Interview.** You must conduct both an interview and observation. You may conduct the interview in person, on Zoom, by phone, or by e-mail. Once you have identified a suitable person, contact them ahead of time to politely request an interview and observation. Inform them that it will be recorded and request their permission (see attached form) to do so (it's the law!). Remember to be courteous and respectful of their time. That means preparing interview questions and observation areas ahead of time.
6. **Content.** Please remember to include theory, normal development, motor development and any other developmental issues learned in class. Analyze the life history by answering these questions:
 - a. What are the major transitions they went through? Were there any interruptions (to career, school, etc.)? Were there gradual transitions to new stages of life (internships, externships between college and the work)? Other transitions may include early intervention to early childhood. How do these types of transitions affect both child and parent?
 - b. What were other important areas of life – family, career, education, civic involvement, spiritual, etc.? Teacher, friends, sports activities, playdates?
 - c. How has culture shaped their lives and faith?
 - d. What may be some of the distinct events that shaped their lives?
 - e. What are their core values?
 - f. Utilize motor, physical, social, cognitive and behavioral theories to explain development of the team's randomly selected area of development.

Please see the appendix for examples of theory, development and observation.

6. **Video release forms.** Anyone who is featured and identifiable in your video (interviewee, man on the street, actor, narrator, etc.) must sign a Video Release Form, which is included in these instructions. You must submit these completed forms when you submit your video. You can use electronic signature.
7. **References.** All artifacts (images, videos, music, sound effect, etc.) used in the video which you did not create yourself must be cited at the end. You need to use an APA reference format. Be sure that artifacts are subject to a Creative Commons license. Include a separate section where you credit the sources of information you used. This information should be cited using a complete reference.
8. **Credits.** Acknowledge the people who contributed to the video, including yourself, your interviewees, narrators and actors, people who supported the production, and your instructor, and specify that the video was made within the context of this course (course number, institution, date).
9. **File format.** Your video must be submitted as a YouTube or mp4 link. Be sure to test your finished product ahead of the deadline.

How to Begin

Your project will take place in three separate stages:

1. **Planning.** This is the phase where you research your topic and envision how your video will look and sound (using planning tools such as the script and storyboard).
2. **Production.** This means creating and collecting all the artifacts (e.g., images, videos, sounds, narration) you will need for the video.

3. *Editing.* This stage is done using video-editing software of your choice where you stitch the artifacts together and synch them in time with a narration or other sounds if you choose to include sound, etc. Because editing is not part of the learning in our course I will not grade editing.

Resources the website www.desktop-documentaries.com provides a wealth of information on possible storytelling techniques, basic video structure, scriptwriting advice, and more. If you are drawing a blank, consider structuring your video as you would an essay (hook, thesis statement, arguments that support your thesis, summary).

Adapted from: Intergenerational Generations: Fairness for Future Generations. Retrieved from <http://www.if.org.uk/filmcompetition/10-step-guide.pdf> Accessed January 13, 2017.





Appendices

Appendix A
Progress Report Guidelines
100 Points

Please provide the following information in the Progress Report. Your team should be able to provide the following information by the due date of this assignment.

1. *Interviewee/observee Information:* Explain in detail how your team found the interviewee/observee and why your team chose to interview this person, child, etc.?
2. *Interview Event:* Describe in detail when and where the interviews occurred (or will occur) as well as anything about the process of interviewing that may be relevant to life histories or observation.
3. *Information Recording:* Describe in detail how the team kept (or will keep) track of the interview information?
4. *Organizing the Information:* Explain in detail how the team did (will) take the information and arrange it into a life history and observation? (In other words, state the team's research methods.)
5. *References:* Document the team references.

Progress Report Rubric

This Progress Report provides instructors with the progress the teams are making on their projects.

Criteria	Advanced 20	Accomplished 18	Developing 18	Beginner 10	See Me! 0	Total
Interviewee Information	Explains in detail how the team found and chose the interviewee/observee.	Explains in detail how the team found the interviewee/observee, but now how chosen.	Explains in detail how the team chose, but now how the interviewee/observee was found.	Does not explain in detail how the team found and chose the interviewee/observee.	The team has not chosen anyone to interview/observe.	
Interview Event	Describes in detail where and when interviews occurred (or will occur) and process of interviewing.	Describes in detail where and when interview occurred (or will occur) but nothing about the process of interviewing.	Does not describe in detail where and when interview occurred (or will occur), but included process of interviewing.	Does not describe in detail where and when interview occurred (or will occur) nor the process of interviewing.	The team did not include interview event information.	
Information Recording	Describes in detail how the team kept (will keep) track of the interview/observation information.	Describes with some detail how the team kept (will keep) track of the interview/observation information.	<i>DOES NOT APPLY</i>	Does not describe in detail how (will) the team kept track of the interview/observation information.	The team did not include how information would be recorded.	
Organizing the information	Explains how the team took (will take) the information and arrange into a life history and observation.	Explains with some detail how the team took (will take) the information and arrange into a life history and observation.	<i>DOES NOT APPLY</i>	Does not explain in detail how the team took (will take) the information and arrange into a life history and observation.	The team did not include information about how the information collected will be organized.	
References	References are thorough and well thought out. (At least 3 references)	There are some references, but not adequate. (2 references)	<i>DOES NOT APPLY</i>	Inadequate references (1 reference)	There are no references.	
Total	100					

***PLEASE BE SURE TO COMPLETE THE FOLLOWING PROGRESS REPORT PEER REVIEW SHEET.**



Name: _____ Team Number _____

Progress Report Peer Review

Instructions: Use this form to evaluate the merits of each team member. This will be handed in individually to maintain the confidentiality of the assessment. Use the following likert scale to determine the level of participation of each team member.

Rarely/never = 1, Occasionally/sometimes = 2, All/most of the time = 3

Team Member	Did fair share of work	Was cooperative/ did agreed upon task	Contributed to ideas/ planning	Was available for communication	Was positive and helpful	Contributed to overall project success	Total

The “Project Total” referred to in the grading rubric indicates the score that the overall project has earned. The peer evaluation determines the final grade of each team member. When evaluating your team member, be honest. The following is the breakdown of how the score of the peer evaluation affects your project grade.

Peer Evaluation Average	Point Equivalent of Project Grade
18-16 points	100%
15-13 points	90%
12-10 points	80%
9-7 points	70%
6-4 points	60%
< 4 points	40%

Examples:

- Peer evaluation score is 18 points, project grade = 100, therefore your project grade = 100%.
- Peer evaluation score is 15 points, project grade = 100, therefore your project grade is 90% (100*.90).
- Peer evaluation score is 12 points, project grade = 100, therefore your project grade is 80% (100*.80).
- Peer evaluation score is 9 points, project grade = 100, therefore your project grade is 70% (100*.70).

Team Assessment

Team # _____
 Team members _____

Use this evaluation on an on-going basis throughout the project.

For the following statements, rank our team on a scale of 1-5	
	1 (strongly disagree) (strongly agree) 5
1. Our meetings are productive and organized.	1 2 3 4 5
2. People are contributing equitably in the meetings.	1 2 3 4 5
3. Everyone has contributed equitably to project work.	1 2 3 4 5
4. The project is on schedule.	1 2 3 4 5
5. We are dealing with conflict effectively.	1 2 3 4 5
6. I feel my ideas and input are appropriately considered.	1 2 3 4 5
7. I am satisfied with the progress of the project.	1 2 3 4 5
8. I am comfortable in the team setting.	1 2 3 4 5

Please complete the following statements.
9. The best thing about our team...
10. A current challenge for our team is...
11. Do we need to change this form in any way to better serve our purposes?

Appendix B

Final Integrative Observation Assessment Guidelines and Rubric

200 points

Please provide the following information in the Final Video. Your team should be able to provide the following information.

1. *Length.* Your video should be 5-8 minutes, including credits.

<i>Advanced</i>	<i>Accomplished</i>	<i>Developing/Beginner</i>	<i>See Me!</i>	
25 Points	20 Points	15 Points	0	<i>Length Total</i>
The Video is between 5 and 8 minutes (including references)	The Video is less than 5 minutes but greater than 4.75 minutes (including references)	The Video is < 4 minutes but greater than 3.75 minutes (including references)	If < 3 minutes, team will not receive credit.	

2. *Style.* The style should reflect that of teamwork.

<i>Advanced</i>	<i>Accomplished</i>	<i>Developing/Beginner</i>	<i>See Me!</i>	
40 Points	25 Points		0 Points	<i>Style Total</i>
The video style reflects that of teamwork – one voice.	The style attempts to reflect teamwork but does not present one voice.	Does not reflect teamwork – reflects only a series of thoughts that do not flow.	There has been no attempt to reflect the voice of one team rather than individuals.	

3. *Title slide.* Your video opening should begin with a descriptive title, your team name(s), Saint Louis University, and the semester and year in which it was created.

<i>Advanced</i>	<i>Accomplished</i>	<i>Developing/Beginner</i>	<i>See Me!</i>	
10 Points	5 Points	1	0 Points	<i>Title Page Total</i>
The title opening includes a descriptive title, team names, team number, SLU, semester and year.	The title slide includes some of the requirements (descriptive title, team names, team number, SLU, semester and year) but not all.	Does not include all the requirements for the title opening.	Does not have a title slide.	

4. *Original content.* If you choose to use photographs, etc. from the subject, be sure to give the credit in the credits. The team writing should include original content from all team members.

(See References Rubric)

5. *Interview.* Include information from the Progress Report that explain in detail how the team found, chose and met with the interviewee/observe. From the Progress Report also include the information recording details of how the team kept track of the interview/observation information. You must conduct both an interview and observation. You may conduct the interview in person, on Skype, by Zoom, by phone, or by e-mail. Once you have identified a suitable person, contact them ahead of time to politely request an interview and observation. Inform them that it will be recorded and request their permission (see attached form) to do so (it's the law!). Remember to be courteous and respectful of their time. That means preparing interview questions and observation areas ahead of time.

Advanced	Accomplished	Developing/Beginner	See Me!	
50 Points	45 Points	20 Points	0 Points	Interview Total
Includes information from Progress Report, as well as interview question and observation areas defined.	Includes some of the information from Progress Report, as well as interview question and observation areas defined.	Does not include information from Progress Report, but includes interview questions and observation areas defined.	Does not include information from Progress Report, nor the interview questions and observation areas are not defined.	

6. *Content.* As your team writes about the interviewee, please remember to include theory, normal development, motor development and any other developmental issues learned in class. From the Progress Report include how the information/observation was organized into a life history and observation.

Advanced	Accomplished	Developing/Beginner	See Me!	
50 Points	45 Points	20 Points	0 Points	Content Total
At least three theories have been applied to the interviewee/observee, as well as at least three developmental areas.	At least two theories have been applied to the interviewee/observee, as well as at least two developmental areas.	At least one theory has been applied to the interviewee/observee, as well as at least one developmental areas.	No theories or developmental areas have been applied to the interviewee/observee.	

7. *References.* All artifacts (images, etc.) used in the video which you did not create yourself must be cited in the credits. You need to use APA reference format. Include a separate section where you credit the sources of information you used. This information should be cited using a complete reference. Include any original content citations here. (See #4 for more information).

Advanced	Accomplished	Developing/Beginner	See Me!	
25 Points	20 Points	15 Points	0 Points	References Total
References are thorough and well thought out (at least 5 references).	There are less than 5 references, but more than two.	There are less than two references, but more than one.	There are no references.	

Grand Total	
--------------------	--

***Be sure to complete the following integrative observation assessment peer review.**

Name _____

Final Integrative Observation Assessment Peer Review

Instructions: Use this form to evaluate the merits of each team member. This will be handed in individually to maintain the confidentiality of the assessment. Use the following likert scale to determine the level of participation of each team member.

Rarely/never = 1, Occasionally/sometimes = 2, All/most of the time = 3

Team Member	Did fair share of work	Was cooperative/did agreed upon task	Contributed to ideas/planning	Was available for communication	Was positive and helpful	Contributed to overall project success	Total

The "Project Total" referred to in the grading rubric indicates the score that the overall project has earned. The peer evaluation determines the final grade of each team member. When evaluating your team member, be honest. The following is the breakdown of how the score of the peer evaluation affects your project grade.

Peer Evaluation Average	Point Equivalent of Project Grade
18-16 points	100%
15-13 points	90%
12-10 points	80%
9-7 points	70%
6-4 points	60%
< 4 points	40%

Examples:

- Peer evaluation score is 18 points, project grade = 100, therefore your project grade = 100%.
- Peer evaluation score is 15 points, project grade = 100, therefore your project grade is 90% (100*.90).
- Peer evaluation score is 12 points, project grade = 100, therefore your project grade is 80% (100*.80).
- Peer evaluation score is 9 points, project grade = 100, therefore your project grade is 70% (100*.70).

Final Integrative Observation Assessment Team Assessment

NAME _____

TEAM NUMBER _____

DUE Sunday, May 9, 11:59pm

For the following statements, I rank my team on a scale of 1-5	
	1 (strongly disagree) (strongly agree) 5
1. Our meetings were productive and organized.	1 2 3 4 5
2. People are contributing equitably to the meetings.	1 2 3 4 5
3. Everyone has contributed equitably to the assignment.	1 2 3 4 5
4. The assignments were always on schedule.	1 2 3 4 5
5. We dealt with conflict effectively.	1 2 3 4 5
6. Team ideas and input were appropriately considered.	1 2 3 4 5

Please complete the following statements.	
9. The best thing about our team was...	
10. One of the challenges for our team was...	
11. Do we need to change this form in any way to better serve our purposes?	

Appendix C: Tools & Tips for Interviewing

Choosing a Subject to Interview/Observe

To get started, think about who your team will want to interview/observe. Choose an individual (in your age category that your team has been assigned):

- Who you believe is relatively open, honest and reflective about personal matters (of course, if your team is interviewing a child – think about the parent/guardian).
- Who may be interesting to your team and who your team thinks would be interested in the project.
- Who is accessible and available for an interview and observation.
- Who is a relatively good narrator and is able to talk about himself/herself or child.

It would be advantageous if at least one of your team members has a prior relationship with the interviewee/observee (Subject). This is helpful because your team will get to know the subject better through the interview/observation process. However...interviewing someone close to one team member could also be a disadvantage. The subject may feel uncomfortable about revealing details and his/her (or child's) life. **I strongly advise against interviewing one of the team member's fiancée, spouse, boy/girl friend.**

Remember that the purpose of the assignment is to learn about another person's life, not to judge or even celebrate. If one of your team members is repulsed by someone or in awe of him/her (or child) it can make it difficult to analyze the life history and observation.

Interviewing Tips

The goal of the team is to interview the person to get them to talk about their life. Do not ask questions that can be answered with yes or no, since to do so is guaranteed to stop the interview (for the observation – do not ask questions...observe) and bore both the subject and the team. Here are some tips to interview:

Adults

- It is often easiest to begin by collecting concrete, neutral information, although you just never know what is neutral for a person. But asking about places they lived, schools they attended, jobs they held, people they lived with is usually a good way to begin. You can guide them by age, if you desire. For example, "Where did you live when you were nine? What school did you attend? Who did you live with?" **Remember that the ideal is to ask the fewest questions and get them to talk the most – while you observe.**
- After you get the concrete descriptive information you can ask them to elaborate. I strongly recommend interviewing the person at least twice, because (1) you often miss things in the first interview that need more attention and (2) the person generally starts thinking about their life after being interviewed and elaborates more later. Move to greater descriptive detail in subsequent talks; and ask for judgements about the concrete description. For example, you may first establish that someone moved from Fresno to San Jose during high school. You may then wish to ask them what their life was like in Fresno and how it changed after the move. How did their schools compare and contrast? How did their family life change and remain the same? And you may also ask them how they felt at the time, and how they think the move affected their life. Do not interrupt except to ask for clarifications or expansions ("Can you tell me more about that?"). They may well take some detours or go off on what appears to be tangents, but be careful about trying to get them "back on track." You may inadvertently offend them

and ruin the rest of the interview, and you may miss out on crucial data. Be patient. Remember that people often jump around in recounting their life, moving effortlessly from teenage years to their first birthday to getting laid off their job to breaking a neighbor's window with a baseball. You can always sort the chronology out later, so do not constantly admonish them to put it in the right order.

- Do not judge the person. "Why, for heaven's sake did you take that job?" is not a good way to build rapport. Even a raised eyebrow or a roll of the eyes can be interpreted as criticism, so be careful. This does not mean you have to become a robot, only that your goal is to get them to provide a rich picture of their life and they may not do that if they believe there are right and wrong answers to your questions.
- Do not push people too hard. Ask them to elaborate, but if you see signs of discomfort, hang back. You are neither an investigative journalist trying to find the dirt on someone, nor are you a therapist qualified to handle some of the serious psychological baggage that many people carry. If, despite your best efforts, your interview brings up serious issues for someone then back off and inform your instructor. It is extremely unlikely that you will have such a problem if you allow the interviewee to be in control of the process so they can choose what to tell you and what to keep private.

Child/Parent/Guardian

When observing infants, toddlers and children, you do not need to ask any questions. If you notice something abnormal about the infant, toddler or child's behavior during your observation – do not confront the parent/guardian.

Here are some tips for the interview with parents/guardians:

- You can begin by asking the standard demographic questions. "Have you always lived here?" If the child attends school, church, etc. ask questions about school, church or other local activity.
- If the child is able to speak for him/herself, ask the parent/guardian if you can direct your questions to the child. An older child is likely to give you a labyrinth of information about their lives.
- You can ask questions about play dates and/or friends. Where they play and how they communicate. I know it may sound silly, but children are quite the consumers of technology. They may Skype, text, email, etc.
- You can also ask questions about other people in their lives, such as family or close family friends.
- If the child has a disability, the parents/guardians will likely talk about the child's behavior, diagnosis, prognosis once the parent/guardian feels comfortable.
- Other activities to ask about might include the activities of daily living– does the child brush his/her own teeth, dress themselves, make breakfast...use the developmental chart to determine what the average behaviors are for their age group.
- You can ask about hobbies, extracurricular activities or other interests.
- Do not ask about discipline. Parent/guardian will likely bring this up regardless, but it needs to be their choice...not the teams.

If your team is interviewing an adult, read the article by The Legacy Project, "Life Interview Questions". These questions address all aspects of the lifespan. Your team will find this article in the article folder on our Blackboard+Learn course site.

Appendix D: Release Forms

Interview Release

I understand that:

Team Member 1 _____

Team Member 2 _____

Team Member 3 _____

Team Member 4 _____

are preparing and writing a paper or video documentary on the subject of my life (or the life of my child) _____ (Subject(s) name(s), if a child, please include parent's or guardian's names as well _____) for the course HSCI 2500 Human Development Across the Lifespan. In order to assist the Team Members in the preparation of the paper or video documentary, I have agreed to be observed and interviewed (or agree to child interview) and may provide information and other materials to be used in connection with the paper or video documentary, including my personal experiences, remarks, and recollections as well as any photographs and documents that I may choose to provide about myself or child. I hereby grant and assign to the Team Members the following rights in connection with the Interview and Observation Materials for use as part of the Assignment only.

1. The right to quote or paraphrase all or any portion of the Interview Materials, and to generally use the Interview Materials, including my experiences, recollections, incidents, remarks, dialogue, actions, and information, as well as any photographs and documents that I may give to the Team Members.
2. The right to use my name, image, and biographical data.
3. The right to develop and produce the Assignment is restricted to HSCI 2500 Human Development Across the Lifespan, Spring Semester, 2021.

I understand and acknowledge that the Team Members will be the sole owner of the Assignment. The Team Members have agreed to provide me with a copy of the Assignment.

I acknowledge and agree that I am not entitled to receive payment from the Team Members.

Agreed and confirmed:

Signature _____ Date _____

Name (print) _____

If this release is obtained from a presenter under the age of 18, then the signature of that presenter's parent or legal guardian is required.

Source: Adapted from the Association of American University Presses' Permission FAQs, <http://www.aaupnet.org/aboutup/issues/copyright/permfaq.pdf>

Appendix E: Photograph & Video Release Form

I hereby grant permission to the rights of my image, likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

Photographic, audio or video recordings may be used for the following purposes ONLY:

- conference presentations
- educational presentations or courses
- informational presentations
- on-line educational courses
- educational videos

By signing this release I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet or in the public educational setting.

I will be consulted about the use of the photographs or video recording for any purpose other than those listed above.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

This release applies to photographic, audio or video recordings collected as part of the sessions listed on this document only.

By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for educational purposes.

Full Name _____

Street Address/P.O. Box _____

City _____ State _____

Zip Code _____ Phone _____

Email Address _____

Signature _____ Date _____

If this release is obtained from a presenter under the age of 18, then the signature of that presenter's parent or legal guardian is also required.

Parent's Signature _____

Appendix F¹: Tables of Development, Theories, Observation and Rites of Passage

Major Stages of Physical Development with Examples		
Infant/Toddler	0-2 Years	Fast physical growth, grasps, sits, crawls, walks
Early Childhood	3-5 Years	Talks, runs, skips, jumps, throws, catches, climbs
Middle Childhood	6-12 Years	Physical growth slows, permanent teeth, finer coordination, muscular growth – but gender differences in development (Girls may enter puberty)
Adolescence	13-19 Years	Maturation, self-conscious, greater coordination
Young Adulthood	20-35 Years	Learning preferences established, reaches physical peak
Middle Adulthood	36-64 Years	Declines in some physical abilities such as sight and hearing
Late Adulthood	65+ Years	Physical decline, need for adaptation in physical environment



¹ Broderick, P.C. & Blewitt, P. (2010). *The Life Span Human Development for Helping Professionals* 3rd ed., Pearson: Boston, MA.

Major Theories with Examples		
Theorist	Theoretical Category	Best Known For
John Bowlby & Mary Ainsworth	Attachment Theory	PDD Model, Monotropy, Maternal Deprivation Hypothesis and Attachment Styles
B.F. Skinner	Behaviorist	Classical & Operant Conditioning (Skinner Box)
John B. Watson	Behaviorist	Little Albert Experiment
Urie Bronfenbrenner	Bioecological Theory	Proximal & Distal Processes/Chronosystem
	Biological Theory	Behavior genetics.
Harlow & Zimmerman	Biological Theory	Bonding and comfort satisfaction.
Noam Chomsky	Biological Theory	Nativist Theory of Language Acquisition
Jean Piaget	Cognitive Development Theory	Cognitive Stages of Development
	Cognitive Theories	Information Processing Model
	Cognitive Theory	Theory of Mind
Howard Gardner	Dynamic Theory	Multiple Intelligences
Esther Thelen	Dynamics System Theory	Development is viewed as constant, fluid, emergent or non-linear and multi-determined. Greatest impact – early sensorimotor development.
Urie Bronfenbrenner	Ecological Theory	Head Start
Abraham Maslow	Humanistic Alternative	Hierarchy of Needs
Ivan Pavlov	Learning Theories	Classical conditioning (Pavlov's Dog)
Arnold Gesell & Myrtle McGraw	Neuromaturation Theory	Morphogenesis
John Locke	Philosopher (Behavior & Learning)	Tabula Rasa (Blank State)
Erik Erikson	Psychoanalytic/Personality Theory	Eight Stages of Man
Sigmund Freud	Psychoanalytic/Personality Theory	Ego and Superego
Sigmund Freud	Psychoanalytic/Personality Theory	Psychosexual Stages
Albert Bandura	Social Cognitive & Learning Theories	Bobo Doll Experiment
Lev Vgotsky	Socio-Cultural Theory	Zone of proximal development

Observation with Examples		
Area of Skill Development	Observe	Types of Questions
Communication	Types of verbal or non-verbal communication. Communication aids, pointing, gesturing	How does the person make their needs known? Is it understood? Can they follow directions?
Social	How interaction occurs with people of different ages.	Does the person interact with others? How do they exchange ideas or settle disagreements?
Fine Motor/Perceptual Motor	Ability to manipulate objects, write or draw. Is there a need for adaptive equipment?	Can the person control objects with their hands? What objects or activities does the person like to do? Can they write their name, a letter or color?
Locomotion	Ability to move oneself from place to place in their environment. Ambulation? W/C?	Does the person need any assistance or assistive device? Can the person transfer? How does the environment need to be modified for that person to move?
Functional Skills (feeding, dressing, toileting, etc.)	Skills used to support the person's needs. Ability to perform tasks with ease and efficiency.	Does the person need help getting articles of clothing off? On? Can the person feed him/herself? How does the person perform ADL's?
Sensory (Vision, hearing, vestibular, kinesthetic, and proprioception)	Ability to use their senses. Quality and awareness of movement. Ability to hear and see.	Can the person rely on vision and hearing to interact with the environment? Can the person move about without falling or hurting oneself or bumping into things?
Cognitive, Arousal, and Attention Level	Level of knowing including awareness and judgment.	Can the person respond appropriately to questions? Perform higher level thinking skills? Is the person oriented to person, time and place? Are they aware that you are present?
Disease Status	Area of social behavior	Does the person smoke, drink or other health behaviors that may contribute to such conditions as diabetes, obesity, cancer, etc.?

Rites of Passage (Based on Culture) with Examples		
Infant/Toddler	0-2 Years	Christening
Early Childhood	3-5 Years	Preschool, Elementary School
Middle Childhood	6-12 Years	Elementary School, Middle School
Adolescence	13-19 Years	Middle School, High School, Driver's License
Young Adulthood	20-35 Years	College, Career, Marriage, Mortgage
Middle Adulthood	36-64 Years	Empty Nest, Retirement
Late Adulthood	65+ Years	Retirement

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Student Example for #1

The Student example of this artifact is a video and therefore cannot be included in this document.

PROGRAM IN HEALTH SCIENCES
DOISY COLLEGE OF HEALTH SCIENCES
SAINT LOUIS UNIVERSITY

CONSUMER HEALTH
Spring 2022

Assignment: **Consumer Health Education**

In this project, students will apply plain language writing guidelines to develop an easy-to-read health education booklet. It is highly suggested that you use the Instructional Media Center located in Pius XII Memorial Library with printing.

Students will:

- Break up into 12 groups of 4 and 1 group of 3
- Practice writing in plain language
- Consider graphic design and visuals to improve reading ease
- Booklet must be 8 ½" X 5 ½"
- Determine the health topic to be presented (*prior permission must be given by the instructor*)

Project will:

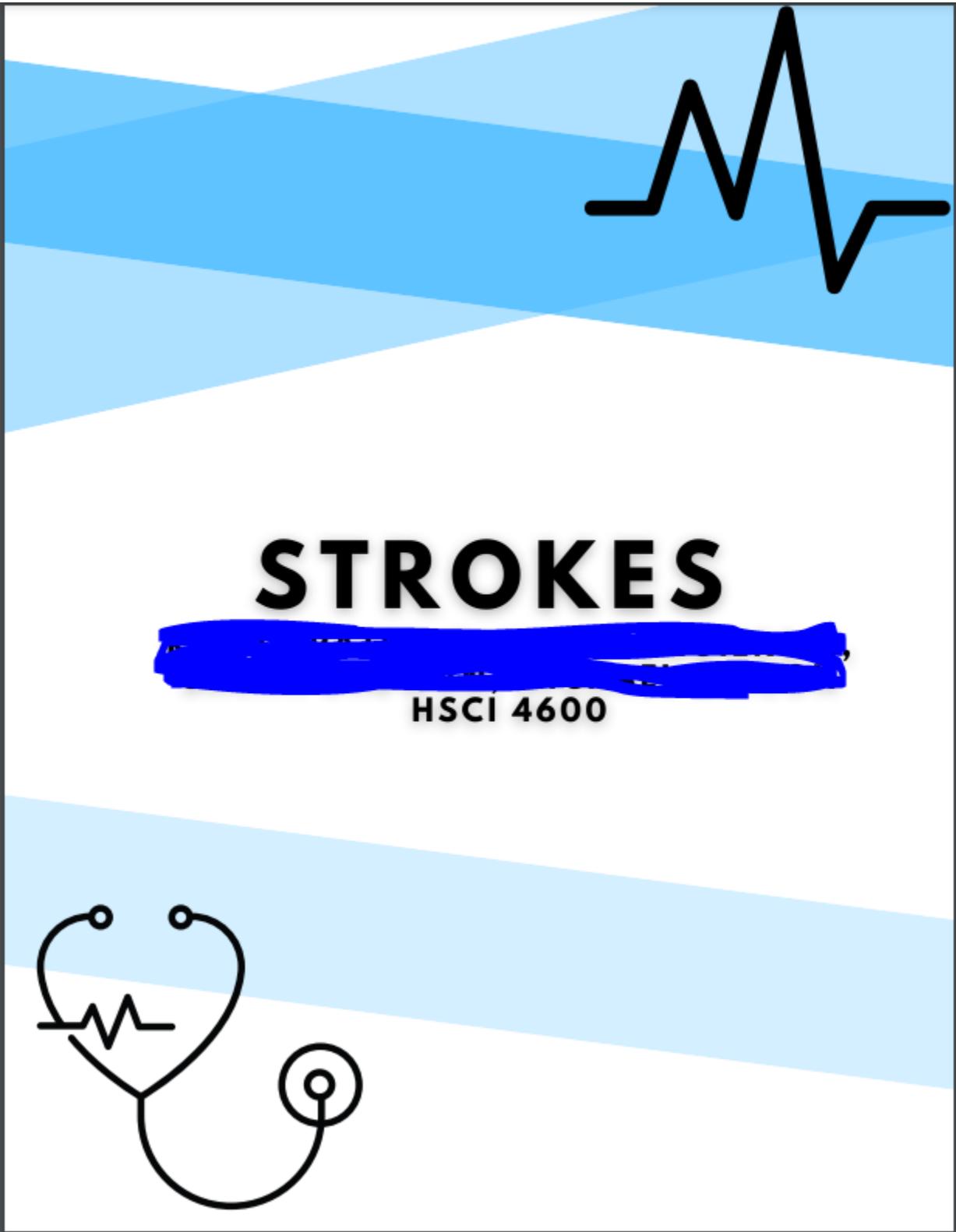
- be an educational booklet of no less than 8 pages and no more than 10 (See examples)
- directed to either:
 - Primary care practice
 - Geriatric practice
- Be presented to the class at the end of the semester
 - demonstrate the focus of the booklet
 - describe the flow
- Be provided to the instructor electronically and printed

DUE: no later than April 19th in class (*bring 2 color copies of the booklet and send it electronically to the instructor*)

Presentations will be April 26th and 28th - see schedule

10 points: peer review

50 points: booklet



WHAT IS A STROKE?



A stroke occurs when the blood supply to part of the brain is interrupted or reduced, preventing brain tissue from getting oxygen and nutrients. Brain cells begin to die in minutes.

A stroke is a medical emergency, and prompt treatment is crucial. Early action can reduce brain damage and other complications.

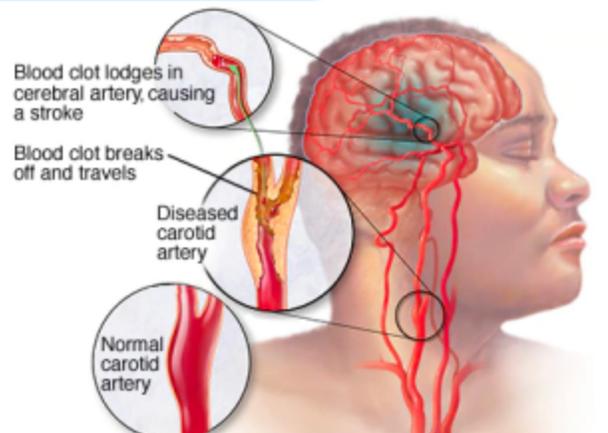
SIGNS/SYMPTOMS

- Trouble speaking and understanding what others are saying.
- Paralysis or numbness of the face, arm, or leg.
- Problems seeing in one or both eyes.
- Headache.
- Trouble walking. You may stumble or lose your balance

FUN FACTS

Someone in the United States has a stroke every 40 seconds. Every 4 minutes, someone dies of stroke.

Every year, more than 795,000 people in the United States have a stroke. About 610,000 of these are first or new strokes.



TYPES OF STROKES



ISCHEMIC STROKE

Most strokes (87%) are ischemic strokes. An ischemic stroke happens when blood flow through the artery that supplies oxygen-rich blood to the brain becomes blocked.

Blood clots often cause the blockages that lead to ischemic strokes.

TRANSIENT ISCHEMIC ATTACK (TIA)

A transient ischemic attack (TIA) is sometimes called a "mini-stroke." It is different from the major types of strokes because blood flow to the brain is blocked for only a short time—usually no more than 5 minutes.

HEMORRHAGIC STROKE

A hemorrhagic stroke happens when an artery in the brain leaks blood or ruptures (breaks open). The leaked blood puts too much pressure on brain cells, which damages them.

High blood pressure and aneurysms—balloon-like bulges in an artery that can stretch and burst—are examples of conditions that can cause a hemorrhagic stroke.

Treatment



Treatment begins as soon as a patient is in medical care, which is why it is extremely important to seek medical help right away. Call 9-1-1 immediately. Ambulatory services can begin life-saving treatments right away.

Treating Hemorrhagic strokes

In some cases, patients are given a medication that will clot the blood. Other times, surgery is required to repair the weakened blood vessel or to stop the excess of blood flow responsible for the stroke.

Treating Ischemic strokes

Patients are given a medication that breaks up blood clots, known as a thrombolytic. It greatly improves the chances of recovering from a stroke, when administered within the first 3 hours of experiencing a stroke. Other times, the blood clot is manually removed.

Treatment



Emergency treatment is the priority when it comes to strokes; however, therapy becomes the next priority after the individual is stable. The healthcare team monitors you closely after your initial treatment and focuses on various therapy options in order to return to independent living.

Healthcare providers who may play a role in your recovery:

- Doctor trained in brain conditions (neurologist)
- Rehabilitation doctor (physiatrist)
- Rehabilitation nurse
- Dietitian
- Physical therapist
- Occupational therapist
- Recreational therapist
- Speech pathologist
- Social worker or case manager
- Psychologist or psychiatrist
- Chaplain



Depending on the location, type, and severity of the stroke, patients may need different types of therapies. For example, someone who suffered from a stroke on the right side of their brain may have issues with movement and sensation. In that case, visits with a physical therapist may be most appropriate. A stroke on the right side of the brain will likely involve speech and language therefore, a speech pathologist would be involved.

Recovery



After experiencing a stroke, you are at risk for having another stroke within the next 5 years. It's important to treat underlying health issues to prevent another stroke from occurring. You may be prescribed medications, a new diet, or exercise regiment.

Side effects of a stroke

Paralysis and/or weakness on one side of the body

Trouble with thinking, awareness, and memory

Speech issues

Issues expressing or controlling emotions

Numbness

Pain in hands and feet

Trouble eating

Depression



Prevention



Certain risk factors can make you more susceptible for having a stroke. This includes a fatty diet, heavy alcohol use, and an inactive lifestyle. It's important to note that if you have a family history of strokes, you have a higher chance of having a stroke. Other factors like age, ethnicity, and sex could increase your chances as well.

If you've had a health history of the following, you may be at risk for experiencing a stroke:

- A previous stroke
- High blood pressure
- High cholesterol
- Excess weight
- Heart disorders
- Heart valve defects
- Sickle cell disease
- Diabetes
- Blood clotting disorder



It's important to take an active role in your health and discuss these risk factors and concerns with your physician. Certain steps can significantly decrease your chances of developing a stroke in your life.

Prevention



Lifestyle changes cannot prevent all strokes from happening, but they can significantly reduce your chances of experiencing one. It's important to meet with your physician to develop a plan to take better control of your health.

Quit Smoking

- Quitting tobacco usage will lower your risk of a stroke



Keep a Moderate Weight

- Obesity and excess weight are contributors to strokes
- Eating a balanced diet and being active can help manage your weight and prevent strokes

Visit Your Doctor

- Attend regular checkups and examinations
- Your physician is there to guide and assist in making choices for your health

Limit Alcohol Use

- Alcohol can raise your blood pressure, increasing your risk of stroke



Resources



Associated health problems can further diminish the quality of life and worsen over time. So it is important to find resources to help understand strokes, gain community support, and enhance one's quality of life

Where to find resources?

- Start by asking nurses, doctors, and therapists on your stroke survivor care team!

National Stroke Organizations

- Provide online forums and reference materials
- Offers community support for stroke survivors and caregivers.

Organizations:

1. Stroke Support Association
2. American Stroke Association
3. American Stroke Foundation
4. The Stroke Network
5. Next Step in Care
6. CDC
7. Rehab Without Walls



Community support for stroke that includes support groups and resources is essential in helping survivors recover better, re-socialize, and integrate back into their local communities.

Resources (cont.)

Stroke Family Warmline (American Stroke Association)

- The Warmline connects stroke survivors and their families with an ASA team member who can provide support, helpful information or just a listening ear. Call our Stroke Family Warmline at 1-888-4-STROKE (1-888-478-7653).



Stroke Support Groups (ASA)

- Stroke support groups can help you get beyond your limitations. Social interaction and simply connecting with others help ease the depression and isolation so common after stroke. You can visit ASA website to find support groups in your area

Stroke Support Association

- This organization empowers stroke survivors and their families with resources to recover, reclaim, and rebuild their lives.

- Program Goals:

- - Providing information to help understand changes caused by the stroke and to help reduce the risk of another stroke
- Assisting stroke survivors to achieve maximum levels of recovery
- Helping family members and caregivers to cope with their individual problems

- (562) 537-0556;
info@strokesupportassoc.org

American Stroke Foundation

Mission: To empower stroke survivors and their families to overcome the challenges of life after a stroke.

- Provide learning opportunities for stroke survivors that stimulate their physical, educational, and emotional growth
- Create an environment for stroke survivors that enriches their lives and the lives of their caregivers and promotes living a full life after a stroke
- (913) 649-1776



AMERICAN
STROKE
FOUNDATION
Change Your Mind

STROKE SUPPORT
ASSOCIATION

Appendix C

PLO #5: Students will exhibit ethical behaviors related to health sciences that are rooted in Jesuit values.

PLO #5 Rubric

Program in Health Sciences (HSCI)		
Program Learning Outcome (PLO #5): Students will exhibit ethical behaviors related to health sciences that are rooted in Jesuit values.		
Knowledge/Comprehension**	Application/Analysis**	Synthesis/Evaluation**
<ul style="list-style-type: none"> Defines ethical behaviors related to health sciences rooted in Jesuit values 	<ul style="list-style-type: none"> Examines the qualities of Jesuit values related to ethical behaviors in health sciences 	<ul style="list-style-type: none"> Integrates the qualities of Jesuit values related to ethical behaviors in health sciences

PLO #5 Artifacts and Student Example

Artifact for #1.

ETHICAL-HEALTHCARE-ISSUE¶

VACCINE-WAR¶

In-Class-Discussion → ¶

How-many-immunizations-do-children-receive-from-birth-to-adolescents?¶

Do-you-think-after-seeing-the-film,-that-autism-is-caused-by-vaccinations?¶

Do-we-have-a-responsibility-to-get-vaccinated?¶

Is-it-ethical-for-people-who-are-voluntarily-unvaccinated-to-infect-others?¶

Is-conscientious-objection-a-good-argument-to-remain-unvaccinated?¶

What-about-religious-reasons-for-vaccination-decisions?¶

¶

¶

Student Example for #1

Artifact for # 2.

HSCI 3200 Aspects of Health Law

Healthcare Ethics Group Project *Fall 2021*

Healthcare Ethical Issue Assignment:

Students will work in the assigned groups – *see attached*. Each group will select a topic listed – *first come, first served*. The dates associated for when the presentation is due is also included.

Each group will:

1. Create a lecture presentation with PowerPoint slides on the topic.
 - a. Each group is to present to the class for at least 45 minutes.
 - b. Utilization of the notes section for each slide is required. Provide information that the presenter will highlight.
 - c. Present the topic in general terms and then discuss the ethical/legal issues.
 - i. Introduction, topic overview, ethical issues (both sides), legal issues, current state of legal actions – if applicable, closing
 - ii. You are to remain neutral.
2. Present to the class on the date listed below.
 - a. **Each** member of the group will be expected to present
3. Discussion questions
 - a. Create 2 thoughtful discussion questions about the ethical/legal issues of your topic. Send to the instructors separately.
 - b. The instructors will post the questions to the Canvas page.
 - c. Each group member of the day will be responsible for 2 reply posts.
 - i. These will be posted right after the presentation and will close 48 hours later.
4. Project Grading
 - a. Slides – 35 points
 - b. Presentation of topic – 50
 - c. Discussion post questions – 15
5. Topic discussion grading (remainder of the class)
 - a. One (1) thoughtful response to the questions; one (1) thoughtful response to another student's post – 10
 - b. Topic presenters – two (2) thoughtful responses to student posts – 10

Student Example for #2.

Ethical Concerns of Genome Editing

Presented by:

1

A Timeline of Genetic Engineering

1970 - Scientists were first able to design DNA altering technology by creating of the first chimeric recombinant DNA cloning Simian Virus (SV40) molecule into plasmid DNA.

- o From here on, genetic engineering achievements took off unexpectedly.
- o Type II restriction enzymes, gene splicing, recombinant DNA, Polymerase Chain Reaction (PCR)

1985 - Discovery of Zinc Finger Nuclease (ZFN)

2

A Timeline of Genetic Engineering cont.

1993 - Francisco Mojica discovers the principle of CRISPR

2011 - A more efficient method of DNA editing is uncovered: TALENs

2012 - A CRISPR genome engineering tool is elucidated.

- o This has opened the door for more achievements such as testing on eukaryotic cells, human embryos, and human trials

3

What is gene editing and how does it work?



4

Human Genome Project (HGP)



- International scientific research project
- The goal was to determine the base pairs that make up human DNA, and identifying and mapping all of the genes of the human genome from both a physical and a functional standpoint
- The project formally launched in 1990
- It was completed on April 14, 2003.

5

Topic Overview

- **Gene therapy**- experimental technique for treating disease by altering the patient's genetic material.
- The three main gene editing techniques
 - o Zinc-finger nucleases (ZFNs)
 - o Transcription activator-like effector nucleases (TALENs)
 - o Clustered regularly interspaced short palindromic repeat (CRISPR)-Cas-associated nucleases



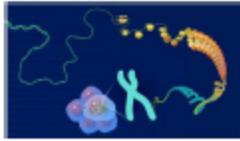
6

Important Vocabulary

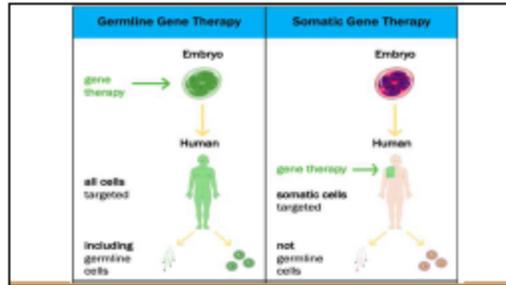
Genome- the complete set of genetic information in an organism. It provides all of the information the organism requires to function.

Germline Therapy- when DNA is transferred into the cells that produce reproductive cells, eggs or sperm, in the body.

Somatic Therapy- is the placement of a human gene into a living person's somatic cells



7



8

Ethical Questions

1. Is informed consent from the parents enough to permit genome editing on an embryo?
2. How will genome editing affect healthcare inequalities? Which populations can access and afford the product?
3. What genes and traits are permissible to target with genome editing?
4. Should scientists be able to edit germline cells?

9

Ethical Issues of Genome Editing Pros

- **Beneficence:** act in the patient's best interest
 - Cure and prevention of genetic disorders
 - Alleviate or avoid human suffering
- **Autonomy:** the right of patients to make informed decisions regarding their health care
 - Many argue women have the autonomous right to make decisions about not only their fetuses but also zygotes and embryos, as in the case of genome editing.
- **Nonmaleficence:** to do no harm
 - Although more research is needed to determine the safety and efficacy of genome editing, current clinical trials record few negative outcomes.

10

Ethical Issues of Genome Editing Cons

- **Possible off-target mutations**
 - Could create new diseases that could continue throughout generations
 - Contrasts the ethical theory of non-maleficence
- **Nontherapeutic editing**
 - Unnecessary and result in questions of eugenics
 - Contrasts beneficence
- **Concerns of informed consent**
 - Cannot yet predict all possible outcomes
 - May take years for potential issues to become apparent
 - Contrasts the ability to have full autonomy
- **Editing for enhancement**
 - Advantages over others
 - Issues in relation to justice

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Ethical Concerns in Germline Genome Editing Studies

- **Nontherapeutic use**
 - Fur color of rats was successfully changed
 - Possible for humans to change skin color
- **Controls can only be performed in a small group of cells**
 - Limitation causing unknown effects until birth
 - May take years for problems to emerge

12

2

Genome Editing Cases

- The world's first gene-edited babies
 - He Jiankui
 - Twins were born November 2018 in China
 - Modified gene with intentions of preventing HIV
 - Disabled the CCR5 gene
 - Potentially vulnerable to other diseases such as West Nile
 - Not all genes were consistent with modifications
 - Not yet determined if editing resulted in further issues
- Third gene-edited baby born
- Jiankui was sentenced to 3 years in prison



13

Question

What are the main ethical concerns in the case of He Jiankui creating the world's first genetically edited humans?

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Landmark Trial - BRILLIANCE- 2021

- ZFN technique has showed some promising results with *in vivo* in the past, but CRISPR-Cas9 is the most specific and accurate method of genome editing to date.
- Small cohort study
- Leber's Congenital Amaurosis 10 (LCA10)
- EDIT-101: delivers editing complex to photoreceptors
 - First ever *in vivo* CRISPR gene editing trial
 - Previous trials remove cells and then reintroduce them after editing
- No adverse reactions (six subjects)
- 2 out of 3 subjects receiving mid dosage of EDIT-101 showed signs of improvement
 - Cohort still underway



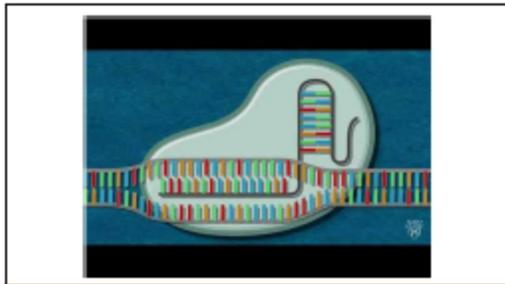
BRILLIANCE: A Phase 1/2 Single Ascending Dose Study of EDIT-101, an *in vivo* CRISPR Gene Editing Therapy in CEP290-Related Retinal Degeneration

September 29, 2021

editas
MEDICAL

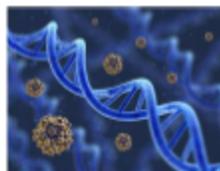
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16



17

Gene Therapy

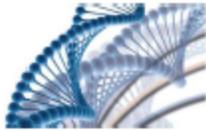


- Two types of gene therapy
- Germine therapy (heritable gene therapy)
 - *In turn* edits the genome of future genomes
 - Edits sperm/egg cells
- Somatic therapy
 - Only affects individual
- *Ex Vivo* vs. *In Vivo*

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International Summit on Human Gene Editing - 2015

- Washington, D.C.
- Large gathering of experts in multiple disciplines
- Somatic therapy
- Germline therapy
 - Irresponsible
 - More research; need larger confidence factor
 - Public consensus and education
 - Implications; large scale effect
- International Forum



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Legal Issues

- With the evolution of CRISPR-Cas9 in the last years, germline therapy has become a potential reality, raising a great deal of legal issues.
 - Worldwide lack of clarity, a great deal of uncertainty, no unanimous consensus
- Lack of consent
- National Institute of Health (NIH) does not financially support human embryo genome editing while it does support genome editing of somatic cells for various diseases.
- Dickey-Wicker Amendment 1996-annual
 - Restricts use of federal funds for human embryo genome editing
- 2019 - Moratorium
- 2020 - No further consideration until criteria is met limiting undesirable effects on human embryo

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Current State of Legal Actions

- Currently, human germline genome-editing is widely banned across the majority of countries
 - Of 39 countries surveyed (carried out by scientific researchers Motozo Anaki and Tetsuya Ichi)
 - 25 banned based on legislation
 - 4 banned based on guidelines
 - 9 were ambiguous
 - 1 has not banned (restrictive)
 - The United States is the only country (that has been surveyed in this study) to have not banned human genome-editing (Lindl moratorium in 2019)

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Current State of Legal Actions (cont...)

- The nature of bans/restrictions on human germline gene editing vary greatly from country to country
 - Strict prohibitions and extreme legal consequences vs. restricted/limited use
- China
 - Equally bans genetically modified offspring
 - Strictly penalties for breaking the rules in the future
- The United States
 - Not "formally" prohibited, however several restrictions prevent genome editing from occurring
 - Derived from congress prevent research in which a human embryo is intentionally created or modified to include a heritable genetic modifier
- United Kingdom's potential forefront in gene editing
 - HNGT = Human Nuclear Genome Transfer (or Mitochondrial Replacement Therapy)
 - Resulted in the "Mitochondrial Donation Regulation 2019"
 - Purpose to prevent mitochondrial disorders

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Current State of Legal Actions (cont...)

Ultimately...

- Majority of countries are against human **germline** gene editing
- A lack of complete ban to human gene editing
 - United Nations Educational, Scientific and Cultural Organization (UNESCO) doesn't explicitly prohibit human embryos from being genetically modified, however restricts possible modification in reproductive cells
- No general prohibition of gene editing in the *Charter of Fundamental rights of the European Union*
 - Difficult to interpret prohibitions (therapeutic purposes)

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Conclusion

Genome editing is a good therapy for genetic diseases. Besides the benefits it offers, it remains a controversial issue in health care because of the risk it poses to future generation if mistakes are made.

Physicians are also concerned because it gives parents the autonomy to make decisions for their unborn minors for non health reasons when applied for physical or mental enhancement. This is an ethical concern that plays a role in widening the gap of inequality.

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Conclusion

No doubt, genome editing is a great advancement in healthcare that is expensive but as a community what steps can we take to make this therapy available to all and not just affluent community?

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Questions?

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Artifact for #3.

PROGRAM IN HEALTH SCIENCES
DEPARTMENT OF CLINICAL HEALTH SCIENCES
DOISY COLLEGE OF HEALTH SCIENCES
SAINT LOUIS UNIVERSITY

Consumer Health Spring 2022

Pop Quiz

Each individual or group of 2 will survey 5 SLU students, faculty, or staff asking the following questions. *(Do not use people that are in health programs/tracks.)*

Ask each:

- Major/department/office
(no names are necessary)

Questions: you should also take the opportunity to teach those you interview about the topics

1. What is a normal blood pressure?
2. What are antibiotics used for?
3. Do you know your blood type? If so what?
4. What are vaccines?
5. What are the signs of a stroke?

Prepare a chart documenting the data collected. Describe if you needed to explain further.

Each individual student will prepare a 1(full) page reflection about their experiences. What were the major things you learned from this project? How can healthcare breach this health literacy wall?

Due: Monday, February 28th end of day via Canvas. Results will be discussed in class.

Points: 25

EXTRA CREDIT: 5 points for video of interviews *(with permission)*

Student Example for #3

Health Literacy Pop Quiz

Spring 2022

Consumer Health

	Major/Department	What is a normal blood pressure?	What are antibiotics used for?	Do you know your blood type? If so, what?	What are vaccines?	What are signs of a stroke?
Person 1	History	120/80	For killing infections*	Yes, O-	Injections that have the strain of bacteria in it of thing you're trying to kill*	Slurring words
Person 2	Public Health (non-pre-health)	120/80	To kill bacteria	Yes, O+	A shot you get that builds immunity*	Half of face goes numb and gets droopy
Person 3	Communications	120/80	When you have a bacterial infection	No	Something you inject people with so you don't get the disease*	Face is asymmetrical; one side of body is paralyzed/droopy, arm hurts to raise
Person 4	Accounting	100*	When you're sick or have a cold*	No	Shots to stop viruses*	Didn't know-- guessed chest pain*
Person 5	Engineering	120/80	When you have to get surgery or get a bad cut*	No	Things you get as a child to prevent you from getting sick*	Bad headache, blurry vision

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*=Further education was provided to the individual on the respected topic

Reflecting on this experience, I was actually very surprised by how much some individuals knew about the questions asked. Almost everyone knew what a normal blood pressure was, which shocked me. I think a better question in the future could be, when is a blood pressure considered too high? Most of the people knew roughly what antibiotics were used for but didn't necessarily know they were specifically for *bacterial* infections. I had to clarify that antibiotics couldn't be used for viral or fungal infections and also explained why antibiotics were given after a surgery or with a laceration/incision. I was about 50/50 on who knew their blood type. The two individuals that knew their blood type said they had found out when they had donated blood in the past. The individuals who didn't know their blood type had not given blood before and didn't know their parents' blood types either. For the question on vaccines, I received pretty general answers, but they were correct, overall. I definitely explained further about how vaccinations promote the production of antibodies in your body and how they can originate from different sources. I also explained that it doesn't always have to be in the form of a shot, that there can also be oral vaccinations, such as the Polio vaccine. Most individuals knew one or two signs of a stroke but didn't know more than that. With this, I explained the "F.A.S.T" acronym -- Face Drooping, Arm weakness, Speech Difficulty, and Time to Call 911. I also explained the other signs of stroke involving confusion, numbness, headache, etc. I also informed them of the importance of going straight to the emergency room, not the urgent care, when you believe someone is having a stroke. ¶

Overall, what I learned from this project is that the average college senior is "good, but not great" with their healthcare literacy. They know the basics, but don't know the specifics that truly define the healthcare terms. I think there is a lot of work that needs to be done. For students, I think there should be a 1-credit class during freshman year that is required and teaches students

health literacy and the basics about health care. This would be extremely helpful because college freshmen are out in the world for the first time on their own and need to know where to go and when. This would include where to go for STD screenings/treatment, lacerations, basic colds/illnesses, and emergencies. As healthcare professionals, I think we can improve health literacy by educating people on social media platforms and websites. This could include a 5-10 minute training session that patients have to take when they first set up their patient portal or when they join a physician's practice. I think it is also important to spend more time with our patients, offering them a safe space to ask questions and explain basic concepts. Again, if this couldn't be done at every visit, it could be an extra appointment that patients must have when they join a PCP's office. This could also be something a patient navigator can do that doesn't require the attention of the physician or other provider. ¶

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