

**From:** [Kowalsky, Lisa](#)  
**To:** [Reed, Katie](#)  
**Cc:** [Miriti, Maria](#); [Droesch, Kynthia](#)  
**Subject:** Forwarding Informational Item: Public Health HSMP  
**Date:** Wednesday, March 5, 2025 11:11:54 AM  
**Attachments:** [HSMP PhD Revision.pdf](#)  
[image001.png](#)

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Dear Katie,

Please find attached an informational item from the College of Public Health. It is supported for sending to CAA.

Let me know if any questions or concerns arise.

Best,

Lisa



**Lisa Clouser (Kowalsky)**

**The Ohio State University**

Graduate School  
247E University Hall  
230 N. Oval Mall, Columbus, OH 43210  
614-292-2267 Office  
[gradsch.osu.edu](http://gradsch.osu.edu)

Pronouns: she/her/hers



TO: Maria Miriti PhD  
Associate Dean of Academic Affairs  
Graduate School - The Ohio State University  
[Miriti.1@osu.edu](mailto:Miriti.1@osu.edu)

FROM: Amy Ferketich  
Associate Dean of Academic and Student Affairs  
College of Public Health

DATE: February 28, 2025

**RE: Curriculum Revision for the Doctor of Philosophy with a specialization in Health Services Management and Policy - College of Public Health**

Please accept this notice of revision to the Doctor of Philosophy (PhD) curriculum for the Health Services Management and Policy (HMP) specialization (PUBHLTH-PH) offered by the College of Public Health. The Academic Studies Governance Committee in the College of Public Health approved this revision on 02/10/2025.

The change is a result of a new required course, PUBHHMP 7688: Approaches to Health Services Research II. No current program competencies, learning goals/objectives, or assessment plan will change. The total degree credit hours will remain at 80.

The goal is to implement the revised curriculum effective Autumn 2025. The proposed curricular change will have no adverse impact to current students relative to increased credits, costs, or time-to-degree. Current students (n=15) are able to access the curriculum guide from the time of entry on the College of Public Health website and are aware that their degree requirements differ from students entering the program in Autumn 2025. Attached you will find a current curriculum guide, a redlined curriculum guide, a proposed curriculum guide and syllabi.

If feasible, we would appreciate an expedited review and approval. Thank you very much.

## 2024-2025 Curriculum Guide for PhD degree program with a specialization in HEALTH SERVICES MANAGEMENT & POLICY

The Doctor of Philosophy (PhD) degree requires a significant program of study and research that qualifies the recipient to work independently and contribute to the advancement of the field of knowledge. The emphasis is on mastery of the field and particularly on the acquisition of research skills as a basis for original work. Students pursuing the PhD degree complete didactic and research courses. In addition, PhD students must successfully complete and pass a PhD Qualifying Exam, a PhD Candidacy Exam, Dissertation and Final Examination. Due to the expanded depth and scope of content and research, it typically takes a minimum of four years to complete the program requirements to earn the PhD degree. Graduates are prepared for teaching/research faculty positions in higher education and other positions in various public and private sectors.

Students admitted to the PhD degree program are assigned faculty advisors who will provide guidance throughout the program. Students are encouraged to get to know their advisor and meet with them at least once each semester. This document serves as a resource to be used by the student and the advisor in planning the program of study with a specialization in Health Services Management & Policy (HSMP). All students are expected to be familiar with the College of Public Health (CPH) *Graduate Student Handbook*:

<http://cph.osu.edu/students/graduate/handbooks>, the *Graduate School Handbook*:

<https://gradsch.osu.edu/handbook> and CPH competencies: <http://go.osu.edu/cphcompetencies>.

### PROGRAM OF STUDY

The PhD in HSMP requires a minimum of 50 credit hours beyond a master's degree for a total of 80 credit hours. With approval of the student's advisor and Advisory Committee, up to 30 credit hours of appropriate master's level course work can be counted toward the PhD. Additional requirements for courses and distribution of credit hours are provided below. Students should work closely with their advisor to develop a tentative curriculum plan during the first semester of their enrollment. In collaboration with their advisor, students are encouraged to form their Advisory Committee during their first year in the PhD program, and no later by the end of their second year. A final curriculum plan should be approved by the fifth semester in the program. A maximum of 20 credit hours may be applied from dissertation research.

### Major Field

#### Required Foundation Courses:

PUBHTLH 6010<sup>+</sup> Essentials of Public Health

3 credit hours

PUBHBIO 6211 Applied Biostatistics II or equivalent

*Credit hours count in Research Methods*

PUBHEPI 6410 Principles of Epidemiology

*Credit hours count in Research Methods*

<sup>+</sup> Not required for students with a CEPH accredited MPH

#### Required Specialization Courses: \*\*

PUBHHMP 6611 Health and Health Care Services in the U.S.

3+1\* credit hours

PUBHHMP 7602 Health Insurance and Payment Policy

3+1\* credit hours

PUBHHMP 7605 Introduction to Health Policy

3+1\* credit hours

PUBHHMP 7615 Health Services Organization Management

3+1\* credit hours

PUBHHMP 7678 Approaches to Health Services Research

3 credit hours

PUBHHMP 8899 Doctoral Seminar (4 semesters x 1 credit)

4 credit hours

PUBHHMP 8672                      Advanced Topics in Health Policy                      4 credit hours

*\*For the four required PUBHHMP 6000 and 7000 level courses, doctoral students will complete an additional, PhD level one credit directed study (+1 credit above) under the supervision of the course instructor. These one-credit courses will be registered as PUBHHMP 7699, Seminar in HSMP.*

*\* If any of these required specialization courses are not offered during the first two years of the student's PhD program enrollment, a substitute may be approved by the student's advisor and PhD Program Director.*

*\* First and second year students are required to enroll in PUBHHMP 8899, and students in all other years are strongly encouraged to be enrolled in a doctoral seminar each semester.*

### **Research Methods (24 credit hours)**

Research methods courses must be selected with the approval of the advisor and concurrence of the PhD program director and should include the following:

- A course in epidemiology (e.g., PUBHEPI 6410: Principles of Epidemiology, or equivalent) 3 credit hours
- A course in research design (e.g., PUBHEPI 6431: Design & Implementation of Health Surveys, or equivalent) 2-3 credit hours
- Appropriate sequence of statistics courses (e.g., PUBHBIO 6211: Applied Biostatistics II, or equivalent and at least 2 additional advanced statistics courses) 9 credit hours
- 9 credit hours of research courses to complement the student's major, minor, and research interests (e.g., PUBHHMP 7686: Qualitative Methods for Health Research, SOCIOL 8632: Analysis of Longitudinal Data, or other advanced method classes)) 9-10 credit hours

### **Minor Cognate Field (15 credit hours)**

The minor cognate field provides sufficient methodological depth to serve as a useful complement and foundation for doctoral level study and research. Typical fields include health economics, epidemiology, health management, public policy and management, health politics, etc.

### **Electives (5 credit hours)**

Select electives from courses within the division or elsewhere in the university with advisor approval and concurrence of the PhD program director.

### **Dissertation (9-20 credit hours)**

PUBHLTH 8998/8999 Pre and Post-Candidacy Dissertation Credit hours 9-20 credit hours

### **Grade Policy:**

In addition to the general Graduate School requirements of a cumulative grade point average of 3.0 or higher, students must meet specific college grade policies. Students should familiarize themselves with Section 11 of the College of Public Health Graduate Student Handbook.

### **Office of Academic Programs and Student Services (OAPSS)**

OAPSS staff are available to provide assistance with College, Graduate School and University policies and procedures. Students can make an appointment with a staff member in OAPSS by calling (614) 292-8350. OAPSS address: 100 Cunz Hall/1841 Neil Ave/Columbus, Ohio/ 43210/[cph.osu.edu](http://cph.osu.edu)

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Students admitted to the PhD degree program are assigned faculty advisors who will provide guidance throughout the program. Students are encouraged to get to know their advisor and meet with them at least once each semester. This document serves as a resource to be used by the student and the advisor in planning the program of study with a specialization in Health Services Management & Policy (HSMP). All students are expected to be familiar with the College of Public Health (CPH) *Graduate Student Handbook*:

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### Major Field

#### Required Foundation Courses:

PUBHTLH 6010+ Essentials of Public Health

3 credit hours

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*Credit hours count in Research Methods*

PUBHEPI 6410 Principles of Epidemiology

*Credit hours count in Research Methods*

+ Not required for students with a CEPH accredited MPH

#### Required Specialization Courses: \*\*

PUBHHMP 6611 Health and Health Care Services in the U.S.

3+1\* credit hours

PUBHHMP 7602 Health Insurance and Payment Policy

3+1\* credit hours

PUBHHMP 7605 Introduction to Health Policy

3+1\* credit hours

PUBHHMP 7615 Health Services Organization Management

3+1\* credit hours

PUBHHMP 7678 Approaches to Health Services Research I

3 credit hours

PUBHHMP Approaches to Health Services Research II

3 credit hours

[XXXX7688](#)

PUBHHMP 8899      Doctoral Seminar (4 semesters x 1 credit)      4 credit hours

PUBHHMP 8672      Advanced Topics in Health Policy      4 credit hours

*\*For the four required PUBHHMP 6000 and 7000 level courses, doctoral students will complete an additional, PhD level one credit directed study (+1 credit above) under the supervision of the course instructor. These one-credit courses will be registered as PUBHHMP 7699, Seminar in HSMP.*

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- Appropriate sequence of statistics courses (e.g., PUBHBIO 6211: Applied Biostatistics II, or equivalent and at least 2 additional advanced statistics courses)      9 credit hours
- 9 credit hours of research courses to complement the student's major, minor, and research interests (e.g., PUBHHMP 7686: Qualitative Methods for Health Research, SOCIOL 8632: Analysis of Longitudinal Data, or other advanced method classes))      9-10 credit hours

### **Minor Cognate Field (15 credit hours)**

The minor cognate field provides sufficient methodological depth to serve as a useful complement and foundation for doctoral level study and research. Typical fields include health economics, epidemiology, health management, public policy and management, health politics, etc.

### **Electives (5 credit hours)**

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### **Dissertation (~~69-20-17~~ credit hours)**

PUBHLTH 8998/8999 Pre and Post-Candidacy Dissertation Credit hours      ~~69-17-20~~ credit hours

### **Grade Policy:**

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3+1\* credit hours

PUBHHMP 7678 Approaches to Health Services Research I

3 credit hours

PUBHHMP 7688 Approaches to Health Services Research II

3 credit hours



PUBHHMP 8899	Doctoral Seminar (4 semesters x 1 credit)	4 credit hours
PUBHHMP 8672	Advanced Topics in Health Policy	4 credit hours

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- Appropriate sequence of statistics courses (e.g., PUBHBIO 6211: Applied Biostatistics II, or equivalent and at least 2 additional advanced statistics courses) 9 credit hours
- 9 credit hours of research courses to complement the student's major, minor, and research interests (e.g., PUBHHMP 7686: Qualitative Methods for Health Research, SOCIOL 8632: Analysis of Longitudinal Data, or other advanced method classes) 9-10 credit hours

### **Minor Cognate Field (15 credit hours)**

The minor cognate field provides sufficient methodological depth to serve as a useful complement and foundation for doctoral level study and research. Typical fields include health economics, epidemiology, health management, public policy and management, health politics, etc.

### **Electives (5 credit hours)**

Select electives from courses within the division or elsewhere in the university with advisor approval and concurrence of the PhD program director.

### **Dissertation (6-17 credit hours)**

PUBHLTH 8998/8999 Pre and Post-Candidacy Dissertation Credit hours	6-17 credit hours
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### **Grade Policy:**

In addition to the general Graduate School requirements of a cumulative grade point average of 3.0 or higher, students must meet specific college grade policies. Students should familiarize themselves with Section 11 of the College of Public Health Graduate Student Handbook.

### **Office of Academic Programs and Student Services (OAPSS)**

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**PUBHMMP 7678– APPROACHES TO HEALTH SERVICES RESEARCH I**  
**3 CREDIT HOURS**

**INSTRUCTOR:** Wendy Y. Xu, Ph.D.

**OFFICE LOCATION AND PHONE NUMBER:** Cunz Hall 208, 614-292-0662

**E-MAIL:** [xu.1636@osu.edu](mailto:xu.1636@osu.edu)

**CLASS TIME AND LOCATION:** Tuesdays 3:00-6:00 PM, [REDACTED]

**INSTRUCTOR'S OFFICE HOURS:** Students are very welcome to visit Dr. Xu's office hours on Thursdays 10AM-11AM or by appointment. We can meet in person or via Zoom.

**COURSE DESCRIPTION:** This course is designed to be a foundational course in the PhD specialization in Health Services Management and Policy. This course is intended to expose students to the field of health services research through an examination of classic and current research on health services delivery and health policy. Through lectures, guided discussions and reading assignments students will gain understanding of the salient questions and issues health services researchers have attempted to address and the quasi-experimental methods as well as other methods they have employed to do so. The course will stress student participation in discussions.

**CLASS FORMAT:** This is an in-person class that meets once a week.

**COURSE OBJECTIVES:**

1. Introduce students to the field of research, including the rationale for conducting research and appropriate design and methods for conducting research.
2. Help students demonstrate familiarity with the various topics, issues, and research questions addressed in health services research studies.
3. Provide students with opportunities to understand qualitative and quantitative research processes, and how they relate to the components of a research.
4. Help students demonstrate an ability to (1) critically read and analyze the health services research literature with an emphasis on the conceptual and methodological approaches used by researchers, (2) to assess the technical strengths and limitations of those studies, and (3) to organize, synthesize and integrate research drawn from a variety of disciplinary approaches into a coherent foundation for further study in health services research.
5. Identify gaps in current knowledge and describe potential ways the researchers could design studies to address those gaps.
6. Discuss the relevance of different types of health services research studies for improving care and enhancing the delivery of health services.
7. Improve students' oral and written communication skills, emphasizing organization, clarity, and the ability to give and respond to constructive professional criticism.

**CORE COMPETENCIES:**

The course addresses the following HSMP Ph.D. competencies #2, #3, #4, and #5.

2. Synthesize and critique existing literature in student's area of specialization to identify gaps in the evidence base and justify their importance for public health.
3. Apply relevant theories and conceptual models to inform and ground research design and interpretation.
4. Formulate hypotheses, plan and conduct a research study using appropriate research methods, and ethical approaches.
5. Communicate orally and in writing a research study's purpose, methods, results, and conclusions to an informed audience.

### **CLASS ORGANIZATION:**

This class uses a combination of didactic and experiential learning, including reading, oral presentations, discussion, lecture, written and oral exercises. Class will generally include 2 or 3 different activities designed to meet the objectives above. During most classes, we will spend time discussing the assigned readings with a focus on reviewing the key points, identifying implicit or explicit values, biases and assumptions inherent in the research design, analyzing the strengths and weaknesses of the research design, and interpreting empirical results. In addition, readings in each module carry one of the classic topics in health services research. We will also consider if and how the research is valuable for health care practice and policy.

In addition to lecture and class discussion, the class will utilize a variety of other approaches including student presentations and writing assignments. Students will be responsible for writing papers, giving presentations, preparing written critiques of articles. The full participation of every student is necessary. Students must not only come prepared to class, but they must also be active participants in all aspects of the class each week.

Should in-person classes be canceled due to unexpected events/illness, we will meet virtually via Zoom during our regularly scheduled time. I will share any updates via email.

### **WORKLOAD:**

The workload for this class is typical for a 3-credit graduate course. For each 50 minutes in-class, students should expect a minimum of 2 hours of out-of-class work each week. That is, at least 6 hours/week should be devoted to this class.

### **TEXT/READINGS:**

The readings for this class include textbook chapters as well as journal articles and other online materials.

**Textbooks:** (1) Health Services Research Methods (3rd edition) by Leiyu Shi. Publisher: Cengage Learning (2020). You are welcome to borrow Dr. Xu's copy (put in her mailbox).

(2) Experimental and Quasi-Experimental Designs for Generalized Causal Inference, 2nd Edition, by Shadish, Cook & Campbell. Three Copies Reserved at Thompson Library.

(3) Experimental and Quasi-experimental Designs for Research by Campbell and Stanley (1963). Available for free at: <https://www.sfu.ca/~palys/Campbell&Stanley-1959-Exptl&QuasiExptlDesignsForResearch.pdf>

**Journal articles** are available online at OSU Library <https://library.osu.edu/>

## GRADING:

Student evaluation for this course will be based heavily on article critiques and participation in class activities.

Point Distribution	
Article Critiques	30%
Paper Presentations	30%
Final paper	20%
Class participation	20%
<b>Total</b>	<b>100%</b>

Assignment of letter final grades will be based on the following point (%) distribution:

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

## ASSIGNMENTS

**Article Critiques:** Each student will complete 3 written article critiques during the semester. Each critique will be approximately 4-5 pages long in accordance with the critique instructions given. These critiques provide an opportunity to apply the lessons in HSR methods and research design to the evaluation of empirical HSR articles. You will have at least 1 week to complete each article critique assignment. Students are encouraged to work together. However, each student should submit his/her own completed assignment and will receive his/her own grade. Instructions will be posted to Carmen. The article critiques are due on Sundays by 11:59 pm to a Carmen dropbox.

**Paper Presentations:** As part of the doctoral training, students will practice peer-teaching and learning as well as leading classroom discussions. For most of the weeks, each article assigned will be summarized and presented by a student during our class sessions. The presentation takes 10-15 minutes each. The student will also join the professor to lead discussions around the paper. Instructions will be posted to Carmen. Students will sign up to lead articles.

**Final Paper:** There will also be a final paper, and related class presentation, representing a more in-depth critique. The final paper is worth 20% of the course grade. Detailed instructions for the final paper will be provided ahead. Instructions will be posted to Carmen.

**Class Participation:** Because this course is primarily readings and discussion-based, active class participation is extremely important. Students are expected to carefully complete all of the assigned reading, attend all sessions, and participate actively in class discussions. The scale below exhibits how participation aligns with the grading.

18-20 Student was engaged in the conversation throughout each class, asking or answering questions and paid attention all of class.

12-17 Student was actively listening, sometimes engaged in the conversation, and paid attention during all of class.

5-11 Student sometimes engaged in the conversation but did not pay attention during some of class, and you did not engage in any disruptive behavior and did not distract the instructor or your classmates.

0-4 Student refused to participate in group activities, did not pay attention during most of class, or derailed conversation, talked or interrupted class, or made offensive comments

## **CARMEN**

The Carmen site for this course will be: <https://osu.instructure.com/courses/162041>

## **CLASS POLICIES**

### Communication

The professor will communicate with students through in-class announcements, Carmen postings & announcements, and emails. You are responsible for attending classes, getting announcements from a peer if you miss class, checking Carmen at least twice/week, and checking your email at least once every 48 hours.

Students are highly *encouraged* to communicate with the professor. I would love to hear from you and encourage you to schedule one-on-one meetings or group meetings with me.

My response time for emails is 48 hours during weekdays. Please plan ahead and do not ask questions at the last minute.

### Policies for Late/Missed Assignments

As long as you turn in assignments, you will get a grade! However, to be fair, late assignments will be reduced by 10% of grade by each day of delay.

Delays due to unforeseen events (e.g., illness, death in family, etc.) will be treated on a case-by-case basis by the instructor and will require documentation for the extenuating circumstance. If for some reason you feel that events preclude you being able to complete an assignment on the scheduled date, you must arrange with the instructor ahead of time.

### Attendance

Attendance to class sessions is mandatory. However, students should not attend class if they are feeling sick. It is very important that individuals avoid spreading the virus to others. You will not lose participation points due to illness. You do not need to provide a physician's document of illness, but you should advise me via email as soon as you are safely able to do so. I will accommodate by setting up the Zoom broadcasting in classroom.

## **Guidelines for Classroom Discussions:**

- Criticize ideas, not individuals.
- Listen actively and with an ear to understanding others' views. (Don't just think about what you are going to say while someone else is talking.)
- Commit to learning, not debating. Comment in order to share information, not to persuade.

- Avoid blame, speculation, and inflammatory language.
- Allow everyone the chance to speak.
- Avoid assumptions about any member of the class or generalizations about social groups. Do not ask individuals to speak for their (perceived) social group.

## HEALTH AND SAFETY REQUIREMENTS

All students, faculty and staff are required to comply with and stay up to date on all university safety and health guidance (<https://safeandhealthy.osu.edu>).

## ACCOMODATIONS

The university strives to make all learning experiences as accessible as possible. Student Life Disability Services. If you anticipate or experience academic barriers based on your disability (including mental health, chronic, or temporary medical conditions), please let me know immediately so that we can privately discuss options. To establish reasonable accommodations, I may request that you register with Student Life Disability Services. After registration, make arrangements with me as soon as possible to discuss your accommodations so that they may be implemented in a timely fashion. SLDS contact information: [slds@osu.edu](mailto:slds@osu.edu); 614-292-3307; [slds.osu.edu](http://slds.osu.edu); 098 Baker Hall, 113 W. 12th Avenue.

Our inclusive environment allows for religious expression. Students requesting accommodations based on faith, religious or a spiritual belief system in regard to examinations, other academic requirements or absences, are required to provide the instructor with written notice of specific dates for which the student requests alternative accommodations at the earliest possible date. For more information about religious accommodations at Ohio State, visit [odi.osu.edu/religious-accommodations](http://odi.osu.edu/religious-accommodations).

## MENTAL HEALTH SERVICES

As a student you may experience a range of issues that can cause barriers to learning, such as strained relationships, increased anxiety, alcohol/drug problems, feeling down, difficulty concentrating and/or lack of motivation. These mental health concerns or stressful events may lead to diminished academic performance or reduce a student's ability to participate in daily activities. The Ohio State University offers services to assist you with addressing these and other concerns you may be experiencing. If you or someone you know are suffering from any of the aforementioned conditions, you can learn more about the broad range of confidential mental health services available on campus via the Office of Student Life's Counseling and Consultation Service (CCS) by visiting <https://ccs.osu.edu/> or calling 614-292-5766. CCS is located on the 4th Floor of the Younkin Success Center and 10th Floor of Lincoln Tower. You can reach an on call counselor when CCS is closed at 614-292-5766 and 24 hour emergency help is also available through the 24/7 National Suicide Prevention Hotline at 1-800-273-TALK or at [suicidepreventionlifeline.org](http://suicidepreventionlifeline.org).

## ACADEMIC INTEGRITY

Academic integrity is essential to maintaining an environment that fosters excellence in teaching, research, and other educational and scholarly activities. Thus, The Ohio State University, the College of Public Health, and the Committee on Academic Misconduct (COAM) expect that all students have read and understood the University's *Code of Student Conduct* and the School's *Student Handbook*, and that all students will complete all academic and scholarly assignments with fairness and honesty. The *Code of Student Conduct* and other information on academic integrity and academic misconduct can be found at the COAM web pages (<https://oaa.osu.edu/academic-integrity-and-misconduct>). Students must recognize that

failure to follow the rules and guidelines established in the University's *Code of Student Conduct*, the *Student Handbook*, and in the syllabi for their courses may constitute "Academic Misconduct."

The Ohio State University's *Code of Student Conduct* (Section 3335-23-04) defines academic misconduct as: "Any activity that tends to compromise the academic integrity of the University, or subvert the educational process." Examples of academic misconduct include (but are not limited to) plagiarism, collusion (unauthorized collaboration), copying the work of another student, and possession of unauthorized materials during an examination. Please note that the use of material from the Internet without appropriate acknowledgement and complete citation is plagiarism just as it would be if the source were printed material. Further examples are found in the *Student Handbook*. Ignorance of the *Code of Student Conduct* and the *Student Handbook* is never considered an "excuse" for academic misconduct.

If I suspect a student of academic misconduct in a course, I am obligated by University Rules to report these suspicions to the University's Committee on Academic Misconduct. If COAM determines that the student has violated the University's *Code of Student Conduct* (i.e., committed academic misconduct), the sanctions for the misconduct could include a failing grade in the course and suspension or dismissal from the University. If you have any questions about the above policy or what constitutes academic misconduct in this course, please contact me.

***To maintain a culture of integrity and respect, generative AI tools should not be used in the completion of any course assignments for PUBHHMP 7678.***

## **CREATING AN ENVIRONMENT FREE FROM HARASSMENT, DISCRIMINATION AND SEXUAL MISCONDUCT**

The Ohio State University is committed to building and maintaining a community to reflect diversity and to improve opportunities for all. All Buckeyes have the right to be free from harassment, discrimination, and sexual misconduct. Ohio State does not discriminate on the basis of age, ancestry, color, disability, ethnicity, gender, gender identity or expression, genetic information, HIV/AIDS status, military status, national origin, pregnancy (childbirth, false pregnancy, termination of pregnancy, or recovery therefrom), race, religion, sex, sexual orientation, or protected veteran status, or any other bases under the law, in its activities, academic programs, admission, and employment. Members of the university community also have the right to be free from all forms of sexual misconduct: sexual harassment, sexual assault, relationship violence, stalking, and sexual exploitation.

To report harassment, discrimination, sexual misconduct, or retaliation and/or seek confidential and non-confidential resources and supportive measures, contact the Office of Institutional Equity:

1. Online reporting form at [equity.osu.edu](https://equity.osu.edu),
2. Call 614-247-5838 or TTY 614-688-8605,
3. Or Email [equity@osu.edu](mailto:equity@osu.edu)

The university is committed to stopping sexual misconduct, preventing its recurrence, eliminating any hostile environment, and remedying its discriminatory effects. All university employees have reporting responsibilities to the Office of Institutional Equity to ensure the university can take appropriate action:

- All university employees, except those exempted by legal privilege of confidentiality or expressly identified as a confidential reporter, have an obligation to report incidents of sexual assault immediately.

- The following employees have an obligation to report all other forms of sexual misconduct as soon as practicable but at most within five workdays of becoming aware of such information: 1. Any human resource professional (HRP); 2. Anyone who supervises faculty, staff, students, or volunteers; 3. Chair/director; and 4. Faculty member.

## **DIVERSITY STATEMENT**

The Ohio State University affirms the importance and value of diversity of people and ideas. We believe in creating equitable research opportunities for all students and to providing programs and curricula that allow our students to understand critical societal challenges from diverse perspectives and aspire to use research to promote sustainable solutions for all. We are committed to maintaining an inclusive community that recognizes and values the inherent worth and dignity of every person; fosters sensitivity, understanding, and mutual respect among all members; and encourages each individual to strive to reach their own potential. The Ohio State University does not discriminate on the basis of age, ancestry, color, disability, gender identity or expression, genetic information, HIV/AIDS status, military status, national origin, race, religion, sex, gender, sexual orientation, pregnancy, protected veteran status, or any other bases under the law, in its activities, academic programs, admission, and employment.

### **Religious Accommodations**

Our inclusive environment allows for religious expression. Students requesting accommodations based on faith, religious or a spiritual belief system in regard to examinations, other academic requirements or absences, will be accommodated. Under the provision of OSU in 2023, students should provide notice of specific dates for which they request alternative accommodations within 14 days after the first instructional day of the course. For more information about religious accommodations at Ohio State, visit <https://oaa.osu.edu/religious-holidays-holy-days-and-observances>.



## COURSE OUTLINE


The syllabus is subject to change during the semester. For example, if the class needs to spend more time on an important topic, we may move the schedules to accommodate.

\* indicates optional but highly recommended readings

The reading list is designed to have overlaps between some modules so that students can practice knowledge gained from a prior module.

For some modules, the approaches discussion will be accompanied by a classic HSR research topic.

Date	Module	Reading Assignments	Other Activities and Assignment Due Dates
1/9	<b>Module 1</b> <ul style="list-style-type: none"> <li>Course introduction</li> <li>Background on health services research</li> <li>Evaluating Research Papers- Overview</li> <li>Conceptual frameworks &amp; hypothesis</li> </ul> <i>Objectives: 1</i> <i>Competencies: 3</i>	Shi Chapter 1  <i>We will read some sections in these papers together and discuss in first class:</i>  Hsuan C, Carr BG, Vanness D, Wang Y, Leslie DL, Dunham E, Rogowski JA. A Conceptual Framework for Optimizing the Equity of Hospital-Based Emergency Care: The Structure of Hospital Transfer Networks. Milbank Q. 2023 Mar;101(1):74-125.  Afendulis CC, Caudry DJ, O'Malley AJ, Kemper P, Grabowski DC; THRIVE Research Collaborative. Green House Adoption and Nursing Home Quality. Health Serv Res. 2016 Feb;51 (Suppl 1):454-74.  *Lovejoy TI, Revenson TA, France CR. Reviewing Manuscripts for Peer-Review Journals: A Primer for Novice and Seasoned Reviewers. Ann Beh Med. 2011. 42 (1):1-13.	Sign up for paper presentation in Carmen
1/16	<b>Module 2</b>  Randomized Experiments vs. Observational Studies	Shi Chapter 2, Chapter 7 (154-161)  Shadish, Cook & Campbell (SCC) pages 3-26  Campbell & Stanley: "Three true experimental designs"	

	<p><i>Objectives: 1, 2, 7</i></p> <p><i>Competencies: 2, 3, 5</i></p>	<p>Manning WG, Newhouse JP, Duan N, Keeler EB, Leibowitz A. "Health insurance and the demand for health care: evidence from a randomized experiment," American Economic Review 1987; 77(3): 251-277.</p> <p>Dowd BE. Separated at birth: statisticians, social scientists, and causality in health services research. Health Serv Res. 2011;46(2):397-420. [Not for sign up]</p> <p>*SCC Chapter 8 (helpful as many scenarios and solutions with randomization were reviewed)</p> <p>* Donabedian A. Evaluating the quality of medical care. 1966. Milbank Q. 2005;83(4):691-729. doi:10.1111/j.1468-0009.2005.00397.x</p>	
1/23	<p><b>Module 3</b></p> <p>Validity Part 1</p> <p>Topic: Health care spending</p> <p><i>Objectives: 1, 2, 3,4,5,6, 7</i></p> <p><i>Competencies: 2,3,4,5</i></p>	<p></p> <p>SCC Chapter 2 (with a focus on Validity, Internal Validity)</p> <p>David M. Cutler, Sanjay Vijan, and Allison B. Rosen, "The Value of Medical Spending in the United States, 1960-2000," New England Journal of Medicine, Vol. 355, No. 9, (August 31, 2006) pp.920-7.</p> <p>Riley GF, Lubitz JD. Long-term trends in Medicare payments in the last year of life. Health Serv Res. 2010 Apr;45(2):565-76. doi: 10.1111/j.1475-6773.2010.01082.x.</p> <p>*Maciejewski ML, Weaver EM, Hebert PL. Synonyms in health services research methodology. Med Care Res Rev. 2011 Apr;68(2):156-76.</p>	
1/30	<p><b>Module 4</b></p> <p>Validity Part 2</p> <p>Topic: High-cost, high-need Populations</p>	<p>SCC Chapter 3</p> <p>Finkelstein A, Zhou A, Taubman S, Doyle J. Health Care Hotspotting - A Randomized, Controlled Trial. N Engl J Med. 2020;382(2):152-162.</p> <p>Lee JD et al. 2016. Extended-release naltrexone to prevent opioid relapse in criminal justice offenders. New England Journal of Medicine (NEJM). 374(13):1232-1242.</p>	

	<p><i>Objectives: 1, 2, 3,4,5,6, 7</i></p> <p><i>Competencies: 2,3,4,5</i></p>	<p>Forster AJ, Murff HJ, Peterson JF, Gandhi TK, Bates DW. The incidence and severity of adverse events affecting patients after discharge from the hospital. <i>Ann Intern Med.</i> 2003 Feb 4;138(3):161-7.</p> <p>Ankuda CK, Aldridge MD, Braun RT, Coe NB, Grabowski DC, Meyers DJ, Ryan A, Stevenson D, Teno JM. Addressing Serious Illness Care in Medicare Advantage. <i>N Engl J Med.</i> 2023 May 11;388(19):1729-1732. [not for sign up]</p> <p>Meyers DJ, Rivera-Hernandez M, Kim D, Keohane LM, Mor V, Trivedi AN. Comparing the care experiences of Medicare Advantage beneficiaries with and without Alzheimer's disease and related dementias. <i>J Am Geriatr Soc.</i> 2022 Aug;70(8):2344-2353.</p> <p>Huckfeldt PJ, Escarce JJ, Rabideau B, Karaca-Mandic P, Sood N. Less Intense Postacute Care, Better Outcomes For Enrollees In Medicare Advantage Than Those In Fee-For-Service. <i>Health Aff (Millwood).</i> 2017 Jan 1;36(1):91-100.</p> <p>*Stuart B, Davidoff A, Lopert R, Shaffer T, Samantha Shoemaker J, Lloyd J. Does medication adherence lower Medicare spending among beneficiaries with diabetes?. <i>Health Serv Res.</i> 2011;46(4):1180-1199.</p>	
2/6	<p><b>Module 5</b></p> <p>Quasi-experimental designs Part 1</p> <p>Topic: Health Insurance</p> <p><i>Objectives: 1, 2, 3,4,5,6, 7</i></p> <p><i>Competencies: 2,3,4,5</i></p>	<p>Shi Chapter 5</p> <p>SCC Chapters 4-5</p> <p>Baicker, K., S.L. Taubman, H.L. Allen, et al. (2013) The Oregon Experiment – Effects of Medicaid on Clinical Outcomes. <i>New England Journal of Medicine</i> 368(18): 1713-1722.</p> <p>Sommers BD, Baicker K, Epstein AM. Mortality and access to care among adults after state Medicaid expansions. <i>N Engl J Med.</i> 2012 Sep 13;367(11):1025-34.</p> <p>Regenbogen SE, Cain-Nielsen AH, Syrjamaki JD, Chen LM, Norton EC. Spending On Post-acute Care After Hospitalization In Commercial Insurance And Medicare Around Age Sixty-Five. <i>Health Aff (Millwood).</i> 2019;38(9):1505-1513.</p>	

		<p>* Xu WY, Dowd B. Lessons from Medicare Coverage of Colonoscopy and PSA Test. Medical Care Research Review. 2015; 72 (1): 3-24.</p> <p>* Gruber, Jonathan “The Role of Consumer Copayments for Health Care: Lessons from the RAND Health Insurance Experiment and Beyond,” The Henry J. Kaiser Family Foundation Report, October 2006. Available at <a href="http://www.kff.org/insurance/7566.cfm">http://www.kff.org/insurance/7566.cfm</a>.</p> <p>*Campbell &amp; Stanley, 1963</p> <ul style="list-style-type: none"> <li>• Pages 47-50 (“10. The Nonequivalent Control Group Design”)</li> </ul>	
2/13	<p><b>Module 6</b></p> <p>Quasi-experimental designs Part 2</p> <p>Topic: Pay-for-performance</p> <p><i>Objectives: 1, 2, 3,4,5,6, 7</i></p> <p><i>Competencies: 2,3,4,5</i></p>	<p>SCC Chapters 6-7</p> <p>Maciejewski ML, Basu A. Regression Discontinuity Design. JAMA. 2020;324(4):381–382. [Cannot be used for paper presentation]</p> <p>Serumaga et al 2011. Effect of pay for performance on the management and outcomes of hypertension in the United Kingdom: interrupted time series study. British Medical Journal. 342:d108.</p> <p>Ryan A, Sutton M, Doran T. Does winning a pay-for-performance bonus improve subsequent quality performance? Evidence from the Hospital Quality Incentive Demonstration. Health Serv Res. 2014 Apr;49(2):568-87.</p> <p>Bond AM, Schpero WL, Casalino LP, Zhang M, Khullar D. Association Between Individual Primary Care Physician Merit-based Incentive Payment System Score and Measures of Process and Patient Outcomes. JAMA. 2022;328(21):2136–2146.</p> <p>McWilliams JM. Pay for Performance: When Slogans Overtake Science in Health Policy. JAMA. 2022;328(21):2114–2116. [Cannot be used for paper presentation]</p> <p>* Venkataramani AS, Bor J, Jena AB. Regression discontinuity designs in healthcare research. BMJ. 2016;352:i1216.</p>	<p>Article Critique #1 due 2/12 by 11:59pm</p>

2/20	<p><b>Module 7</b></p> <p>Quasi-experimental designs Part 3</p> <p>Topic: health care quality</p> <p><i>Objectives: 1, 2, 3,4,5,6, 7</i></p> <p><i>Competencies: 2,3,4,5</i></p>	<p>Campbell &amp; Stanley, 1963</p> <ul style="list-style-type: none"> <li>• Pages 37-43 (“7. The Time Series Experiment”)</li> <li>• Pages 55-57 (“14. The multiple time-series design”)</li> <li>• Read summary at Table 2 (page 40) and Table 3 (page 63)</li> </ul> <p>Sankaran R, Sukul D, Nuliyalu U, Gulseren B, Engler TA, Arntson E, Zlotnick H, Dimick JB, Ryan AM. Changes in hospital safety following penalties in the US Hospital Acquired Condition Reduction Program: retrospective cohort study. BMJ. 2019 Jul 3;366:l4109. doi: 10.1136/bmj.l4109.</p> <p>*Minchin M, Roland M, Richardson J, Rowark S, Guthrie B. Quality of Care in the United Kingdom after Removal of Financial Incentives. N Engl J Med. 2018 Sep 6;379(10):948-957.</p> <p>Smith DH, Perrin N, Feldstein A, Yang X, Kuang D, Simon SR, Sittig DF, Platt R, Soumerai SB. The impact of prescribing safety alerts for elderly persons in an electronic medical record: an interrupted time series evaluation. Arch Intern Med. 2006 May 22;166(10):1098-104.</p> <p>Wadhwa, R. K., Joynt Maddox, K. E., Wasfy, J. H., Haneuse, S., Shen, C., &amp; Yeh, R. W. (2018). Association of the Hospital Readmissions Reduction Program With Mortality Among Medicare Beneficiaries Hospitalized for Heart Failure, Acute Myocardial Infarction, and Pneumonia. JAMA 320(24): 2542-2552.</p>	
2/27	<p><b>Module 8</b></p> <p>Measurements</p> <p>Small area variation</p> <p><i>Objectives: 1, 2, 3,4,5,6, 7</i></p> <p><i>Competencies: 2,3,4,5</i></p>	<p><b>Guest lecture by Dr. Tiago Jesus</b></p> <p>Shi Chapter 12</p> <p>Burke RE, Ashcraft LE, Manges K, Kinosian B, Lamberton CM, Bowen ME, Brown RT, Mavandadi S, Hall DE, Werner RM. What matters when it comes to measuring Age-Friendly Health System transformation. J Am Geriatr Soc. 2022 Oct;70(10):2775-2785.</p> <p>*Wennberg J. Gittelsohn A. (1973) Small area variations in health care delivery. <i>Science</i>. 182:1102-1108.</p> <p>Fisher E. S., Wennberg D. E., Stukel T. A., Gottlieb D. J., Lucas F. L., and Pinder</p>	

		<p>E. L. (2003) The implications of regional variations in Medicare spending. Part 2: health outcomes and satisfaction with care. <i>Ann Intern Med.</i> 138(4):288-298.</p> <p>Franzini L., Mikhail O. I., Skinner J. S. (2010) McAllen and El Paso revisited: Medicare variations not always reflected in the under-sixty-five population. <i>Health Aff (Millwood)</i>. 29 (12): 2302-9.</p> <p>*Gawande A. The Cost Conundrum: What A Texas Town Can Teach Us About Health Reform. <i>The New Yorker</i>. 2009 Jun: 8.</p>	
3/5	<p><b>Module 9</b></p> <p>Catch up and Review</p> <p><i>Objectives: 1, 2, 3,4,5,6, 7</i></p> <p><i>Competencies: 2,3,4,5</i></p>	<p>Catch up, review and classroom exercise</p> <p>Discuss relevant topics in HSR (will send out ahead)</p>	<p>Article critique #2</p> <p>due: 3/18 by 11:59pm</p>
3/12. Spring Break			
3/19	<p><b>Module 10</b></p> <p>Qualitative Methods</p> <p>Organizational change in health care delivery</p> <p><i>Objectives: 1, 2, 3,4,5,6, 7</i></p> <p><i>Competencies: 2,3,4,5</i></p>	<p><b>Guest lecture by Dr. Jen Hefner</b></p> <p>Shi Chapter 6</p> <p>Shi Chapter 13 (review sections related to qualitative data)</p> <p>Cohen DJ, Crabtree BF. Evaluative criteria for qualitative research in health care: controversies and recommendations. <i>Ann Fam Med.</i> 2008;6(4):331-339. [Not for sign up]</p> <p>Standards for Qualitative Methods: <a href="https://www.pcori.org/research-results/about-our-research/research-methodology/pcori-methodology-standards">https://www.pcori.org/research-results/about-our-research/research-methodology/pcori-methodology-standards</a> [Not for sign up]</p> <p>Bazzoli G. J., Dynan L., Burtons L. R., and Yap C. (2004) Two Decades of Organizational Change in Health Care: What Have We Learned? <i>Medical Care Research and Review.</i> 61 (3): 247–331. [Not for sign up]</p>	

		<p>Scanlon DP, Harvey JB, Wolf LJ, Vanderbrink JM, Shaw B, Shi Y, Mahmud Y, Ridgely MS, Damberg CL. Are health systems redesigning how health care is delivered? Health Serv Res. 2020 Dec;55 Suppl 3(Suppl 3):1129-1143.</p> <p>Fisher ES, Staiger DO, Bynum JP, Gottlieb DJ. Creating accountable care organizations: the extended hospital medical staff. Health Aff (Millwood). 2007 Jan-Feb;26(1):w44-57. doi: 10.1377/hlthaff.26.1.w44.</p> <p>*Hefner JL, Hilligoss B, Sieck C, Walker DM, Sova L, Song PH, McAlearney AS. Meaningful Engagement of ACOs With Communities: The New Population Health Management. Med Care. 2016. Medical Care, 54(11), 970–976.</p>	
3/26	<p><b>Module 11</b></p> <ul style="list-style-type: none"> <li>• Topic: Disparities in health and health care</li> </ul> <p><i>Objectives: 1, 2, 3,4,5,6, 7</i></p> <p><i>Competencies: 2,3,4,5</i></p>	<p>*Background</p> <p>Institute of Medicine (2002) Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care.</p> <ul style="list-style-type: none"> <li>• Summary</li> <li>• Chapters 1, 3, and 4</li> </ul> <p>Trivedi AN, Zaslavsky AM, Schneider EC, Ayanian JZ. Relationship Between Quality of Care and Racial Disparities in Medicare Health Plans. JAMA. 2006;296(16):1998–2004.</p> <p>Gaskin, D.J., G.Y. Dinwiddie, K.S. Chan, and R. McCleary. (2012) Residential Segregation and Disparities in Health Care Services Utilization. Medical Care Research and Review 69(2): 158-175.</p> <p>Ryan AM. Has pay-for-performance decreased access for minority patients?. Health Serv Res. 2010;45(1):6-23.</p> <p>Johnston KJ, Hammond G, Meyers DJ, Joynt Maddox KE. Association of Race and Ethnicity and Medicare Program Type With Ambulatory Care Access and Quality Measures. JAMA. 2021 Aug 17;326(7):628-636. doi: 10.1001/jama.2021.10413.</p>	

		Kozhimannil KB, Hung P, Henning-Smith C, Casey MM, Prasad S. Association Between Loss of Hospital-Based Obstetric Services and Birth Outcomes in Rural Counties in the United States. JAMA. 2018 Mar 27;319(12):1239-1247.	
4/2	<b>Module 12</b> Mixed-Methods considerations in research design Evaluating the Implementation of Health Intervention Programs	Shi Chapters 10 Palinkas LA, Horwitz SM, Chamberlain P, Hurlburt MS, Landsverk J. Mixed-methods designs in mental health services research: a review. Psychiatr Serv. 2011 Mar;62(3):255-63. [Not for sign up] Gilmer TP, Katz ML, Stefancic A, Palinkas LA. Variation in the implementation of California's Full Service Partnerships for persons with serious mental illness. Health Serv Res. 2013 Dec;48(6 Pt 2):2245-67. Reger MA, Lauver MG, Manchester C, Abraham TH, Landes SJ, Garrido MM, Griffin C, Woods JA, Strombotne KL, Hughes G. Development of the Veterans Crisis Line Caring Letters Suicide Prevention Intervention. Health Serv Res. 2022 Jun;57 Suppl 1(Suppl 1):42-52. Patient-Centered Outcomes Research Institute (PCORI) Standards for Mixed Methods Research: <a href="https://www.pcori.org/research/about-our-research/research-methodology/pcori-methodology-standards">https://www.pcori.org/research/about-our-research/research-methodology/pcori-methodology-standards</a> _ [Not for sign up]	
4/9	<b>Module 13</b> Applying Health Services Research to Real World  <i>Objectives: 1, 2, 3,4,5,6, 7</i> <i>Competencies: 2,3,4,5</i>	Guest Lecture by Dr. Dobalian. Additional reading assignments TBD  Shi Chapter 15  Kilbourne AM, Garrido MM, Brown AF. Translating research into policy and action. Health Serv Res. 2022 Jun;57 Suppl 1(Suppl 1):5-8. [Not for sign up]	Article Critique #3 due April 8 <sup>th</sup> by 11:59pm



4/16	<b>Module 14</b> Summary Review, Q&A  <i>Objectives: 1, 2, 3,4,5,6, 7</i> <i>Competencies: 2,3,4,5</i>		Final paper due 4/22 by 11:59pm.
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	Article Critiques	Paper Presentations	Final Paper Assignment
<b><i>HSMP PhD Competencies</i></b>			
#2. Synthesize and critique existing literature in student's area of specialization to identify gaps in the evidence base and justify their importance for public health.	X	X	X
#3. Apply relevant theories and conceptual models to inform and ground research design and interpretation.	X	X	X
#4. Formulate hypotheses, plan and conduct a research study using appropriate research methods, and ethical approaches.	X	X	X
#5. Communicate orally and in writing a research study's purpose, methods, results, and conclusions to an informed audience.	X	X	X

Your Notes:

**PUBHHMP 7688 – Approaches to Health Services Research II**  
**3 credits – Autumn, 2026**

**Instructor: TBD**

**Office location and phone number: Cunz Hall, 614-XXX-XXXX**

**E-mail: TBD**

**Class Time and Location: TBD**

**Instructor's Office Hours: TBD or by appointment**

**Course description:** This course is the second foundational research course in the PhD specialization in Health Services Management and Policy. This course is intended to expose students to the field of health services research through an examination of classic and current research on health services delivery and health policy. Through lectures, guided discussions, and reading assignments, students will gain understanding of the salient questions and issues health services researchers have attempted to address and the methods they have employed to do so. The course will stress student participation in discussions.

**Prerequisites:** PUBHHMP 7678 Approaches to Health Services Research or permission of instructor.

**Class Format:** This is an in-person class that meets once a week.

**Course Objectives:**

1. Introduce students to the field of research, including the rationale for conducting research and appropriate design and methods for conducting research.
2. Help students demonstrate familiarity with the various topics, issues, and research questions addressed in health services research studies.
3. Provide students with opportunities to understand qualitative and quantitative research processes, and how they relate to the components of a research.
4. Help students demonstrate an ability to (1) critically read and analyze the health services research literature with an emphasis on the conceptual and methodological approaches used by researchers, (2) to assess the technical strengths and limitations of those studies, and (3) to organize, synthesize and integrate research drawn from a variety of disciplinary approaches into a coherent foundation for further study in health services research.
5. Identify gaps in current knowledge and describe potential ways the researchers could design studies to address those gaps.
6. Discuss the relevance of different types of health services research studies for improving care and enhancing the delivery of health services.
7. Improve students' oral and written communication skills, emphasizing organization, clarity, and the ability to give and respond to constructive professional criticism.

**Core Competencies:**

The course addresses the following HSMP Ph.D. competencies #2, #3, #4, #5, and #6.

2. Synthesize and critique existing literature in student's area of specialization to identify gaps in the evidence base and justify their importance for public health.

3. Apply relevant theories and conceptual models to inform and ground research design and interpretation.
4. Formulate hypotheses, plan and conduct a research study using appropriate research methods, and ethical approaches.
5. Analyze data and prepare an original manuscript, suitable for publication, summarizing the results and interpreting the findings from a research study.
6. Communicate in writing and orally a research study's purpose, methods, results, limitations, conclusions and public health relevance to both informed and lay audiences.

### **Text/Readings:**

The readings for this class include textbook chapters as well as journal articles and other online materials.

Textbooks: Health Services Research Methods (3rd edition) by Leiyu Shi. Publisher: Cengage Learning (2020).

Journal articles are available online at OSU Library <https://library.osu.edu/> See the course outline for details.

### **Grading:**

Student evaluation for this course will be based heavily on article critiques and participation in class activities.

#### **Point Distribution**

CITI and HIPAA Trainings	10% (5% each)
Draft research question, hypothesis, and rationale	10%
Draft literature review	10%
Presentation/peer review of draft conceptual framework	10%
Draft of conceptual model and discussion of causality	10%
Draft study design and variable construction/operationalization	10%
Mini paper presentations and participation in peer review	10%
Final version of research manuscript	10%
Participation	20%
<b>Total</b>	<b>100%</b>

Assignment of letter final grades will be based on the following point (%) distribution:

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

## Assignments

**Final Paper:** There will also be a final paper, and related class presentation, representing a research paper. Each section of the paper will be due at different points throughout the semester. Detailed instructions for the final paper will be provided and instructions will be posted to Carmen Canvas.

### Identifying Information

- Title, Author name and student ID number, Date

### I. Introduction and background

- State your research question.
- Synthesize and critically assess previous research (Critique of the literature about your research question, What is known (the main part of the section), What is unknown, What your study will add to the literature. Establish why the issue is important)
- Conceptual Model (Include a diagram or otherwise present your conceptual model. Provide accompanying text describing the model. Included hypothesized direction and brief rationale for each association (positive, negative, linear or otherwise; identify any confounders, moderators or mediators, and collider variables).
- List your specific testable hypotheses. Provide a rationale for each.

### II. Methods

- Study Design (Describe the study design. Why is it appropriate? How does your study design seek to rule out alternative interpretations of your data? Specify what assumptions are needed and justify these assumptions.)
- Data (Describe population, sampling, sample size, unit of observation, time frame, etc.)
- Construction and operationalization of all measures
  - a. Dependent Variables
  - b. Primary regressor(s) of interest
  - c. Other control variables
- Statistical Analysis. Describe what tests are used in comparisons and why. Include refs. Show the basic regression model that you will plan to estimate. Identify key assumptions that need to be met. Describe how you would interpret the main effects resulting from the regression. Note that use of sample weights or addressing missing data and clustering issues is not mandatory.

### III. Results

- Present descriptive statistics and preliminary regression models (if you did more, you can also present that). Consider graphically displaying descriptive and/or main results. All exhibits must be properly formatted, with footers containing all acronyms spelled out along with other notes on the data presented. Remember, tables and figures should be able to stand alone.

### IV. Discussion

- Restate main findings. Relate the literature. I am expecting a discussion consistent with the preliminary nature of your analyses. You may also discuss conclusions from the descriptive tables and talk about what it would mean going forward. Also discuss any approaches needed to deal with important assumptions (or their violations) as observed in descriptive analyses.
- Limitations (Internal validity (including possible reverse causality and omitted variables bias), external validity, other limitations).

## V. References

- No particular format required (AMA style preferred), but be consistent and be sure to use Endnote, Refworks or another reference management software.

**Paper Presentations:** As part of the doctoral training, students will practice peer teaching and learning, and lead classroom discussions. For most of the weeks, each article assigned will be summarized and presented by a student during our class sessions. The presentation takes 10-15 minutes each. The student will also join the professor to lead discussions around the paper. Instructions will be posted to Carmen. Students will sign up to lead articles.

**Trainings:** Students are also required to complete CITI (Human Subjects Protection [HSP] (Biomedical) or Human Subjects Protection [HSP] (Social and Behavioral)) and HIPAA trainings (<https://it.osu.edu/security/training/hipaa>). Information about CITI is available at <https://research.osu.edu/research-responsibilities-and-compliance/human-subjects/human-research-study-team-requirements>. Late assignments will be penalized. Students must complete their work alone unless explicitly stated otherwise. Assignments should be submitted to Carmen.

**Class Participation:** Students are expected to carefully complete all assigned readings, attend all sessions, and participate actively in class discussions. The scale below exhibits how participation aligns with the grading.

18-20 Student was engaged in the conversation throughout each class, asking or answering questions and paid attention all of the class.

12-17 Student was actively listening, sometimes engaged in the conversation, and paid attention during all of the class.

5-11 Student sometimes engaged in the conversation but did not pay attention during some of class, and you did not engage in any disruptive behavior and did not distract the instructor or your classmates.

0-4 Student refused to participate in group activities, did not pay attention during most of class, or derailed conversation, talked or interrupted class, or made offensive comments

## Carmen

There is a Carmen website for the course available at TBD and class materials and links will be posted there.

## Class Policies

### Communication

The professor will communicate with students through in-class announcements, Carmen Canvas postings & announcements, and emails. You are responsible for attending classes, getting announcements from a peer if you miss class, checking Carmen Canvas at least twice/week, and checking your email at least once every 48 hours.

Students are highly *encouraged* to communicate with the professor. I encourage you to schedule one-on-one meetings or group meetings with me.

My response time for emails is 48 hours during weekdays. Please plan accordingly.

### Policies for Late/Missed Assignments

As long as you turn in assignments, you will get a grade. However, late assignments will be reduced by 10% of grade by each day of delay.

Delays due to unforeseen events (e.g., illness, death in family, etc.) will be treated on a case-by-case basis by the instructor and will require documentation for the extenuating circumstance. If for some reason you feel that events preclude you being able to complete an assignment on the scheduled date, you must arrange with the instructor ahead of time.

### Attendance

Attendance to class sessions is mandatory. However, students should not attend class if they are feeling sick. You will not lose participation points due to illness. You do not need to provide documentation of illness, but you should advise me via email as soon as you are able to do so. I will accommodate by setting up the Zoom broadcasting in classroom.

### **Guidelines for Classroom Discussions:**

- Criticize ideas, not individuals.
- Listen actively and with an ear to understanding others' views. (Don't just think about what you are going to say while someone else is talking.)
- Commit to learning, not debating. Comment to share information, not to persuade.
- Avoid blame, speculation, and inflammatory language.
- Allow everyone the chance to speak.

Avoid assumptions about any member of the class or generalizations about social groups. Do not ask individuals to speak for their (perceived) social group.

### **Use of Generative AI**

Given that the learning goals of this class are to learn content through application to your own experience and/or management cases, practice breaking down and generating solutions for management challenges, developing business writing skills, and develop professional self-awareness through reflection the use of generative artificial intelligence (GenAI) tools such as Copilot or ChatGPT, writers aids like Grammarly, or translation platforms such as Google Translate are not permitted in this course. Any use of GenAI tools for work in this class may therefore be considered a violation of Ohio State's [Academic Integrity](#) policy and [Code of Student Conduct](#) because the work is not your own. The use of unauthorized GenAI tools will result in referral to the [Committee on Academic Misconduct](#). If I suspect that you have used GenAI on an assignment for this course, I will ask you to communicate with me to explain your process for completing the assignment in question.

If you feel you need to use GenAI for translation, please contact us to develop a plan for appropriate use. If you have any other questions regarding this course policy, please contact us.

### **Health and Safety Requirements**

All students, faculty and staff are required to comply with and stay up to date on all university safety and health guidance (<https://safeandhealthy.osu.edu>), which includes following university mask policies and maintaining a safe physical distance at all times. Non-compliance will be warned first and disciplinary actions will be taken for repeated offenses.

### **Office of Student Life: Disability Services**

The university strives to maintain a healthy and accessible environment to support student learning in and out of the classroom. If you anticipate or experience academic barriers based on your disability (including mental health, chronic, or temporary medical conditions), please let me know immediately so that we can privately discuss options. To establish reasonable accommodations, I may request that you

register with Student Life Disability Services. After registration, make arrangements with me as soon as possible to discuss your accommodations so that they may be implemented in a timely fashion.

### **Mental Health Services**

As a student you may experience a range of issues that can cause barriers to learning, such as strained relationships, increased anxiety, alcohol/drug problems, feeling down, difficulty concentrating and/or lack of motivation. These mental health concerns or stressful events may lead to diminished academic performance or reduce a student's ability to participate in daily activities. The Ohio State University offers services to assist you with addressing these and other concerns you may be experiencing. If you or someone you know are suffering from any of the aforementioned conditions, you can learn more about the broad range of confidential mental health services available on campus via the Office of Student Life's Counseling and Consultation Service (CCS) by visiting [ccs.osu.edu](https://ccs.osu.edu) or calling [614-292-5766](tel:614-292-5766). CCS is located on the 4th Floor of the Younkin Success Center and 10th Floor of Lincoln Tower. You can reach an on call counselor when CCS is closed at [614-292-5766](tel:614-292-5766) and 24 hour emergency help is also available 24/7 by dialing 988 to reach the Suicide and Crisis Lifeline.

### **Religious Beliefs or Practices Accommodations**

It is Ohio State's policy to reasonably accommodate the sincerely held religious beliefs and practices of all students. The policy permits a student to be absent for up to three days each academic semester for reasons of faith or religious or spiritual belief.

Students planning to use religious beliefs or practices accommodations for course requirements must inform the instructor in writing no later than 14 days after the course begins. The instructor is then responsible for scheduling an alternative time and date for the course requirement, which may be before or after the original time and date of the course requirement. These alternative accommodations will remain confidential. It is the student's responsibility to ensure that all course assignments are completed.

### **Academic integrity**

Academic integrity is essential to maintaining an environment that fosters excellence in teaching, research, and other educational and scholarly activities. Thus, The Ohio State University, the College of Public Health, and the Committee on Academic Misconduct (COAM) expect that all students have read and understood the University's *Code of Student Conduct* and the School's *Student Handbook*, and that all students will complete all academic and scholarly assignments with fairness and honesty. The *Code of Student Conduct* and other information on academic integrity and academic misconduct can be found at the COAM web pages (<https://oaa.osu.edu/academic-integrity-and-misconduct>). Students must recognize that failure to follow the rules and guidelines established in the University's *Code of Student Conduct*, the *Student Handbook*, and in the syllabi for their courses may constitute "Academic Misconduct."

The Ohio State University's *Code of Student Conduct* (Section 3335-23-04) defines academic misconduct as: "Any activity that tends to compromise the academic integrity of the University, or subvert the educational process." Examples of academic misconduct include (but are not limited to) plagiarism, collusion (unauthorized collaboration), copying the work of another student, and possession of unauthorized materials during an examination. Please note that the use of material from the Internet without appropriate acknowledgement and complete citation is plagiarism just as it would be if the source were printed material. Further examples are found in the *Student Handbook*. Ignorance of the *Code of Student Conduct* and the *Student Handbook* is never considered an "excuse" for academic misconduct.

If I suspect a student of academic misconduct in a course, I am obligated by University Rules to report these suspicions to the University's Committee on Academic Misconduct. If COAM determines that the student has violated the University's *Code of Student Conduct* (i.e., committed academic misconduct), the sanctions for the misconduct could include a failing grade in the course and suspension



or dismissal from the University. If you have any questions about the above policy or what constitutes academic misconduct in this course, please contact me.

### Course Outline

Week	Date	Module	Readings
1		Course overview & Groundwork in Health Services Research	<p>Shi Chapters 2 &amp; 3</p> <p>Skim: Whicher, D., Rosengren, K., Siddiqi, S., Simpson, L., editors. 2018. The Future of Health Services Research: Advancing Health Systems Research and Practice in the United States. Washington, DC: National Academy of Medicine.</p> <p>Read: Remler &amp; Van Ryzin, Chapter 1 (“Research in the Real World”)</p> <p>Read: Fairbrother G, Dougherty D, Pradhananga R, Simpson LA. Road to the Future: Priorities for Child Health Services Research. Acad Pediatr. 2017 Apr 28. pii: S1876-2859(17)30171-7.</p> <p>Aligned Course Learning Objectives: 1,2          Aligned Specialization Competencies: 3          Student Evaluation Activity for Assessment:</p>
2		Design a Health Services Research Study & Research Question Discussion	<p>Read: Remler &amp; Van Ryzin, Chapter 2 (“Theory, Models, and Research Questions”)</p> <p>Read: Gold MR. Critical Challenges in Making Health Services Research Relevant to Decision Makers. Health Serv Res. 2016 Feb;51(1):9-15.</p> <p>Read: Sandberg and Alvesson, Ways of constructing research questions: gap-spotting or problematization? Organization January 2011 vol. 18 no. 1 23-44.</p> <p>Aligned Course Learning Objectives: 1,2,4,5          Aligned Specialization Competencies: 2,4,6          Student Evaluation Activity for Assessment:</p>
3		Literature Reviews	<p>Shi Chapter 4</p> <p>Read: Remler &amp; Van Ryzin, Chapter 17 (“How to Find, Review, and Present Research”, pages 529-540)</p> <p>Read: Rudestam, K. E. and Newton, R. R. 1992. Surviving Your Dissertation. Third Ed. Newbury Park: Sage. Chapter 4: “Literature Review &amp; Statement of the Problem”: 61-85.</p> <p>Read: Greenhalgh T. “How to Read a Paper: Papers that Summarize Other Papers,” British Medical Journal 315, 1997: 672-675.</p> <p>Read: AcademyHealth. “Health Services Research and Health Policy Grey Literature Project: Summary Report.” February 2006. <a href="http://www.nlm.nih.gov/nichsr/greylitreport_06.html">http://www.nlm.nih.gov/nichsr/greylitreport_06.html</a></p>

Week	Date	Module	Readings
			<p>Aligned Course Learning Objectives: 1,2,4,5</p> <p>Aligned Specialization Competencies: 2,4</p> <p>Student Evaluation Activity for Assessment:</p>
4		Qualitative Methods & Organizational change in health care delivery	<p>Shi Chapter 6 &amp; 13 (review sections related to qualitative data)</p> <p>Cohen DJ, Crabtree BF. Evaluative criteria for qualitative research in health care: controversies and recommendations. <i>Ann Fam Med</i>. 2008;6(4):331-339.</p> <p>Standards for Qualitative Methods: <a href="https://www.pcori.org/research-results/about-our-research/research-methodology/pcori-methodology-standards">https://www.pcori.org/research-results/about-our-research/research-methodology/pcori-methodology-standards</a></p> <p>Bazzoli G. J., Dynan L., Burtons L. R., and Yap C. (2004) Two Decades of Organizational Change in Health Care: What Have We Learned? <i>Medical Care Research and Review</i>. 61 (3): 247–331.</p> <p>Scanlon DP, Harvey JB, Wolf LJ, Vanderbrink JM, Shaw B, Shi Y, Mahmud Y, Ridgely MS, Damberg CL. Are health systems redesigning how health care is delivered? <i>Health Serv Res</i>. 2020 Dec;55 Suppl 3(Suppl 3):1129-1143.</p> <p>Fisher ES, Staiger DO, Bynum JP, Gottlieb DJ. Creating accountable care organizations: the extended hospital medical staff. <i>Health Aff (Millwood)</i>. 2007 Jan-Feb;26(1):w44-57. doi: 10.1377/hlthaff.26.1.w44.</p> <p>Hefner JL, Hilligoss B, Sieck C, Walker DM, Sova L, Song PH, McAlearney AS. Meaningful Engagement of ACOs With Communities: The New Population Health Management. <i>Med Care</i>. 2016. <i>Medical Care</i>, 54(11), 970–976.</p> <p>Aligned Course Learning Objectives: 1,2,3,4,5,6</p> <p>Aligned Specialization Competencies: 2,3,4,5</p> <p>Student Evaluation Activity for Assessment: Draft research question, hypothesis, and rationale</p>
5		Mixed-Methods considerations in research design & Evaluating the Implementation of Health Intervention Programs	<p>Shi Chapter 10</p> <p>Palinkas LA, Horwitz SM, Chamberlain P, Hurlburt MS, Landsverk J. Mixed-methods designs in mental health services research: a review. <i>Psychiatr Serv</i>. 2011 Mar;62(3):255-63.</p> <p>Gilmer TP, Katz ML, Stefancic A, Palinkas LA. Variation in the implementation of California's Full Service Partnerships for persons with serious mental illness. <i>Health Serv Res</i>. 2013 Dec;48(6 Pt 2):2245-67.</p> <p>Reger MA, Lauver MG, Manchester C, Abraham TH, Landes SJ, Garrido MM, Griffin C, Woods JA, Strombotne KL, Hughes G. Development of the Veterans Crisis Line Caring Letters Suicide Prevention Intervention. <i>Health Serv Res</i>. 2022 Jun;57 Suppl 1(Suppl 1):42-52.</p> <p>Patient-Centered Outcomes Research Institute (PCORI) Standards for Mixed Methods Research: <a href="https://www.pcori.org/research/about-our-research/research-methodology/pcori-methodology-standards">https://www.pcori.org/research/about-our-research/research-methodology/pcori-methodology-standards</a></p>

Week	Date	Module	Readings
			<p>Aligned Course Learning Objectives: 1,2,3,4,5,6</p> <p>Aligned Specialization Competencies: 2,3,4</p> <p>Student Evaluation Activity for Assessment:</p>
6		Writing and Presenting Research Part I	<p>Read:</p> <p>Shi Chapter 15</p> <p>Greenhalgh T, “How to Read a Paper: Assessing the Methodological Quality of Published Papers,” British Medical Journal 1997; 315:305-8. Available for free online at <a href="http://www.bmj.com/cgi/content/full/315/7103/305">http://www.bmj.com/cgi/content/full/315/7103/305</a></p> <p>Read introduction and skim:</p> <p>Special Issue on Reviewing in: Academic Medicine September 2001 - Volume 76 - Issue 9, pp. 863-975. Introduction, Chapters 1-4, and Appendices (all articles). Available for free online at <a href="http://journals.lww.com/academicmedicine/toc/2001/09000">http://journals.lww.com/academicmedicine/toc/2001/09000</a></p> <p>Reflect on how you organize yourself to write a research paper. To what extent do you outline? Does your outline include full ideas or just topics? Do you outline from beginning to end sequentially, or work out of order? How do you think about the scope of the analysis to be presented, introduction and discussion?</p> <p>Recommendations on how to write an article:</p> <p><a href="https://statmodeling.stat.columbia.edu/2009/07/30/advice_on_writi/">https://statmodeling.stat.columbia.edu/2009/07/30/advice_on_writi/</a></p> <p>In class:</p> <p>Discussion of challenges you have faced in writing.</p> <p>Reference list of standards for writing:</p> <ul style="list-style-type: none"> <li>• STROBE Strengthening the Reporting of Observational Studies in Epidemiology <a href="http://www.equator-network.org/index.aspx?o=1032">http://www.equator-network.org/index.aspx?o=1032</a></li> <li>• Quasi experimental / non-randomized evaluations TREND - Transparent Reporting of Evaluations with Non-randomized Designs <a href="http://www.equator-network.org/index.aspx?o=1032">http://www.equator-network.org/index.aspx?o=1032</a></li> <li>• Randomised (and quasi-randomised) controlled trial CONSORT – Consolidated Standards of Reporting Trials <a href="http://www.equator-network.org/index.aspx?o=1032">http://www.equator-network.org/index.aspx?o=1032</a></li> <li>• Study of Diagnostic accuracy / assessment scale STARD Standards for the Reporting of Diagnostic Accuracy studies <a href="http://www.equator-network.org/index.aspx?o=1032">http://www.equator-network.org/index.aspx?o=1032</a></li> <li>• Systematic Review of Controlled Trials PRISMA - Preferred Reporting Items for Systematic Reviews and Meta-Analyses <a href="http://www.equator-network.org/index.aspx?o=1032">http://www.equator-network.org/index.aspx?o=1032</a></li> <li>• Systematic Review of Observational Studies</li> </ul>

Week	Date	Module	Readings
			<p>MOOSE Meta-analysis of Observational Studies in Epidemiology  <a href="http://www.equator-network.org/index.aspx?o=1032">http://www.equator-network.org/index.aspx?o=1032</a></p> <ul style="list-style-type: none"> <li>Qualitative studies</li> </ul> <p>COREQ: Consolidated criteria for reporting qualitative research Tong, A., Sainsbury, P., Craig, J., 2007. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. International Journal for Quality in Health Care 19 (6), 349-357. (<a href="http://dx.doi.org/10.1093/intqhc/mzm042">http://dx.doi.org/10.1093/intqhc/mzm042</a>)</p> <p>Aligned Course Learning Objectives: 1,2,7          Aligned Specialization Competencies: 2,3,4,5,6          Student Evaluation Activity for Assessment: Draft literature review</p>
7		Writing and Presenting Research Part II	<p>Read:</p> <p>Barratt A, Wyer PC, Hatala R, McGinn T, Dans AL, Keitz S, Moyer V, Guyatt G, for the Evidence-Based Medicine Teaching Tips Working Group. "Tips for Learners of Evidence-Based Medicine: 1. Relative Risk Reduction, Absolute Risk Reduction and Number Needed to Treat," Canadian Medical Association Journal 2004 August 17;171 (4) 353-358. Available for free online at <a href="http://www.cmaj.ca/cgi/reprint/171/4/353">http://www.cmaj.ca/cgi/reprint/171/4/353</a></p> <p>United Nations Economic Commission for Europe. Making Data Meaningful: Part 2: A Guide to Presenting Statistics. 2009. Available at: <a href="http://www.unece.org/fileadmin/DAM/stats/documents/writing/MDM_Part2_English.pdf">http://www.unece.org/fileadmin/DAM/stats/documents/writing/MDM_Part2_English.pdf</a></p> <p>Reflect on challenges of presenting quantitative findings clearly so they are understood and their intended impact on the reader is realized. Look at the good example of a chart with high cognitive load on page 26 on the UNECE document. How would you improve it?</p> <p>In class:</p> <p>Continued discussion of presentation of findings, focusing on presentations at conferences and presenting quantitative data.</p> <p>Discussion of responding to reviewers</p> <p>Continued discussion of challenges you have faced in writing.</p> <p>Recommended/reference:</p> <p>11 tips on how to present research findings. Available at: <a href="https://www.socialsciencespace.com/2010/09/11-tips-on-how-to-present-research-findings/">https://www.socialsciencespace.com/2010/09/11-tips-on-how-to-present-research-findings/</a></p> <p>Dijkers, MPJM, Brown, M, Gordon, WA. "Getting Published and Having an Impact: Turning Rehabilitation Research Results Into Gold." Available at: <a href="https://ktdrr.org/ktlibrary/articles_pubs/ncddrwork/focus/focus19/">https://ktdrr.org/ktlibrary/articles_pubs/ncddrwork/focus/focus19/</a></p> <p>Aligned Course Learning Objectives: 1,2,7          Aligned Specialization Competencies: 2,3,4,5,6</p>

Week	Date	Module	Readings
			Student Evaluation Activity for Assessment: Draft of conceptual model and discussion of causality
8		Survey Research & Sampling in Health Services Research	<p>Shi Chapter 8</p> <p>Read: Remler &amp; Van Ryzin, Chapter 7 (“Surveys and Other Primary Data”)</p> <p>Read: Groves, R. M., &amp; Lyberg, L. (2011). Total Survey Error: Past, Present, and Future. <i>Public Opinion Quarterly</i>, 74(5), 849–879. doi:10.1093/poq/nfq065</p> <p>Read: Belli, R. F., Bilgen, I., &amp; Baghal, T. A. (2013). Memory, Communication, and Data Quality in Calendar Interviews. <i>Public Opinion Quarterly</i>, 77(S1), 194–219. doi:10.1093/poq/nfs099</p> <p>Optional: Hicks, W. D., Edwards, B., Tourangeau, K., McBride, B., Harris-Kojetin, L. D., &amp; Moss, A. J. (2010). Using CARI Tools To Understand Measurement Error. <i>Public Opinion Quarterly</i>, 74(5), 985–1003. doi:10.1093/poq/nfq063</p> <p>Optional: Ongena, Y. P., &amp; Dijkstra, W. (2007). A model of cognitive processes and conversational principles in survey interview interaction. <i>Applied Cognitive Psychology</i>, 21(2), 145–163. doi:10.1002/acp.1334</p> <p>Aligned Course Learning Objectives: 1,2,5,6          Aligned Specialization Competencies: 2,3,4          Student Evaluation Activity for Assessment:</p>
9		Project Discussion & Peer Review	<p>Prior to class:</p> <p>Post PowerPoints of proposed research projects.</p> <p>In class:</p> <p>Each individual will briefly describe their research project for the quarter. Your presentation should include:</p> <ul style="list-style-type: none"> <li>• Research question (1-2 sentences)</li> <li>• Basic research design/strategy to address question (overview, with description of key analyses that will allow you to answer your question)</li> <li>• Data to be used</li> <li>• Conceptual model, highlighting pathways of interest, possible mediated, moderated and confounded relationships</li> <li>• To the extent time permits, more detail on design: outcome, key individual variables, measures.</li> </ul> <p>Aligned Course Learning Objectives: 1,2,7          Aligned Specialization Competencies: 3,4,5,6          Student Evaluation Activity for Assessment: Presentation/peer review of draft conceptual framework</p>
10		Implementation Science	Geng EH, Peiris D, Kruk ME. Implementation science: Relevance in the real world without sacrificing rigor. <i>PLoS Med.</i> Apr 2017;14(4):e1002288

Week	Date	Module	Readings
			<p>Glasgow RE, Vinson C, Chambers D, Khoury MJ, Kaplan RM, Hunter C. National Institutes of Health approaches to dissemination and implementation science: Current and future directions. <i>Am J Public Health</i>. 2012;102(7):1274-1281</p> <p>Peters DH, Adam T, Alonge O, Agyepong IA, Tran N. Implementation research: what it is and how to do it. <i>BMJ</i>. 2013;347:f6753.</p> <p>Woolf SH. The meaning of translational research and why it matters. <i>JAMA</i> 2008;299(2):211-3.</p> <p>Nilsen P. Making sense of implementation theories, models and frameworks. <i>Implementation Science</i>. 2015;10:53.</p> <p>Aligned Course Learning Objectives: 1,2,5,6          Aligned Specialization Competencies: 2,3,4          Student Evaluation Activity for Assessment:</p>
11		Improvement Science and the Learning Health Care System	<p>Trinkley KE, Ho PM, Glasgow RE, Huebschmann AG. How dissemination and implementation science can contribute to the advancement of learning health systems. <i>Academic Medicine</i>. 2022 Sep 23;97(10):1447-58.</p> <p>Shojania KG, Grimshaw JM. Evidence-Based Quality Improvement: The State of the Science. <i>Health Affairs</i>. 2005; 24(1): 138-150. doi: 10.1377/hlthaff.24.1.138.</p> <p>Kilbourne AM, Goodrich DE, Miake-Lye I, Braganza MZ, Bowersox NW. Quality Enhancement Research Initiative Implementation Roadmap: Toward Sustainability of Evidence-based Practices in a Learning Health System. <i>Medical Care</i>. 2019; 57(10)-Suppl 3: S286-S293.</p> <p>Aligned Course Learning Objectives: 1,2,5,6          Aligned Specialization Competencies: 2,3,4          Student Evaluation Activity for Assessment: Draft study design and variable construction/operationalization</p>
12		Ethics and the Responsible Conduct of Research	<p>ICMJE guidelines for Authors and Contributors:  <a href="http://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html">http://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html</a></p> <p>Resnick DB. What is ethics in research &amp; Why is it important? 2015. NIH.  <a href="https://www.niehs.nih.gov/research/resources/bioethics/whatis/index.cfm">https://www.niehs.nih.gov/research/resources/bioethics/whatis/index.cfm</a></p> <p>Quick review of some Tuskegee studies facts,  <a href="https://thenib.com/tuskegee-experiment/">https://thenib.com/tuskegee-experiment/</a></p> <p>NOVA Video on Tuskegee studies, “The Deadly Deception”, 1993,  <a href="https://kaltura.uga.edu/media/t/1_r7152x9v/31261611">https://kaltura.uga.edu/media/t/1_r7152x9v/31261611</a></p> <p>Aligned Course Learning Objectives: 1,2          Aligned Specialization Competencies: 2,3,4</p>

Week	Date	Module	Readings
			Student Evaluation Activity for Assessment: CITI and HIPAA trainings
13		Project Questions & Grants and Funding	<p>NIH Grants Process: A Brief Walk-Through for Beginners  <a href="https://www.youtube.com/watch?v=KtwAMvjzvcI">https://www.youtube.com/watch?v=KtwAMvjzvcI</a></p> <p>Understanding NIH Programs  <a href="https://www.youtube.com/watch?v=HPP8AS9E2I4">https://www.youtube.com/watch?v=HPP8AS9E2I4</a></p> <p>Aligned Course Learning Objectives: 1,2,6          Aligned Specialization Competencies: 5          Student Evaluation Activity for Assessment:</p>
14		Real World Challenges in Conducting Research	<p>Ovretveit J, Hempel S, Magnabosco JL, Mittman BS, Rubenstein LV, Ganz DA. Guidance for research-practice partnerships (R-PPs) and collaborative research. J Health Organ Manag. 2014;28(1):115-26. doi: 10.1108/JHOM-08-2013-0164. PMID: 24783669.</p> <p>Dobalian A, Stein JA, Radcliff TA, Riopelle D, Brewster P, Hagigi F, Der-Martirosian C. Developing Valid Measures of Emergency Management Capabilities within US Department of Veterans Affairs Hospitals. Prehosp Disaster Med. 2016 Oct;31(5):475-84. doi: 10.1017/S1049023X16000625. Epub 2016 Aug 5. PMID: 27492572.</p> <p>Der-Martirosian C, Radcliff TA, Gable AR, Riopelle D, Hagigi FA, Brewster P, Dobalian A. Assessing Hospital Disaster Readiness Over Time at the US Department of Veterans Affairs. Prehosp Disaster Med. 2017 Feb;32(1):46-57. doi: 10.1017/S1049023X16001266. Epub 2016 Dec 14. PMID: 27964767.</p> <p>Bowman CC, Johnson L, Cox M, Rick C, Dougherty M, Alt-White AC, Wyte T, Needleman J, Dobalian A. The Department of Veterans Affairs Nursing Academy (VANA): forging strategic alliances with schools of nursing to address nursing's workforce needs. Nurs Outlook. 2011 Nov-Dec;59(6):299-307. doi: 10.1016/j.outlook.2011.04.006. PMID: 21684561.</p> <p>Dobalian A, Bowman CC, Wyte-Lake T, Pearson ML, Dougherty MB, Needleman J. The critical elements of effective academic-practice partnerships: a framework derived from the Department of Veterans Affairs Nursing Academy. BMC Nurs. 2014 Dec 20;13(1):183. doi: 10.1186/s12912-014-0036-8. PMID: 25550686; PMCID: PMC4279967.</p> <p>Aligned Course Learning Objectives: 1,2,3,4,5,6          Aligned Specialization Competencies: 2,3,4,5          Student Evaluation Activity for Assessment:</p>
15		Final Presentations, Group Discussion & Peer Review	<p>Aligned Course Learning Objectives: 1,2,7          Aligned Specialization Competencies: 2,3,4,5,6          Student Evaluation Activity for Assessment: Mini paper presentations and participation in peer review</p>