

Evidence of Teaching Excellence and Innovation

Introduction

Between the Spring of 2020 and Fall of 2023, in seven different semesters, I have taught the following courses in the fully online modality, and all but one were asynchronous:

GCH 376: Health, Ethics, Leadership, and Advocacy (Fall 2023 asynchronous, Spring 2021 synchronous, Spring 2020 COVID Pivot mixed async/synchronous)

GCH 360: Health and Environment (Summer 2023 asynchronous, Spring 2023 asynchronous, Spring 2021 asynchronous with optional weekly Zoom – two different sections), Fall 2020 asynchronous with optional weekly Zoom)

GCH 445: Social Determinants of Health (Spring 2023 asynchronous, Summer 2022 asynchronous, Spring 2020 COVID Pivot asynchronous)

GCH 465: Public Health Capstone (Spring 2020 COVID Pivot asynchronous)

GCH 499: Independent Study (Summer 2022 asynchronous)

Since I previously used GCH 360: Health and Environment as my Course for Case Study for ATEA in 2018, I will not share the course again for this portfolio. However, I continue to grow and evolve the GCH 360 course to meet the changing demands of both our ecological environment and student modality preferences. I also had to pivot this course *on the fly* during the pandemic, and it is regular online summer course in our major. GCH 360 continues to be the loved foundational course that brought me to George Mason University, and I serve as the Undergraduate Course Lead for GCH 360 for Global and Community Health and the College of Public Health for our best practices and accreditation under CEPH.

I am honored to have been nominated again for a teaching award so that I may be able to illustrate how much I have grown as an instructor over the past years and now highlight online excellence and innovation for the OTEA. In this portfolio, I will share my development of GCH 445: Social Determinants of Health in-depth and highlights from GCH 376: Health, Ethics, Leadership, and Advocacy. Both of these courses have had to be creatively altered from being taught in a primarily in-person modality to now being consistently offered online, so I will share these remodels through the demonstration of assignment development. *Please note that the syllabus for each of these courses account for approximately 8 and 12 pages of this portfolio, which is why the page limit is pushed. Page count minus syllabi is 27. I followed the instructions, I promise!*

I feel that it is an important part of demonstrating my growth as an online instructor to compare and contrast assignments and methods that are used when these courses are taught in-person and how I redeveloped or altered them to ensure the same or similar value of experience in the online modality. For some instructors, the courses they have taught have only been online, perhaps in an online degree program or because they live out of the area. For me, I feel my personal growth and development as an online educator has also come from being flexible and creative when pivoting a course that was *always* taught in-person to a new online format, which was not an intuitive modality for me as I began my teaching at Mason in-person. Thus, it is mentioned often what I may have originally done in-person and how it has now been adapted for online. This is not because online is a secondary preference but because the distance learning interests of our

students and certainly the *COVID-pivot* have forced our department and instructors to view our online courses as a permanent fixture that is now offered as a solid choice among our in-person courses even though our Global and Community Health undergraduate degree is not an online degree. Therefore, every modality of our courses must be complete, creative, and robust, so that no matter which course setting our students may choose, they will benefit from the same innovations.

As suggested for the portfolio my evidence for a primary course will offer my a) reflection on the online course development and evolution, b) illustrative course materials, c) sample feedback to students, d) screenshots of course features, e) multimedia links or descriptions, f) summary of evidence for use in the OTEA evaluation, and g) conclusive remarks on key principles and practices of teaching as illustrated in this course. In the essence of this space and your time, I will provide an in-depth review of GCH 445 as a primary example and then share highlights from GCH 376 as a secondary sample.

GCH 445: Social Determinants of Health Course as a Case Study

Reflection on Course Development and Evolution through Teaching Methods

GCH 445 is a cross-listed course with Social Work, therefore it is always GCH/SOCW 445. Teaching a multidisciplinary course was new to me, and the social work major has a unique set of criteria for their students, such as no missed attendance when in an in-person modality. For the online environment, this is also the case, so there must be a consistent demonstration of participation in the course. My first experience with this course was in-person, and two full-time faculty were gracious enough to provide to me older course copies in Blackboard (Bb) and their syllabus, and after checking for duplicity in the double course copy upload and broken links, I was ready for in-person teaching and the supporting Bb interface. However, since we also needed this course for an upcoming summer session, the need to develop a robust online version of this course was imminent. We were also given some latitude in altering the delivery of the course and assignments, as long as these could be adequately mapped to the course objectives, and this course also has a benchmark experiential learning assignment. Thus, I was excited to get started.

I am an active learning instructor, and I am grateful that I have been turned onto the *flipped* style of learning, ensuring that students have a variety of tasks and assignments through which a) they can demonstrate their existing and growing knowledge regarding health topics, and b) I can *check for understanding* as we move through the course. I keep an eye on the skills that they should be developing via Blooms Taxonomy, making sure that what I ask of them challenges them just enough to ensure they are learning something new while reinforcing comfortable skills so that they build confidence as they speak or write about health topics about which they have a growing expertise. The active learning concept combines *low stakes* and *high stakes* assignments, or those ungraded or low-points activities that help to scaffold towards the major assignments. They do not have to worry about making mistakes because the lower stakes assignments just allow the opportunity to try. Of course, there is no “big mistake” in any of my courses, as I allow students to edit and *try again* and practice to get it right. If we are in a synchronous setting, these low stakes activities may be a virtual-live discussion or tasking in breakout rooms. In an asynchronous setting, this may be a mini *research and share* blog or a “participation point” discussion board.

Video Access

Since the teaching methods for this course are meant to be multifaceted, from lectures to guest speakers to videos, ensuring that videos that were once shown in front of a classroom from my computer (and, not too

many years ago, from checked out AV equipment) were now available to all online course students via Bb or a Mason Library database, I collaborated with our subjects librarian, Kathy Butler, to ensure that any docuseries or video was a part of our Mason database and licensed appropriately for wider use in Bb. In the past when I presented videos in the classroom, I sometimes had to pay an on-demand fee, but I did not assume that was affordable for students. Thus, if there was a video that was not currently accessible free of charge to students, the library made it happen, particularly for the *In Sickness and In Wealth*, of which we use segments of for several weeks during the semester.¹ *The Raising of America* and *The Mask You Live In* are also films that the library also ensured were in our database for use in this course. Cognizant of video fatigue and student time management quite often only a segment or portion of the film is needed, so videos often have a segment notation such as only 4:04 to 4:25 are required.

Guest Speakers

In the online modality, the same guest speakers who are invited into our in-person classrooms are also guests online. They may join us for a presentation or for a Q&A, which through the use of Zoom the synchronous adaptation has been easy. However, for asynchronous learning, when students are able to access the course on their own time, guest speakers may narrate a PowerPoint presentation and send any supporting documents that can be loaded to Bb, so that students can benefit from hearing from professionals in the field and having the handouts just as they would in synch or in-person. In particular, one of the guest speakers has been important in helping connect our course with a Mason student population, Mason LIFE, and another has been significant in ensuring that students understand one of their major assignments, the Issue Brief.

Grace Reef of the Early Learning Policy Group is a lobbyist who has been instrumental in bringing the topic of intended and unintended harm in childcare to the attention of the Virginia legislature. The issue brief project in this course is made more understandable for students after she shares the issue briefs that she distributes to legislators before introducing a bill in Richmond. Students are also able to connect their advocacy work in GCH 376 to a continued need to track how health policies are decided in Congress and the impact on population health.

Dr. Robin Moyher, the former Mason LIFE Program Assistant Director, poignantly shared with students that sexual assault is statistically higher for special needs children and adults than the already significantly high rate that victimizes college-aged women. This came as a shock to most of our students, who also learned about the compounding issues preventing this special population from timely and accurate reporting. Dr. Moyher shared the important repetitive workshops and courses that the Mason LIFE students attend which will hopefully have a lasting impact on their personal safety awareness and aims to reduce reporting stigma.

I have also rotated speakers during various semesters, tapping into interesting Mason faculty and resource persons, such as Dr. Ali Weinstein to present on stress and well-being, Dr. Angela Hattery to discuss racial inequity, or LuLu Gelemen to talk about the challenges of LGBTQ-identifying people and public health. Again, through the flexible use of platforms like Teams, Zoom, and narrated PowerPoints, students are able to connect with guest speakers in the online modality just as they would in-person.

¹ *In Sickness and in Wealth*, by Films Media Group <https://films.com/ecTitleDetail.aspx?TitleID=168510>

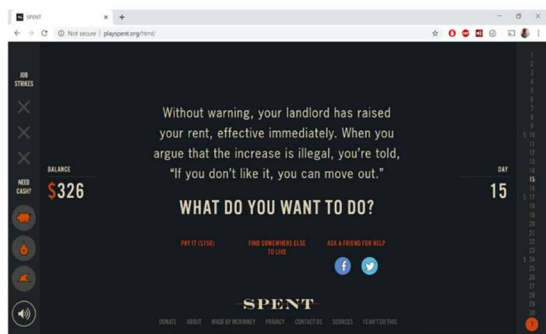
Games

From apps to games, students are more connected than ever to technology, and I enjoy convincing students that I am also really hip and cool (*no cap* and *dab* - yes, they groan and roll their eyes, too, which is the goal), so inserting *low stakes* gaming is also effective. We used to have a game day on the last day of our in-class setting when we played an adapted health version of Monopoly, exploring race and socioeconomic status, and how it plays into the spending choices we make, from purchasing optional health insurance to investing in property. Game day was so fun for both me and the students that I found a similar low-stakes online game that also encouraged conversation about income and choices. I now assign PlaySpent² as a tool to understand fixed income for someone in the lower socio-economic strata and challenge students to play twice, once blinded to the results based on the choices that they made and then again to see if they make different choices based on the results and being more informed. Then, they submit a few screenshots to confirm play and an informal paragraph about what they thought about the game experience, their results, and how the game experience relates to the income topic in our course.

Dear Professor Snyder,

Good evening! Thank you for a great start to the semester so far (and for the compliments on my hair!)

I just finished the Playspent game. I had to play it twice because I lost after giving \$100 to my mom for her critical medications – it is heartbreaking that trying to support a loved one like that can send someone into debt. It was also really hard having to turn down every opportunity I had that cost money, both for myself and for my theoretical child. I think it is also really sad how this builds stress and how that leads to negative health outcomes. For example, one of the scenarios that came up for me was to pay around \$450 for a root canal surgery. I had the money but wanted to save it, and as a result, the eventual surgery would have almost doubled in cost because of this. I know SES directly correlates with health and can be one of the greatest indicators of well-being, so I do not know how much longer I could have survived in this scenario (let alone the millions of Americans having to deal with this every day). This was a very insightful learning experience, so thank you for sharing the link with us. Below are the screenshots that show my progress through the game.



Although not a game per se, Jamboard³ has also been an effective low-stakes tool where students can weigh in on a topic with complete anonymity, reading what their fellow students are sharing in both anonymity and confidence. Before I discovered Jamboard, I used classrooms with wall-to-wall whiteboards and a table full of multicolored dry erase markers so that students could move about the room and *randomly* answer prewritten questions without adding their names. Once everyone returned to their seats, I would then walk around the room, reading and chatting about the answers, but no one needed to *own up* to whether or not they were the one who wrote that answer. It was a popular way of getting ideas out there without the pressure of raising one's hand to share something personal, controversial, or potentially not quite the correct answer. I always want to encourage students to *try the answer* and I do my best to respond in a way that is positive, such as “great idea and let’s think about that” or “good thinking, and I am still looking for something else, so let’s keep trying...”

The “facelessness” of Jamboard has been ideal for sensitive or controversial topics when the transparency and courage of some of the answers may also motivate another student to share. In many cases, students

² <http://Playspent.org> is a free online-reality game.

³ Jamboard is an online “sticky note” interface by Google <https://jamboard.google.com/>

are participating in discussions that they may not otherwise try in an in-person setting because for good or for bad (i.e., internet trolling), we all may feel a little braver behind a keyboard. When using Jamboards instead of Discussion Boards where a participation point is given, I may ask for a name when the questions and answers are not sensitive in nature. I will then associate their name with a point entered in the grade book. This is an example of how I might present a discussion in both a synchronous and asynchronous format. If live, I may throw out these questions to the class for a response, but if not, they are *food for thought* as we move towards the lower stakes Jamboard and then the higher stakes Critical Thought Paper.

Agenda 📌 ⚡

I. Gender and Gender Roles

What is gender?

What are gender roles? Are these the same as expectations?

What happens to us when we feel we are not meeting our own or other expectations?

Do you think that has implications for health? How?

Name some gender roles for women.

Name some gender roles for men.

Understanding the gender wage gap. Does it exist? Where? When? Can it be changed?

Can you think of some specific health implications involved with losing a job, living in poverty, having chronic health behaviors, living in a food desert, being a single parent, being the sole provider for a sick child, multiple children, or multiple family members. Are the pressures the same for women and men? Why or why not?

JAMBOARD TIME: Please participate in the JAMBOARD. For this one, use BLUE for "men" and PINK for "women" – you can add sticky notes for both, and as many as you want. I just want to organize them so we can quickly go through them during our in-class discussion. Use YELLOW to think about persons we are not capturing in these gender stereotypes and why/significance.

<https://tinyurl.com/24rprpt4>

Masculinity Pressures

🔴 **Must Watch** The Mask You Live In and then 🟢 Answer Discussion Board 5

The Jamboard contains the following sticky notes:

- Women tend to do better raising children and keeping the family on track (routine)** - Reem H.
- To me, men's roles include being responsible for the overall income of a household.** - Reem H. (women can help out and should help out but it's up to them)
- Men aren't allowed to show emotions. If they aren't confrontational or aggressive, they're weak and others will see them as such.**
- Men protect and provide for their family and loved ones. They are usually portrayed as the more headstrong, physically adept and less emotional than women.** - Alex D.
- Men have long been deemed as unemotional beings and those whose job it is to be the head of their house and protect their families.** - Grace G.
- Traditionally, the woman held the dominant societal position of housewife, while the male was concentrated on job and family maintenance.** - Anh Ngo
- Men are expected to be money makers, not rely on family for support, be stoic (except anger) and not to be interested in pop culture unless it's sports or manly.** - Vaishnavi Copinadam
- Men are expected to never back down from a fight and to not fear confrontation, if they do they're seen as weak.** - Tony Peyton
- Women are expected to do as they're told. They're expected to follow their boyfriend or husband in life. They're expected to be indecisive or not allowed to make decisions.** - Tony P.
- Traditionally, women roles are to stay at home and take care of the children (nurture) while cooking, cleaning, and keeping up with all the household chores. In today's age women-**
- continue to have these duties on top of working full time. Even when they are in the workforce, these are still considered a woman's duty.** - Kim VL
- Women are always expected to be kind and polite even when that would not be the appropriate response.** - Sam H.
- Men traditionally have the role of being the protector and provider of the family and leaders in society.** - Lydia R.
- Men, traditionally are considered wussies if they don't speak up or show emotion.** - Amanda Heiner
- Women roles include cooking, cleaning, taking care of the kids and also her partner.** - Diana C.
- Men roles tend to be to work all day, provide everything for the family financially, and protect their families.** - Diana C.
- Women are thought to be talkative, homemakers, all women expected to be maternal, obsessed with pop culture and reality tv, family oriented for parents and kids.** - Vaishnavi G.
- Women are expected to always let the man drive.** - Tony Peyton
- Women work a full-time job, do the house work, and care for the kids. Women are also expected to wear "girly" things and be more feminine at all times. Should do as they're told.** - Crystal
- Women roles include cooking, cleaning, taking care of their children and keep the house organize.** - Mai Quach
- The main roles for women are typically focused on the family, including caregiver, educator, and supporter.** - Lydia R.
- One gender role commonly attributed to women is that they are supposed to keep quiet and not speak their minds. If they do, they come across as bossy and rude.** - Amanda Heiner
- Men are expected to be the financial provider of the household.** - Sam H.
- Traditionally, women are homemakers who take care of children, and their husbands, and other family affairs. Usually, it is primarily the woman's job to raise the kids.** - Lydia D.
- Women's roles are usually connected with house work and child care. Women are also supposed to be "girly" and "lady like".** - Laura G.
- Men's roles are bringing in the money for the family and are supposed to be strong.** - Laura G.
- 3. Men are expected to play a provider role for their family instead of taking on more direct child care tasks. If a man is seen alone with their kid they're "babysitting", not parenting.** - Megan K.
- Women are expected to be a stay at home moms which includes being a caregiver, educators, cooks, and clean.** - Liliana G.
- In the past women have been the more "passive" gender. Seen as emotional, not logical. Viewed as people who should stay at home & respect their husbands at all times.**
- A phrase that comes to mind when thinking of the roles of women is "sit there and look pretty".** - Grace G.
- Women should be the cleaners, and the cooks, and take care of the children. They should be polite, submissive, and gentle.** - Anahita
- Men should not cry and should be tough and dominant. They can also be aggressive and less sensitive to others' feelings.** - Anahita A.
- Also traditionally, men are seen as the breadwinners of the home. They earn the money and maintain the home so that the family has a safe place to live.** - Lydia Dawit
- Men are viewed as protectors of the household. A lack of strength and presence is viewed as a weakness by some.** - Hadi Khanji
- 1. Women are more expected to take on house keeping roles even if they are working, creating unrealistic requirements for women.** - Megan K.
- Men are not allowed to show emotions because they have to "act like a man".** - Liliana G.
- Girls should play with dolls and cooking kits. They should be well behaved.** - Joselyn A.
- Boys should play with trucks and manly toys. They are aloud to act out.** - Joselyn A.

Illustration of Major Assignments

The major assignments in this course are the Thought Papers, Issue Brief, and Experiential Learning Project. The first two assignments were not a part of the first iteration of the course that I received from the other instructors but with permission from my Undergraduate Coordinator they were adapted for my course, as long as I could map them to the objectives. These new assignments have become an important skill-building part of the course. Thought Papers were a learned type of writing for me from a graduate Women and

Gender Studies course, and the Issue Brief was inspired by our guest speaker, Grace Reef, thus I was excited to try these in the course.

Critical Thought Papers

In this course, we have a hefty selection of course topics, from socioeconomic status, early learning and lifecourse, racism and health, intimate partner violence, health and at-risk populations (such as the elderly and military veterans), migratory health, and stress and well-being. The thought paper on which they can write on any of our course topics, includes three parts: 1) the description of the topic through prior knowledge, research, coursework, and shared articles, 2) their independent thoughts on the health topic, as it relates to social determinants of health, including any personal stories or experiences related to the topic, and 3) references. I also share a couple of examples of what I am looking for in a completed paper so that they are not shooting in the dark.

When I introduce the thought papers, I ensure that students know that these are completely confidential, so that they can feel comfortable sharing with me how they connect with the topic. To say that it has been inspiring, heartwarming, heartbreaking, educational, and impactful to read those connection sections of the paper is an understatement. Students have shared their stories of housing and food insecurity, obstacles to citizenship, experiences with illness, caregiving, and death, witnessing of violence and abuse, as well as those that have been grateful for particular privileges and experiences that have enabled certain opportunities or reduced exposures that may have alternatively impacted others.



Critical Thought Papers

The thought papers are an opportunity to integrate course materials. 5 thought papers are required in this course. These will be assigned in response to class discussions, video clips, and readings. You may choose the course topics of your 5 papers, and the due dates will be set out in the course schedule. These papers should include your thoughts and synthesis of the readings on that topic group. There is roughly one due each week.

Thought papers should be 3 pages (double-spaced). No longer than 3 pages. It is expected that all referenced work is detailed with appropriate citations. Citations should be on the third page, so that your thought paper content uses **THE ENTIRE** two pages. Do not use any unnecessary spacing or headers. I do not need the class, semester, day of the week, phases of the moon, etc. on the top of each page. Your name and title, single spaced, is enough, then double space, and start your thought paper. Please do not triple or quadruple space in between paragraphs. Just one double-space.

Papers that are in the incorrect format, have excess spacing, do not include reading citations, or are general in nature, will be kicked back for editing or given a zero grade.

Page 1 is for a **ONE** paragraph description of the topic, with the remainder of the page spent “unpacking” or analyzing the readings. Please do not summarize the articles or readings. I know what they are about, so I am looking for you to use your analysis skills here.

Page 2 is for your thoughts, personal or work experience regarding the topic, and other critical examination. You can share any personal or professional knowledge of or any relationship to the topic, but be sure that it is relevant and still write it as if you were writing a personal experience paper, using rules of good grammar. These papers are confidential, and relating topical experience or practice can be a powerful way to connect with the course.

Page 3 is for references only. In-text citations are expected, **EXCEPT** for references to the reading. For these, you should use “According to the Beckman article,” As an example. Because the articles are already implied, repetitive or long in-text citations are redundant and take up valuable space.



Sample Thought Papers

Attached Files: Critical Thought Paper - Early Childhood Education.docx (19.303 KB) Early Childhood Ed Thought Paper.docx (21.243 KB)

Giving the students the freedom to choose the 3 or 4 topics that are the most interesting or meaningful to them also allows them select these based on either a comfort level discussing the topic or the challenge of learning about an unfamiliar topic. For each topic, I also provide 3-6 news articles, academic journals, web links, or other supplemental material, which they must read and refer to in the topic description portion. This also gives them experience with a variety of resources and it is another teaching and learning method.

Core Readings for Critical Thought Papers on Economic and Political Equality and Health/Socioeconomic Status

Attached Files:   Income Wealth and Health.pdf (844.739 KB)
  To Fix Health Care, Help the Poor The New York Times.pdf (103.562 KB)

Core Readings for Health Equity

Attached Files:   Braveman Health Disparities Health Equity.pdf (320.714 KB)
  Health Disparities and Health Equity- The Issue Is Justice-1.pdf (503.305 KB)
  Understanding Public Resistance to Messages About Health Disparities.pdf (352.281 KB)

This website: <https://www.rwjf.org/en/library/features/achieving-health-equity.html>

and these articles....

Core Readings for Critical Thought Paper on Education, Health Literacy, and Life Course

Attached Files:   Braveman Life Course Equity.pdf (130.532 KB)
  Health Literacy and Function Health Status Among Older Adults.pdf (100.955 KB)
  Health Literacy and Health Disparities.pdf (591.132 KB)

Core Readings for Critical Thought Papers on Early Childhood Education

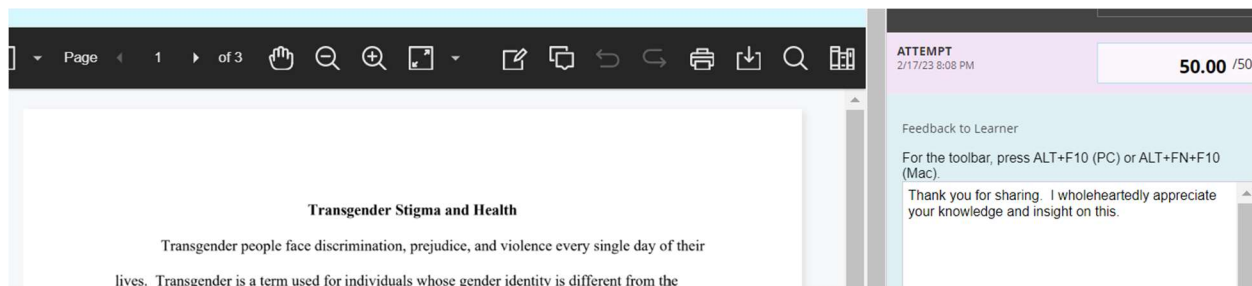
Attached Files:   Early Childhood Issue Brief.pdf (1.006 MB)
  Education and Health.pdf (669.544 KB)

Core Readings for Critical Thought Paper on Food Security and Health

Attached Files:   Perspectives on Eating and Appalachia.pdf (1.282 MB)

Thus, armed with the course lecture and discussion, videos, guest speaker, and/or other teaching method, and the supplemental readings provided for each topic, students have all of the tools they need to tackle this short paper, again with the flexibility to choose the topics that are the most interesting or meaningful to them. They then gain the experience of explaining this health topic and connecting it to articulated experiences and examples. An example of a student paper provided herein demonstrates that they grasp why food insecurity and cultural food deserts are a social determinant of health for migratory populations and, in this case, share a personal connection to the health concern. *[For pagination purposes, the sample paper is on the page after next.]*

In giving feedback to the learner, unless it is a comment specific to the design of the paper (i.e. it is missing details, no references, too short) or if thoughts are fairly general in nature or use examples from current events instead of a more personal or professional connection, I may not give too much feedback since the nature of this thought paper, especially for those who share highly personal stories, is to thank them for their transparency and honesty, and vulnerability. I will often simply say “thank you for sharing your story with me,” so that they know that I read it, but I am careful to avoid unintentionally spotlighting any vulnerability that may cause a student embarrassment or discomfort. I also let them all know as a class throughout the semester that “I appreciate everyone who has been sharing personal stories with me in connection with the thought paper topics,” and that “I am honored to read them.” It really is a heartfelt message to my students that I acknowledge each of them as individuals, coming from very different places to get to this cohesive gathering place, where we are learning together.



One of the important ways that I have grown as an instructor through this assignment is to realize when I am asking students to do too much. When I first began teaching this course, I was really excited about the thought paper concept, and I assigned too many. Some of the papers submitted later in the semester were *tired* or not as robust as the first few and this was likely attributed to assignment fatigue. Seeking advice from mentor, Dr. Laura Poms, she mentioned that it was probably more commensurate with undergraduate work to assign 3-4 instead of 5-6, and she was correct. When I reduced it to 4 critical thought papers in tandem with also reducing the frequency of discussion boards which were also tiring them out, I found that the quality of the papers were better, and I did not have to kick back very many for editing or elaboration. I also remind students a few times during the semester that since we do not have any exams for this course, they need to demonstrate hitting the course objectives and grasping the topics through both their low stakes and major assignments, particularly the discussions and critical thought papers. These reminders help students understand that they need to *show me* that they understand if they want to avoid being tested on the content later.

[Remainder of page intentionally left blank. Critical Thought Paper sample begins on the following page]

Health Amongst Latinos

Latinos are the fastest-growing population in the United States. They are more likely to develop diabetes than other races and ethnicities in the US. Several factors contribute to this, for example, poverty amongst Latinos is more common especially if they are immigrants. Having a lower income affects someone's ability to eat healthily. When someone is already struggling to make ends meet, their priority is not on making better health choices, their focus is surviving and getting by. Diabetes is a chronic medical condition. When a person has high levels of sugar, it affects their insulin. Insulin is a vital hormone that helps regulate the glucose levels in the body. When someone has diabetes, the body does not produce enough insulin or cannot use it effectively, leading to health problems. Leaving it untreated can cause serious health problems.

Mattei et al., (2016) explored the differences in diets amongst different Hispanic and Latinos backgrounds. Mattei et al., (2016) divided it further than just clustering all groups of Latinos together. To find the differences amongst different backgrounds, they used the Alternate Healthy Eating Index (AHEI) the highest reflecting a better diet and a lower risk of diabetes and compared it to Metabolic syndrome (MetS). (Mattei et al., 2016) Their results showed that Mexicans and Central Americans tend to make poor nutrition compared to other Hispanic groups. Different studies have also shown that Mexicans and Central Americans' risk of diabetes was higher compared to different Hispanic/Latino groups. O'Brien et al., (2014) study focused on how diabetes was linked to their level of education, marital status, health insurance, and income. Socioeconomic status contributes to Hispanic's risk of getting diabetes due to a lack of access to healthy food options and access to health care. It was found that the more acculturated Hispanics/Latinos got to the US, the risk of diabetes increased. (O'Brien et al., 2014) This can be due to the level of processed and high-calorie foods in America. Many Hispanics have visited their native countries and have mentioned how easily accessible healthy options are.

My Thoughts

My family members and others have mentioned to me how accessible healthy food was back in their home countries. My parents have mentioned that in El Salvador they could walk across the street and be able to get fruits and vegetables from a street vendor. They recall how easy and affordable it was. My mother has specifically mentioned how much more processed the food is in the US, even in the same exact

products she would buy back in El Salvador. This needs to be more investigated. The amount food companies are allowed to put harmful and unhealthy ingredients needs to be restricted. I liked how Mattei et al., (2016) took the initiative to divide them by countries/bodies of land as different foods are accessible in different countries. While we all speak Spanish, each population has its own unique set of lifestyle choices and cultural backgrounds which impacts their risk for diabetes. While the readings were informative, I do wish that they went into more detail into how coming to the US impacts their risk of getting diabetes. While O'Brien et al., (2014) did touch on it, the article did not divide Hispanic/Latinos by their different countries. The readings briefly touched on how socioeconomic status directly impacts their access to healthier lifestyle choices such as affording to go to the gym, and healthier food choices. As a Latina from a low-income family, I know how expensive groceries can get for a family of seven. Going to a fast-food restaurant was much easier and more affordable than ordering food. My parents both worked two jobs to help support my siblings and me, and they had little time to cook us home-cooked meals. My parents worked at pizza places and fast-food chains so they would bring us food from their jobs as it was often given for free. Even though my paternal grandmother died of diabetes and my father is pre-diabetic, we couldn't afford weekly trips to the grocery store, so our only choice was to eat the less healthy option. The level of healthier choices should be more attainable for low-income families.

References


- Mattei, J., Sotres-Alvarez, D., Daviglus, M. L., Gallo, L. C., Gellman, M., Hu, F. B., Tucker, K. L., Willett, W. C., Siega-Riz, A. M., Van Horn, L., & Kaplan, R. C. (2016). Diet quality and its association with cardiometabolic risk factors vary by Hispanic and Latino ethnic background in the Hispanic Community Health Study/Study of Latinos. *The Journal of Nutrition*, 146(10), 2035–2044. <https://doi.org/10.3945/jn.116.231209>
- O'Brien, M. J., Alos, V. A., Davey, A., Bueno, A., & Whitaker, R. C. (2014). Acculturation and the prevalence of diabetes in US Latino adults, National Health and Nutrition Examination Survey 2007–2010. *Preventing Chronic Disease*, 11. <https://doi.org/10.5888/pcd11.140142>

Issue Brief

In my teaching methods for this course, I mention that one of our guest speakers, Grace Reef, uses issue briefs to “paper” the State House or Congress with topical information as a precursor for introducing a bill. Many of her issue briefs are quite poignant, and my students are always captivated by the connections between stories and health. Grace Reef shares a particular issue brief which tells a true story of a young

Virginia boy who finds a gun in a closet in a bedroom where he was laid down for a nap in a babysitter's house. Perhaps thinking it was a toy or simply curious, he fires the gun and dies. She goes on to tell students that unfortunately there are no regulations for guns for home-based childcare providers in Virginia, and as you can imagine, the gun lobby is a powerful one. She shares that any effort to push for tighter restrictions on gun ownership, even for those who are caring for children in their home, is met with opposition. We might brainstorm about why that is, what has set precedence, and any similarities that correlate to gun violence at schools and other examples in which guns may affect child health. After many years of knowing Grace and inviting her into our classroom, she now shares that her lobby has made some progress, but she also continues to share how difficult it is to pass this legislation due to the opposition. The stories in her issue briefs also help to make health topic connections to real people and then connect those people to needed advocacy.

Thus, she sets the stage for our issue brief assignment. Students thus decide on a health topic of interest that is also a social determinant of or barrier to health for a particular population in the United States. They will organize this half-paper, half-infographic assignment to make an eye-catching "handout" that can educate and build awareness for this population-centric issue. There is an expected *recipe* for the issue brief, and they can make it colorful and creative, ensuring that all of the sections are there.



Issue Brief Topic Ideas

Start with one of the main topics in our course and think about the at-risk populations that we have discussed (or will). These at-risk groups can be age, cultural, gendered, racial, geographical, socioeconomic, and more.

An issue brief stands out best when it is specific, so that you can design it to make an impact. This will help you focus, so that you do not feel like you are trying to do "all the things" or be too general in nature.

You are not limited to the topics that we have discussed in our course, but your topic does need to focus on a social determinant. That is, perhaps this health issue would not be as critical, if it were not for this social determinant. Or, perhaps this particular health issue disproportionately impacts a particular population, but not another. This is the very argument surrounding social determinants. Which population is affected or potentially left behind, facing more morbidity or mortality, or life years lost, because of this health issue, when other groups do not face the same threats or impacts.

A middle class family in Fairfax County typically does not need to worry about water scarcity, but a family living on tribal lands in the Southwest may. Black women may experience higher maternal mortality than white women. Children in inner-city environments may experience more asthma and respiratory infections than those in suburban or rural environments. Military war veterans may experience more untreated mental health impacts, such as PTSD, than those whom may not have served in those capacities.

We will continue to brainstorm these health issues. Part of your issue brief will analyze why this is particularly happening in this group.

Which groups may be at risk for the following categories?

Food Deserts and Nutrition

Hunger

Elder Abuse

Domestic Violence

Affordable Early Childhood Education and Childcare

Neighborhood Safety

Violence Against Women

Mental Health

Chronic Diseases

Topics off-limits:

Opioids (because you will explore this extensively in Capstone)

HIV/AIDS (because there is a course that explicitly focuses on this STD/STI)

Whatever you do, choose a topic that is a "passion" or interest for you!

We also connect this with fellow course work in the GCH 376 "advocacy" course, as well as other courses where they may have learned more about a population, disease, marginalization, or vulnerability related to the health topic. In the in-person environment, students would print two copies of the finished assignment and *work the room*, sharing their brief with other groups in an informal *lobbying session*. In the online modality, I also want to ensure that students are able to share the issue briefs in a similar way, so I post these in a central repository in Bb and associate a lower stakes activity, such reading two issue briefs other than your own and then answering the questions in the discussion board, like I) which issue brief did you read, ii) what surprised you about the at-risk population, iii) how would you use this issue brief to advocate for this health concern and/or lobby your legislator to act on any of the related bills? I am also thinking about evolving this into a video showcase in the future.

I had considered to ask them to choose an issue brief and conduct a peer-evaluation, but I am not really interested in having them read each other against a rubric as I am here desiring that they learn about a

health topic that may be new to them and an especially vulnerable population that they may not know much about and then engage in *critically thinking* about solutions and action. After all, most of them will be participating in this type of *knowledge-sharing* and *solutions-oriented* community health work versus scoring each other, so I use those types of peer evaluations for other courses.

Issue Brief Format and Tips

Please go to the top link in this Issue Brief content folder and open the examples. Open the brief on Elder Abuse. Please note the format of this brief as an example of what your brief should look like.

Go ahead and close that, and now, take a look at the other examples that I have posted further down in the content folder. These are additional examples, which should really give you an idea of what this brief should entail.

There is a clear header

Outline of problem

background

statistics and definitions

Current policy recommendations

Current legislation

Contacts (you)

references

Catchy infographics throughout

How do I find legislation? For those of you whom have taken GCH 376, finding the relevant legislation should be a snap. If you haven't, ask someone, or go to congress.gov and start putting in keywords for your topic and see what comes up.

You can be creative with the format, colors, font, etc. can all change, but generally, this should be an "advocacy paper" that you would hand someone, like a legislator. It should visually say, we need you to pay attention to this issue and vote appropriately on our behalf. In fact, I will encourage you to send it to your legislator with a cover letter via email, for extra credit, if you desire.

The brief should be 5 pages. Worry about the page count and not word count. Pages: 5

APA style, so that means that I need in-text citations and references, and be sure that you are citing properly.

You can mess with the font in the headers and in catchy text boxes, but the font size for the majority of the topical information should be as if you were doing a paper, so 12 pt New Times Roman, and 1" margins. It needs to be a credible advocacy paper, and not a picture book, so do your best to combine the visual elements with the text.

How the work should be divided is up to you - this is part of teamwork, delegation, and responsibility! You all decide that - you can do it by section, make someone in charge of formatting and infographics, etc.

Your issue brief does not need to do "all the things." This may be a good time to learn how to narrow your focus to a population, disease, region, etc.

As with all of my assignments, there is typically a Bb folder dedicated to each major assignment with a full explanation of how to get started, what is required for the assignment, and examples. I feel that sample papers are really important for students to *self-check* their understanding and grasp what it's supposed to look like so that they do not feel like they are walking in the dark. This is another point of development that continue to grow in Bb, and each semester there may be a few more samples added to the assignment folders.

Child Care in State Economies

Your brief should attempt to be formal in nature versus informal, so you will have to find a way to use the graphics in such a way that does not detract from your powerful research and overview of the issue at hand. Take a look at Grace Reef's executive summary on economic impact of child care.

<https://www.ced.org/pdf/Report%20-%20Child%20Care%20in%20State%20Economies.pdf>

Grace Reef established the Early Learning Policy Group, a government relations firm, as a means of advocating for safe, regulated childcare. She often speaks at GMU about the role of a health advocate and how to produce effective "stories" of success and failure through these issue briefs, which she often carries with her when she is "on the move" in Washington.



Issue Brief Examples

- Attached Files:
- Issue Brief_GCH445.pdf (689.16 KB)
 - Issue Brief V12 Story 2.docx (805.8 KB)
 - IPV Issue Brief - Shaina Sindhu.docx (779.604 KB)
 - Hunger & Food Insecurity Issue Brief.pdf (1.285 MB)
 - gch 445 Issue brief.docx (783.3 KB)
 - Environmental issue brief.docx (291.379 KB)
 - Diabetes Type II Issue Brief.pdf (960.818 KB)
 - Brief Infection.pdf (7.845 MB)

The attached issue briefs are examples of projects completed in previous GCH 445 courses and are samples of what is expected for your assignment in terms of meeting the criteria, as well as the visual appeal. It is like a paper and infographic in one!



This Semester's Issue Briefs

- Attached Files:
- Group 4 Issue Presentation3.pdf (1.37 MB)
 - Group 6 Domestic Violence.pdf (956.259 KB)
 - Group 7 Issue Brief-2.docx (562.442 KB)
 - Group 9 GCH445 Issue Brief.docx (1.755 MB)
 - Group 10 Domestic Violence Issue Brief.docx (2.181 MB)
 - Group 13 GCH445.pdf (1.369 MB)
 - Group12_CVDHispanics_IssueBrief.pdf (830.044 KB)
 - Issue Brief Group 3(2).pdf (543.897 KB)
 - Issue Brief Group 8.pdf (1.975 MB)
 - Issue Brief revised Group 11.docx (1.231 MB)
 - Major Depressive Disorder Group 2.pdf (4.892 MB)
 - socw445_group 5 project.pdf (1.735 MB)
 - Elder Abuse Issue Brief Group 1.pdf (2.94 MB)

You will need these files to complete the REQUIRED final discussion for our course. Please go to the Discussion Board to find it (the last discussion). You will read THREE Issue Briefs. You cannot read your own :)

Thank you to everyone for working together, as I know it can be a challenge, but these were really great and an example of your dedication and hard work this semester. I am truly impressed!

Issue Brief by Student Group Submission (each block is a separate side/page of the paper):

Domestic Violence Among Undocumented Women in the United States

April 17, 2023



Domestic violence is an ongoing issue that can impact anyone regardless of their background. For undocumented victims of domestic violence seeking help can be overwhelming as they face additional barriers due to their legal status and in some instances the language barrier. The purpose of this issue brief is to further educate the public as well as policymakers about the impact domestic violence has on undocumented victims of domestic violence.

Policy Recommendations

Introduce dynamic funding policies rather than existing policy of flat rate funding

Currently, policies and amendments only grant a flat amount of grant money to organizations and services oriented towards helping victims of domestic violence and sexual assault. The issue with this is the rising yearly costs to continue these supports. The necessary support each year changes based on individual needs on a case-by-case basis, and legislation must be amended to meet those needs.

Expand definitions of federal funding to be more relevant to current culture and necessities

Federal funding is often generalized, not being able to account for necessary details or the individual needs of the affected people. As times change and situations allow for people to be abused in different ways, the need for flexibility with federal law and the support it provides is necessary. For example, federal funding is typically not used for Food, so people might stay with an abusive partner out of necessity for survival if they have no alternative assistance to buy food. Federal funding needs to be relevant to the times so that the money is used in a more appropriate manner, and victims are better supported.

Expand qualifications for legal residency to victims who don't have a connection to an existing citizen or permanent residents

Currently, under VAWA (Violence Against Women Act) guidelines, only immigrants or undocumented immigrants with a connection to an existing citizen or legal resident are able to self petition for legal long-term residency. The initial act was meant to support immigrant victims from being tied to their partner just for the sake of their immigration status. However, the qualifications can be restrictive to people who are in abusive situations where both parties are undocumented. Undocumented victims can apply to be legal residents, but this only pertains to situations where they are being abused by a citizen / permanent resident, or their child is being abused by one. By expanding the protections from the federal government, more victims will be able to find support and not have to stay in a tough situation out of fear for their status.

BACKGROUND

According to the The United States Department of Justice, "domestic violence is a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner" (Department of Justice, 2022). Domestic violence can happen to anyone regardless of their race, socioeconomic background, or marital status (United Nations, n.d.). Oftentimes, when discussing domestic violence undocumented victims in the United States are often overlooked but domestic violence also heavily impacts this population.

Health Consequences of Domestic Violence

According to the American Psychiatric Association, survivors of domestic violence are likely to experience the following:

- Physical symptoms such as headaches, insomnia, chronic pain, choking sensations, hyperventilation, and gastrointestinal symptoms, chest, back, and pelvic pain.
- Post-traumatic stress disorder (PTSD)
- Major depressive disorder (MDD)
- Generalized anxiety disorder (GAD)

Risk Factors of Domestic Violence

The Center for Disease Control and Prevention (2021) list the following as risk factors:

- Low self-esteem
- Low education or income
- Young age
- Heavy alcohol and drug use
- Emotional dependence and insecurity
- Poor behavioral control and impulsiveness
- Lack of nonviolent social problem-solving skills

Existing Legislation

VAWA - Violence Against Women Act

The Violence Against Women Act was passed in 1994 as a way to provide funding and legal protections to victims of domestic violence, sexual harassment, and abuse. It also provided a way for immigrants without a citizenship or permanent residency to apply for their own residency or citizenship without having to stay tied to their abuser. This act also covers children of the victims of abuse and protects the non-abusive parent of children who have been abused. VAWA also helps victims of dating violence or stalking. From the date it was passed to now, VAWA has granted around \$8 billion dollars in grants and funding for protections and services for victims of domestic violence. This money has been used towards services such as housing, crisis centers, law enforcement, legal assistance, etc.

S.7 - VAWA Technical Amendment Act of 2022

This was a law passed in 2022 that amended the Violence Against Women Act from 1994. It expanded the protections to Tribal communities by allowing grants to be given to tribal coalitions. This was passed in consideration of native Hawaiian communities as well. This amendment also broadened the language used to describe who the Act would serve to accommodate for the communities mentioned.

H.R.7132 - Safe Connections Act of 2022

This was passed in 2022 as a way to expand protections for survivors and victims. This act allows for survivors to request a separation of their phone service from their abusers in any way that's technologically feasible. The act is directed towards mobile service providers who will be legally obligated to act upon the request within 2 days, maintain the requesting parties confidentiality, advertise these services readily, and allow for the request to be made remotely if possible. The onus to regulate rules regarding this act is placed on the FCC. The FCC is also required to develop means of improving the accessibility of subsidized communication methods for survivors.

CONTACTS

For further questions regarding this brief, please contact:

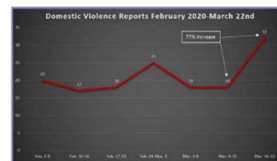


Department of Health and Human Services, University, Fairfax, VA

STATISTICS

Among immigrant and undocumented women, domestic violence is rising. According to the National Organization for Women, the abuse rate is 49.8% for immigrant women, which is three times the national average. There is a rise among undocumented women because of their barriers, for example, language, cultural, and social barriers.

COVID-19



The pandemic has had a huge impact on domestic violence among women. Undocumented women did not seek help during this time because they were afraid to report to the police. In 2017, 80% of undocumented women were scared to report their abuse to the police (Castro, 2021).

Quick Statistics Facts

- At least 41% of Latinos believe that undocumented immigrants do not seek help from domestic violence because their legal status will be revealed (National Organization for Women).
- 14% of participants who seek help for domestic violence are denied because of their lack of proper documentation (National Organization for Women).
- There are 11.2 million undocumented immigrants in the United States, more than half of Latina women report interpersonal victimization which includes, physical violence, sexual assault, or threats of violence (Cuevas, Sabina, & Milliochi, 2012).
- Women with stable immigration status were found to be twice more likely than undocumented women to contact the police regarding an episode of violence (Ammar, Orloff, Dutton, & Aguilar Hass, 2005).

As shown in the Critical Thought Paper submission in the pages before, this particular Issue Brief is also related to Hispanic/Latin health and wellbeing. Learning about the topics important to my students has also been a facet of growth and learning important to me and to my teaching. Our university population of learners has become rich in diversity in the past decade, and as I started teaching here 10 years ago, I have seen the University dynamic change and develop in remarkable ways. I was especially interested in the Innovations in Teaching and Learning Conference (ITL) several years ago, when the keynote speaker presented on the unique obstacles and vulnerabilities of first generation and international students. I was fortunate enough to be charged with making sure the keynote speaker did not get lost on our campus, and I was able to eat lunch with her and a table of fellow faculty as we discussed what methods we are practicing to ensure that we as college professors are accessible and approachable to students who may not have college-graduate or English-speaking parents who can guide them through the how-to's of college. In some cultures, professors are inaccessible, untouchable, and potentially intimidating. Thus, the keynote message was, quite frankly, not to be that way, and when possible, to *look unbusy* enough to keep a door open for a weary first-gen student to pop their head into your office or classroom early and ask for extra help.

Our local counties, particularly Prince William County where I live and engage in population-centric research on the social determinant vulnerabilities of Hispanic women, has a growing minority-majority demography, and our student population is also growing to reflect that diversity there and in the surrounding counties. Therefore, I am also seeing more of these “pick what’s important to you” assignments reflect local population concerns and a growing awareness for these young people that they need to advocate for those at-risk around them, particularly members of their families and communities with low health-literacy, language barriers, or documentation barriers. I learn so much from my students in this way and hope that my instructions for these projects continue to encourage them to embrace topics that are meaningful to them.

Experiential Learning Project

The Experiential Learning Project is the benchmark assignment for this course, and I understand that it was originally included in this course because of the Social Work requirement to connect an experience with the course, similar to clinical hours for nurses. Obviously, I was not going to just assign a project to select students according to major, and this project also captured a similar need for Global and Community Health students to connect theory and course work to real-life application.

The original experiential learning project offered a couple of options for students, from *pretending* to grocery shop for a fictitious family of four and designing a food plan for two weeks for \$50. Yes, that is pretty challenging. Another option was to price compare the *necessary* baby products that a new parent might need, looking at different store options, particularly because food banks often run low or run out of infant-related items. These experiential options offered flexibility for students to go shop in person but outside of class time regardless of course modality and, even during the pandemic, the option to shop online. However, outside of the pandemic and barring accessibility limitations, I still ask my students to do this activity in-person because of the value-added experience it offers, but they can complete it either way. I feel that screenshotting items in an online shopping cart is too easy, and it may also not be the way most of our *target* population shops, so I encourage the physical experience. Students do not need to actually *buy* the items, but I want them to walk around the store, comparing pricing and products, reading nutrition labels, and looking at options. They are also able to do this project solo or with a partner, which has also been flexible enough for those who simply need to fit this in between their other commitments, but those who may have a friend or classmate that they want to hang out can also collectively accomplish the task.

Again, at the ITL Conference, I also learned about community-based learning (CBL) and, as a faculty partner with Social Action and Integrative Learning (SAIL) Alternative Breaks, I learned from scratch what this praxis connection was all about, and it was a new concept for me. Thanks to Patty Mathison and Shauna Rigaud, as well as through the encouragement of undergraduate coordinators in my department over a few years, I was able to make connections with more community partners and set up opportunities for students to choose from a list of options for this project, from a volunteer day at a nursing home, to working several hours at a food bank, the grocery or baby item shopping options, or they can utilize a volunteer or community-based effort for which they are already involved, with approval. We were able to share these projects throughout the years with SAIL and Mason Impact, and my students are sometimes spotlighted in our College or Department newsletters. Quite a few students make networking contacts that led to future volunteerism, internships, and even a permanent employment position.

That is another way that I approach this project, reminding students to perhaps not choose the option that seems quickest or easiest, but that you never know which experience could create that “aha moment” or

connection for them, working with a new population, or finding a population-center that they had no idea they wanted to work with until now, as well as other potential network connections. This approach, in this course and others, has also led to my nomination for career connection awards since I am purposeful in forging networks for my students, when possible, even if it to meet someone else in the community with particular expertise who can then lead them to more connections.

This is also an assignment where student growth is clearly demonstrated by their own essay documenting the experience, and when you learn that students have continued to volunteer even after the semester is over, it is delightful. I was dropping off supplies during a winter break at the Birmingham Green nursing home when I ran into one of my former students and we were both surprised and excited to see each other there. To hear that her volunteerism started with the Experiential Learning Project and that she now works at the facility part-time was amazing. I am honestly always so proud of the accomplishments of my students.

During the pandemic, it was important to get activities approved by the department Adjunct Faculty Coordinator, to ensure that we were not putting any students at risk of COVID, opting for socially distanced or virtual activities. For these semesters, the grocery and baby product option was available for online shopping, they were allowed to do outdoor activities like comparing and contrasting safe playgrounds, work at a contact-less food bank, or do online tutoring. For the latter, I posted a thread in a Facebook Northern Virginia Parents page, offering four 30-minute tutoring sessions with interested students via Zoom, and the response was overwhelming. Many of my students wanted to do this in addition to another experiential learning project, so I ended up using it for major extra credit points if they wanted to tutor on top of everything else. I believe we ended up tutoring over 100 kids within those pandemic semesters, and the parents were raving about our college students. So many parents were homework-fatigued, never expecting that they would become *parent turned teacher* or schoolwork-facilitator for so many months during a pandemic. Additionally, with some parents not speaking English natively or not having completed a certain grade level, they were also stressed and feared their children would fall behind. Thus, my students made a list of their favorite or most comfortable subjects to tutor and up to which grade level, and then I connected them with parents who listed that their child had a need for that subject and was within that grade level parameter. Students also shared that tutoring was good for their own mental health, as it also helped their loneliness and isolation. Some of them were living alone or perhaps missing a connection with siblings, so they found it refreshing to Zoom with kids. One of my students and a parent shared that the Zooms would sometimes last for over an hour, as they would finish homework and then *screen share* to watch a *How It's Made* episode and talk about it. The mother said that her son talked about how a Lamborghini was built for one full week. Obviously, those type of *super bonus value-added connections* are not a guarantee, but again, they add to the reward of teaching the *right* assignment.



Various Experiential Learning Project Examples (Summer)

Attached Files: Experiential Learning Activity GROCERY.docx (1.536 MB)
 Experiential Learning INFANT.docx (3.426 MB)
 Experiential Learning Project MENU.docx (858.782 KB)
 GCH 445 Experiential Learning Activity CLEANUP.docx (2.027 MB)
 GCH 445_ Experiential Learning Activity INFANT.docx (22.344 MB)
 GCH445ExperientialLearningProjectDPM CLEANUP.docx (2.835 MB)

Experiential Learning Activities

CHOOSE 1 of these as an individual OR you can work with 1 or 2 other classmates. Everyone must turn in a copy in Blackboard when completed.

Meal Planning for a Family of Four

Imagine that you have a budget of \$50 and need to feed a family of four for two weeks.

Before you go to the grocery stores, plan out meals and recipes for the two weeks. Example: Breakfast: Oatmeal, Orange Juice. Dinner: Pasta with Spaghetti Sauce and Small Side Salad. Each item must have a recipe. For the oatmeal, it can be "boxed instant oatmeal" but for the spaghetti, you must include all ingredients, i.e., is it spaghetti noodles, spaghetti sauce, ground beef, and the salad with lettuce, tomato, and dressing, etc.?

beef, and the salad with lettuce, tomato, and dressing, etc.?

You are required to create as many "real" meals as possible. It is not okay to plan boxed mac and cheese and hot dogs for two weeks straight.

Organize the days of the week and meals planned in a chart. Create an additional column for the costs of the meals, once you get to the grocery store.

Then, go to a grocery store and place items in your cart for food you could buy. You are not required to actually purchase the items! You may find that you have to change some of your recipes. However, the goal is to make each meal as HEALTHY as possible. You should include calorie intake, at a minimum, but other nutritional information is appreciated, and each meal must have a subtotal cost.

Reflect on the following questions:

- What meals are you able to make?
- Are they healthy? (How do you define "healthy"?)
- Do you have enough food in your cart?
- What are some of the sacrifices that may have to be made for a family four in terms of types of food, amounts of food, nutritional value?
- How might the budget-restricted food choices that you made impact the health of your family?
- Explain the connection between socioeconomic and nutrition.

Due to COVID, you may do this activity by grocery shopping online. However, bear in mind, that just like the "real life" privilege of being able to exclusively shop via Instacart, etc., that you may not be able to "purchase" as many items online as you might in person. Include this as part of your reflection, if you choose the online option. For either option, please provide photos, including but not limited to:

- photo of the items in your cart

- any comparative photos of items and their prices on the shelves

- photo of you "shopping" at the grocery store

- Again, you must be prepared before the store with recipes in mind (i.e., not just makeshift items one you get there, such as "we will eat some of these cans of beans and this preliced ham," I want to see recipes and information on nutrition. What is the serving size? Will this be enough calories for each person? Consider the "my plate" or government recommendations for nutrition, as you plan.

- you must consider breakfast, lunch, dinner, and snacks, or even if you are able to provide all of these meals.

Finally, talk about the nutrition, cost, and other constraints for a family. Do these costs differ from store to store? Are you compelled to eat cheaper "fast food meals"? Can you shop organic? Do prices differ between convenience stores, Giant, Safeway, Whole Foods, and other grocers?

Cost Comparisons and Infant Care

For this activity, you will need to do some comparison shopping between a warehouse type store, a regular grocery store and a drug store. For example, a Costco, Giant and CVS.

With a budget of \$50 at each store, which store would be a better choice for you if you have an infant and you need to purchase formula, diapers and baby food in jars? Similar to the grocery activity above, you may also conduct this online. However, as above, please add the impact of online shopping costs/price difference in your assessment. Defend your answer.

Additional Questions:

1. What resources does this type of comparison shopping require?
2. What skills does this type of comparison shopping require?
3. How does having or not having strong skills for comparison shopping influence health? (Name at least 2 different pathways)
4. Discuss the disproportionate impact for families in certain income brackets for obtaining the food and supplies that may be necessary for caring for an infant.
5. What are the health impacts for infants and children in the lower socioeconomic level?

Neighborhood Cleanup

Find a public playground that may need a little cleanup. This may be a cleaning of play equipment, or some litter pick up.

Spend some time doing this at 2 or more playgrounds (approx. 3 hours total), choosing playgrounds in different areas, such as perhaps one in a rural area, one in an urban area, and one in a rural area, and reflect on these questions for each of the playgrounds:

1. Take pics of the playground (avoid taking pics of children) and share which area, city, etc., it is in.
2. Research to determine the demographics for this area.
3. What is the income level for this particular neighborhood?
4. Does it appear that the playground is regularly maintained?
5. How important is this space for children in this area? Does it appear to be well-used? Why or why not?
6. Is the playground sufficient for children of different ages? Is it safe? What are some of the concerns? What is done well?
7. How important is outdoor space and play to childhood development?

GMU Food Pantry

For this activity, you will conduct a food or item drive for the GMU Patriot Pantry. The criteria is the same as those above.

Similar to the activity above, you may join together with classmates or involve your student group, open a kiosk for donations, etc. These are the types of items accepted by the Pantry: <https://ssac.gmu.edu/patriot-pantry/donations/> or here is the link to the Amazon Wishlist, feel free to get other items that are similar to the ones that are listed as well if you can find them for cheaper: <https://www.amazon.com/hz/wishlist/ls/3W1RAZSSCJM5>

Again, this must be equivalent to a "carload" of donations, which is expected to be at least 100 items, so involve your neighborhood, other classmates, etc. These can be partner or multiple partner efforts. They cannot take perishable or expired items.

Questions to address in your summary:

1. Take a detailed inventory and itemize the donated items
2. What is the value of each of these items to someone in the Mason community (does it provide nutrition, protection from the elements, hygiene, etc.) and why are these items important?
3. How many people did you get involved? Is this something that you might participate in again?
4. What are the statistics among college students for poverty, lack of shelter, hunger, etc.? Explore and analyze what you find out.
5. How is this pantry important to students? Is it widely used?

Efforts connecting students with community partners and conducting experiential and community-based learning projects also led me to nominations and a faculty award from Social Action and Integrative Learning. Seeing that it is making a difference is all of the encouragement that I need to keep developing assignments from a classroom to community lens.

In first COVID-pivot semester, we also included options that were in need in the community, from being asked to sew masks for a low-income neighborhood to make cards for a nursing home.⁴ For these opportunities, my

⁴ CPH created a page to showcase all public health students engaging in creative community work during COVID through a Facebook page, where we were able to share all the neat activities that the students were doing involving

students also included a sentence at the end of their assignment about whether it was okay to share their photos, perhaps without their faces, on social media or with my department or the communications manager, in case they would like to reach out for a student spotlight or to talk about their project. I am always looking for ways to display their work and help them do a little elevator pitch about population health and how they are developing in their major. This helps them articulate *why they did what they just did* using critical thinking.

Here are two examples of the reflection essays written after the Experiential Learning Project assignment.

Experiential Learning Activity Reflection Two

For my COVID-19 experiential learning activity, I chose to make cards for the assisted living facilities in my area, Sunrise Senior Living of Springfield and Fairfax. Sunrise has locations across the United States, Canada, and the UK. They provide care for older adults with assisted, independent, and short-term living, and offer specific care for Alzheimer's and other memory-related issues. My minor is in aging studies, social work for older adults, so I have an interest in this community. I am especially interested in dementia and learning techniques on how to manage and slow its progression. I chose Sunrise, for this reason, knowing that these older adults would enjoy and cherish a sentimental card during this tough time.

I was lucky enough to have a lot of supplies to create the cards, such as different types and colors of paper and markers. I decided to involve my family with the task since we are all in quarantine and need an activity to take our mind off the stressors in life. Cards are an easy and fun way to make someone's day, especially because it does not require much artistic ability. I created a few example letters for my family and friends to mimic that expressed our love and interest for the recipients. My main message in the letters was that we are thinking of them during this time and that things will get better soon. I made sure to include positive messages about the good things in the world and ideas for indoor activities. I wanted them to feel motivated and inspired for the days ahead.

In total, my family and I created 20 cards for the Springfield location and 20 for the Fairfax location. We worked on the project during the weekend, spending 1-2 hours writing and drawing on the cards. We each wanted to add our personal touches, so it took us a few weeks to

get them all done. I packaged the cards in an envelope and mailed the cards to each location, seeing it to be the safest option. I called ahead and let them know about the project to see if they were willing and able to receive these letters. While working on the cards I felt very creative and found happiness in the work I was doing. It was nice to work on something meaningful, knowing it would end up with someone appreciative. This small act that only required paper and pens were bound to make someone happy, even if just for a moment. I could imagine the cards sitting on their tables or desks, bringing joy to their faces when they see that someone is thinking about them.

I found this project to be very important and beneficial to the community because older adults are most vulnerable during this pandemic, not only from the virus itself but from an increased risk of mental health issues like depression and anxiety caused by isolation and fear. I have an interest in researching the benefits of intergenerational programs on the well-being of older adults because the interaction is beneficial for both groups. Not only can they socialize with one another, but they can be physically active, improve each other's moods, and teach each other valuable lessons. The card project stood out to me because social interaction is very important and those in assisted living facilities are on strict lockdown, unable to live life normally. This quarantine has a big impact on their mental health, physical well-being, and social lives.

The cards are a valuable token from the outside world that acts as a reminder that hope and life are waiting for them on the outside. It is hard being locked inside, with nothing to do and no one to see. Individuals at Sunrise are most vulnerable because they have underlying medical conditions, have weak immune systems, and are experiencing a sudden change in their normal day to day activities. According to the National Institute on Aging (NIA) (2020), social

[Continued on the next page]

art. This intersection between health and art definitely speaks my language!
<https://www.facebook.com/groups/234356311303431>

interaction for older adults has health benefits and can reduce the risk of heart disease, osteoporosis, and high blood pressure. The social isolation they may be experiencing due to COVID-19 is a major risk factor for morbidity and mortality, which should not be elevated during this time. The NIA (2020) points out that loneliness has a physical and emotional impact, elevating their blood pressure and bringing down their mood.

Although this project is for individuals at Sunrise, it is hard to ignore older adults who are living on their own or away from family and friends. Sunrise facilities can provide help to those in their care, such as medical assistance and grocery aid. Other older adults may be struggling financially, are afraid of getting sick, are experiencing loneliness due to the lockdown, and do not have the resources to stay safe. For those who cannot see their families, lack the resources and skills to use technology, and are afraid of leaving their homes are extremely vulnerable. It is difficult to imagine the impact on older adults who have experienced any kind of loss during this pandemic. Connectivity is most important at this time to ensure their quality of life and future.

The pandemic is impacting the older adult community's ability to thrive, whether in their own homes or their communities. The resources and support they received in their communities, like maintenance, transportation, and quality goods, have been impacted. For example, if they are struggling financially or do not have people to help them, the ability to purchase healthy foods and make meals may be limited. Everyone is experiencing a different situation, but it is safe to say that their vulnerability for more diseases and comorbidities puts them at high risk. Therefore, the cards are a good and important way to support older adults in the community. This small act can increase their mood and bring a sense of change and humanity into their lives.

I permit the following photos to be used.



[The remainder of the page intentionally left blank to differentiate between the two sample reflections.]

Meal Planning for a Family of Four

Our group selected to do the grocery shopping activity as our Experimental Learning Project. We have chosen Giant and Aldi grocery stores. The meals that we plan to make do not follow any specific recipes on most of the meals in order to stay close to the budget of \$50 to feed a family of four for two weeks, which includes breakfast, lunch, dinner and snacks. Bagels with cream cheese, cereal with milk, or oatmeal with milk are planned for each member of the family for breakfast. Each member of the family will get the same breakfast each day. For example, on Mondays and Fridays, everyone will get a packet of instant oatmeal and a cup of milk. On Sundays, Tuesdays, and Thursdays, everyone will get a bagel with cream cheese. On Wednesdays and Saturdays, everyone will get cereal with milk. For lunch and dinner, spaghetti and sandwiches will be on the menu. In addition, meals will be prepared using rice, ground beef, and chicken. There are no specific recipes for these meals but are prepared using various spices. Each day is planned to serve specific meals with specific portions for each member of the family.

The meal plan is somewhat healthy, meaning there is no room in the budget for junk food. But it lacks variety and is low in calories. It is somewhat healthy because it does have vegetables, milk, chicken, and eggs. There are some unhealthy choices, like chicken nuggets. With the tight budget, it is impossible for each member of the family to have seconds or thirds. There is a limit on the types of fruits and vegetables that can be purchased. For example, avocados will not be in the budget. There isn't enough room in the budget for any indulgences either, like desserts. With a tight budget, it is also impossible to shop for meals at big box stores,

Moreover, ALDI's is a better option for feeding a family of four because the money can go a lot further. Despite ALDI's \$1.99 fee for in person pickup, it is still more affordable than Giant, which had no fee. ALDI's is a cheaper alternative because their company does not use popular name brands in the United States. Correspondingly, ALDI's does not have a lot of in store advertisements. Also, ALDI's has a limited staff, which means there is less overhead cost. Likewise, the aesthetic at ALDI's is very bare. Therefore, ALDI's can keep their prices low by giving shoppers a high quality, but minimalist experience.

In summary, this experimental activity enhanced our group's insight on how important it is to budget and get the best quality for your money. s to be redeemed for free products. Membership is usually free.

Meal Chart Weeks 1 and 2:

Day of the Week	Breakfast	Lunch	Dinner	Snacks	Nutrition Info
Mon	Instant Oatmeal (1 pack each) 2% Milk (1 cup each)	Pre-mixed salad (1 cup each) Ranch Dressing (2 tbsp) Chicken leg (1 each)	Spaghetti (1 cup each) - Pasta (1 cup) - Tomato sauce (1 cup) - Frozen meatballs (6)	Orange (0.5 each)	Total Calories=160, 130, 15, 140, 157, 82, 140, 270, 44= 1138 calories Total Protein (g)=4, 8, 1, 1, 27, 4, 4, 3, 4, 14, 0.9= 64.6 g
Tue	Bagel (1 each) Cream cheese (1 tbsp each)	Sandwich (1 each) - Bread (2) - Kraft Cheese Slice (1)	Rice (1 cup each) Ground beef (0.5 cup each)	Fruit cup (1 each)	Total Calories=180, 51, 140, 60, 50, 205, 200, 15, 70= 971 calories

like Costco, where one item costs approximately no less than \$10; granted, they are bulk items. A bag of rice alone is close to \$20; although that bag will last more than 2 weeks, that means there wouldn't be much left to buy other items.

The budget-restricted food choices affect the health of the family. The main one is that there are limited choices, simply because some foods cost more than others, like avocados. Prepared salads are also expensive. Due to the limited budget, a family of four will go without having the recommended calorie intake for each meal. According to the USDA, the recommendation of caloric intake depends on age, gender, and activity level. The meals planned for our family are lower than the recommendation for anyone over 13 years old. The recommendation for women between the age of 19-30 is 2,000-2400; the recommendation for men at the same age group is 2,400-3,000 (Link & Gunnars, 2021).

The prices for the groceries can be more affordable if the family joins the Giant membership. The rewards to joining a membership is that you save on their products, rewards towards gas, and earn points. For this assignment, we opted to do online shopping with curbside pickup from the local Giant and ALDI's. We chose this method of shopping because it would be more convenient for someone with a busy lifestyle. After shopping, our group compared the final expenses between the stores. The total cost from Giant was \$122.08. In contrast, the final cost from ALDI was \$91.07. Unsurprisingly, we were over our budget at both stores.

Giant was far more expensive than ALDI's. Contributing factors may include loyalty to name brands, heavy meat selection, and buying in bulk was not an option for several items. In addition, Giant has a higher bottom line price on their products in contrast to ALDI's. Also, Giant did not offer many sales.

		- Turkey breast slices (2)	Broccoli (0.5 cup each)		Total Protein= 7, 0.9, 4, 3, 12, 4.3, 22, 1.3, 1= 55.5 g
Wed	Honey Nut Cheerios (1 cup each) 2% Milk (1 cup each)	Rice (1 cup each) Chicken breast (0.5 breast each) Boiled baby carrots (0.5 cup each)	Spaghetti (1 cup each) - Pasta (1 cup) - Tomato sauce (1 cup) - Frozen meatballs (6)	Banana (0.5 each)	Total Calories= 139, 130, 205, 168, 21, 82, 140, 270, 60= 1215 calories Total Protein= 3.3, 8, 4.3, 33, 0.4, 4.3, 4, 14, 0.8= 72.1 g
Thu	Bagel (1 each) Cream cheese (1 tbsp each)	PB&J sandwich (1 each) - Bread (2) - Peanut butter (1 tbsp) - Jam (1 tbsp)	Instant mashed potatoes (1 cup each) Frozen chicken nuggets (6 each)	Orange (0.5 each)	Total Calories=180, 51, 140, 96, 47, 227, 270, 44= 1055 calories Total Protein= 7, 0.9, 4, 3.6, 0.1, 4.3, 19.5, 0.9= 40.3 g
Fri	Instant Oatmeal (1 pack each) 2% Milk (1 cup each)	Sandwich (1 each) - Bread (2) - Kraft Cheese Slice (1) - Turkey breast slices (2)	Rice (1 cup each) Ground beef (0.5 cup each) Broccoli (0.5 cup each)	Banana (0.5 each)	Total Calories=160, 130, 140, 60, 50, 205, 200, 15, 60= 960 calories Total Protein= 4, 8, 4, 3, 12, 4.3, 22, 1.3, 0.8= 59.4 g
Sat	Honey Nut Cheerios (1 cup each) 2% Milk (1 cup each)	Instant mashed potatoes (1 cup each) Frozen chicken nuggets (6 each)	Rice (1 cup each) Chicken breast (0.5 breast each) Boiled baby carrots (0.5 cup each)	Fruit cup (1 each)	Total Calories=139, 130, 227, 270, 205, 168, 21, 70= 1230 calories Total Protein= 3.3, 8, 4.3, 19.5, 4.3, 33, 0.4, 1= 73.8 g
Sun	Bagel (1 each) Cream cheese (1 tbsp each)	PB&J sandwich (1 each) - Bread (2)	Hard boiled eggs (2 each)	Apple (0.5 each)	Total Calories=180, 51, 140, 96, 47, 140, 205, 21, 52= 932 calories

		- Peanut butter (1 tbs) - Jam (1 tbs)	Rice (1 cup each) Boiled baby carrots (0.5 cup each)		Total Protein= 7, 0.9, 4, 3.6, 0.1, 12, 4.3, 0.4, 0.3= 32.6 g
Cost of Groceries if bought only at Giant			\$122.08		
Cost of Groceries if bought only at ALDI's			\$91.07		

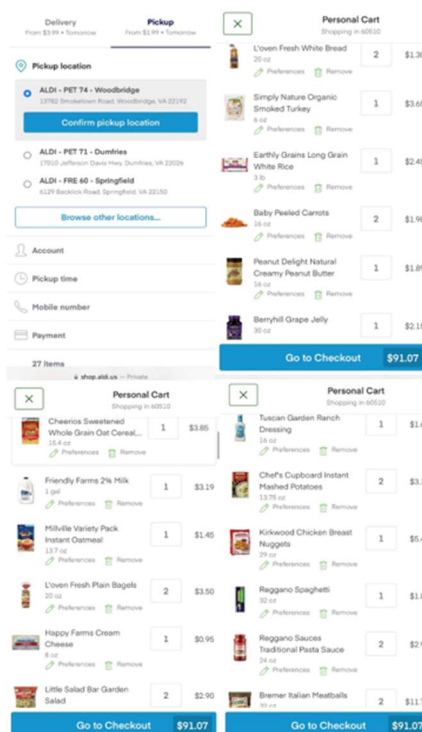
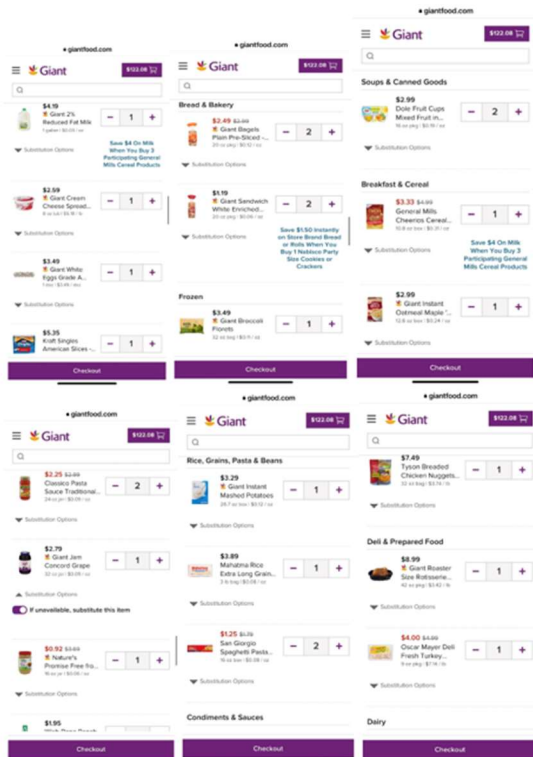
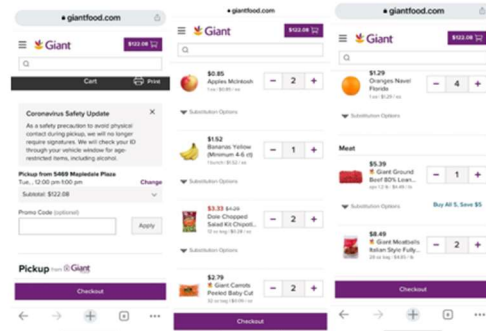
Ingredients List:

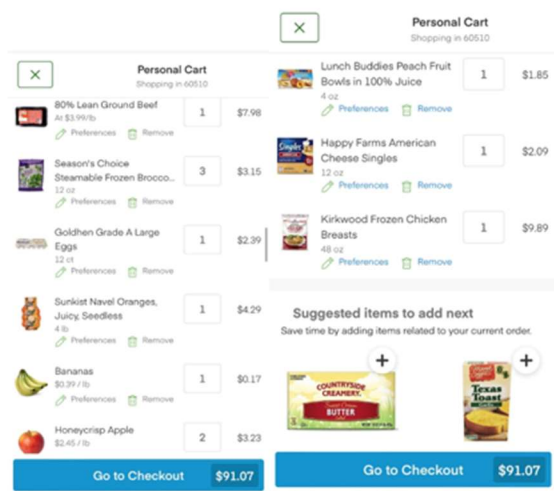
- Gallon of 2% Milk (1)
- Instant oatmeal (8)
- Bagel (12)
- Cream cheese (0.75 cup)
- Box of Honey Nut Cheerios (1)
- Full chicken (2)
 - OR 4 chicken legs
 - 2 chicken breast
- Bag of pre-mixed salad (4 cups)
- Loaf of bread (32 slices)
- Kraft cheese slices (8 slices)
- Turkey breast slices (16 slices)
- Rice (20 cups)
- Frozen baby carrots (6 cups)
 - Peanut butter (4 oz)
 - Jam (4 oz)
 - Instant mashed potatoes (8 cups)
 - Frozen chicken nuggets (48)
 - Spaghetti pasta (8 cups)
 - Tomato sauce (8 cups)
 - Bag of frozen meatballs (48)
 - Ground beef (4 cups)
 - Frozen Broccoli (4 cups)
 - Eggs (8 eggs)
 - Orange (4)
 - Banana (4)
 - Fruit cup (8)
 - Apple (2)
 - Ranch dressing (8 tbs)

Photos and Screenshots:

Giant: Online grocery items selected for in-store pickup

ALDI's: Online grocery items selected for in-store pickup





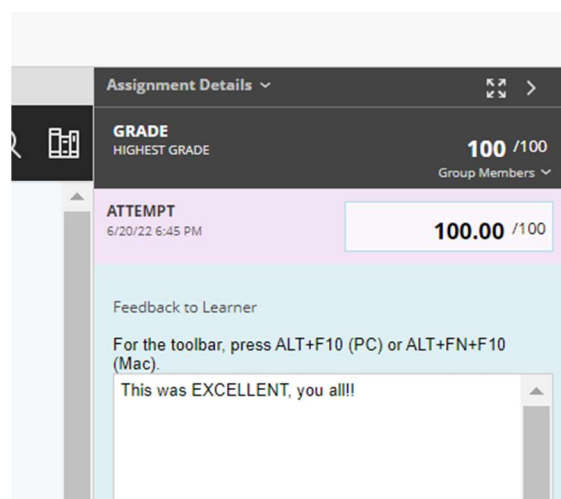
References

U. S. Department of Agriculture (USDA). (2011). *Estimated calorie needs per day by age, gender, and physical activity level*. https://fnsp.prod.azureedge.us/sites/default/files/usda_food_patterns/EstimatedCalorieNeedsPerDayTable.pdf

Link, R. & Gunnars, K. (2021). *How many calories should you eat per day to lose weight?* Healthline. <https://www.healthline.com/nutrition/how-many-calories-per-day#average-needs>

PERMISSION STATEMENT:

Afia, Lalsia and Lily allow the use of our paper to be used by George Mason University and other academic institutions including pictures, data, and sentences



My feedback for this project is often *wow* or *clearly understood the connection to social determinants* because very few students miss the mark. The students really like the end product because it is a balance of sharing their own firsthand experiences, demonstrating the link to our course, and including photos of the experience. If their final essay is missing anything, they can resubmit it for full points. For example, perhaps they went shopping for groceries, but their meal plan only contains simplified meal ideas (i.e., macaroni and cheese). They should also be sharing the calories, anything that can supplement the meal such as a fruit or vegetable and be realistically thinking about how far one box of macaroni and cheese can go. They are also encouraged to consider that macaroni and cheese does not have as much nutritional value as perhaps a meal of rice and beans, so they should be thinking creatively and broadly about meal options that are accessible, affordable, and less processed. In the case of baby supplies, they may have only included two stores or too similar of stores, such as Walgreens and CVS. I will encourage them to choose a drug store, grocery store, and big box store so that they can truly see a range in prices. I really like a comparison that may throw in Costco but also acknowledge that shopping there requires a membership, which is something that not everyone may have access to, or they may share a comparison between a high-end grocery like MOMs Market and perhaps Food Lion to show the differences in pricing and options between grocery stores. The use of convenience stores versus big box stores is also a good conversation since many people with the income social determinant may live in a food deserts or in neighborhoods from which they must walk or

take a bus to shop, or perhaps there is only a 7-11 nearby, thus they may have to get the \$15 package of 8 diapers instead of the \$10 pack of 24. I hope to see some of this thinking unpacked in the essay. I also keep a Facebook page where I can spotlight student highlights with permission, and although more active in some semesters than others, this continues to be a great repository of students who inspire community-based learning.⁵

Below, please find the syllabus for one of the four semesters that I have taught this course online, including the mid-semester pivot. I have also taught this course in the hyper-accelerated 5-week online summer format. In addition, because this course contains sensitive and potentially triggering topics, such as sexual assault, I let students know that they should contact me if they need to opt out of watching a particular video or participating in a certain discussion board. I am always open to office hours Zoom with that student to make sure that they are doing okay at any point during the semester. Unfortunately, many health topics are not easy to digest and some of these are highly personal to my students, but they also know that these poignant connections, even those that are heartbreaking and unfortunate, may have had a role in their gravitation towards a public health degree. However, I am also a huge advocate of self-advocacy, self-awareness and self-care, and I remind my students that as healthcare workers we cannot take care of others if do not take care of ourselves.

George Mason University

College of Public Health

Department of Global and Community Health

Department of Social Work

GCH/SOCW 445-DL1 Social Determinants of Health

(3 credit hours)

Syllabus for Spring 2023

Instructor: Shannyn R. Snyder, MAIS

Location: Online

(Pronouns: she, her, hers)

Time: The expectation of this course is to plan your week to spend approx. 3-5 hours per week on class content, discussions, and assignments.

Email: ssnyder7@gmu.edu

Office Hours: Office Hours: By Appt via Zoom, if email is not appropriate

Course Description

This course will examine the social determinants of health and the application of this framework to social work and public health policy and practice interventions. It will also explore the many social justice factors that

⁵ <https://www.facebook.com/ProfShannynSnyder> I am not spending a lot of time discussing this website in this portfolio, since I referenced it as a bigger piece in my prior ATEA portfolio many years ago.

affect health and consider which community systems and social change approaches may decrease or eliminate health inequities.

Course Learning Objectives

1. Identify key social determinants of health in local, national and global contexts
2. Critically interpret information on inequalities in health
3. Examine contemporary debates regarding the causes of inequalities in health
4. Distinguish conceptually between health inequalities and health inequities
5. Explore the extent of health inequities within and between countries
6. Compare the social, political and economic pathways and mechanisms through which social determinants shape the health outcomes of communities
7. Critically examine policy approaches to economic and social policy and the implications for the distribution of health resources within society
8. Formulate appropriate interventions to reduce health disparities

****Note** that if this is a cross listed class, thus you will see information in this syllabus regarding both public health and social work.

Required Readings

Required readings will be provided via Blackboard during the semester. There is no required textbook for this class.

Learning Methods

This online class involves lectures, readings, documentaries, Jam Boards and other collaborative media, group work, and individual work. This is a relatively self-paced course, so that you can schedule your coursework time according to your work/life balance. However, you should stay on task or on topic for that week and complete a week fully, before moving on. You are always welcome to work ahead but take care not to procrastinate. Please stay in communication with the instructor if issues arise in keeping up with work.

The teaching methods for this class also includes movie clips, documentaries, TedX, speakers, and other visuals. Please expect a certain amount of these to enhance our lectures. Do not skip them. I expect them to be mentioned as part of the discussion boards and thought papers. Your attendance for this course is derived from discussion board participation and the Game Day. This course requires reading, activity, and reflection, as well as upper-level writing assignments. We will use BlackBoard extensively (mymason.gmu.edu). You will find class notes, assignments, additional materials and important messages posted there and you will submit all your assignments there as well. Please get into the habit of checking BlackBoard regularly and at the very least, once a day.

Evaluation Methods

Class Participation: Class participation is derived from the discussion board and JamBoard engagement.

We will also be using JamBoard this semester, requiring you to participate in this neat interactive platform prior to the class in which we discuss that topic. Your participation in Jam Board is anonymous but will enhance our class cohesiveness. Be sure to check into each Jam Board during the week following each one, to read the post-its of your classmates!

Critical Thought Papers: The thought papers are an opportunity to integrate course materials. These thought papers are assigned throughout the course. These will be assigned in response to video clips, and readings. You may choose the course topics of your thought papers, and the due dates will be set out in the course schedule. These papers should include your thoughts and synthesis of the readings in that topic group. There are FOUR thought papers due this semester. These are individual assignments.

Issue Brief: Students will write a publish-quality issue brief. You will be randomly assigned a small group for this assignment. This will be different than your experiential learning group in order to enhance your collaboration and social element of this course. These will be loaded in Bb for peer engagement.

Experiential Learning Activity and Summary: The experiential learning activity for this course takes what we learn in the classroom and apply it to real world examples and is the very essence of how we can connect theory to praxis and start engaging with the populations that we hope to serve in the future.

Evaluation:

Course Evaluation Criteria	
	Points
Thought Papers 4 x 50 points each	200
Issue Brief	75
Issue Brief Engagement Discussion	10
Experiential Learning Project	70
Participation (Discussion Boards/Jamboards) 7 Discussion Boards x 10 points each	70
Total number of points	425

Grading Scale:

All work submitted in the class will be evaluated using the undergraduate grading scale for the Department of Global and Community Health. All grades and comments on work submitted will be posted on Blackboard. The final grade for the course will be determined based on the total number of points earned.

Undergraduate Grading Scale		Final Course Grade Scale
Percentage	Grade	Total # of Points
98-100%	A+	418-425

93-97%	A	402-417
90-92%	A-	392-401
88-89%	B+	386-391
83-87%	B	369-385
80-82%	B-	360-368
78-79%	C+	353-359
70-77%	C	327-352
60-69%	D	295-326
Below 59%	F	<294

E-mail: The preferred method of communication outside of class is via e-mail. Students must use their Mason email account to receive important University information, including messages related to this class. See <http://masonlive.gmu.edu> for more information. E-mails do not express tone of voice or body language, so strive to use careful wording to convey your desired message. Please take an extra minute when sending an e-mail to think about what you want to say, spell-check your e-mail, and use appropriate, courteous, and professional language. I will strive to do the same in all communications. It is a university policy that all student/professor communication occurs through your GMU email account. Emails from Gmail, yahoo, Hotmail, and other non-GMU accounts will not be answered. **Emails will be answered within 48 hours, M-F, or at other times at the discretion of the instructor. Emails may not be answered during university holidays or on weekends. Emails about an assignment should typically be asked at the time of assignment and not the day it is due.**

Academic Honesty: GMU is an Honor Code university. You may find the honor code at <http://oai.gmu.edu/mason-values-academic-integrity/>. The principle of academic integrity is taken very seriously, and violations are treated gravely. What does academic integrity mean in this course? Essentially this: when you are responsible for a task, you will perform that task. When you rely on someone else's work in an aspect of the performance of that task, you will give full credit in the proper, accepted form. Another aspect of academic integrity is the free play of ideas. Vigorous discussion and debate are encouraged in this course, with the firm expectation that all aspects of the class will be conducted with civility and respect for differing ideas, perspectives, and traditions. When in doubt (of any kind) please ask for guidance and clarification.

Examples of honor code violations include but are not limited to sharing the content of class assignments, class exercises, or exams with previous, current, or future GCH students (in any section or semester); falsely representing your own work or the work of others; using study aids, notes, or electronic devices during exam sessions, etc.

Please note: The GMU Honor Code requires that faculty submit any suspected Honor Code violations to the Honor Committee. Therefore, any suspected honor code violation will be submitted to the Honor Committee. Students who are caught cheating during exams or plagiarizing any class

assignment will receive an automatic “0” for the exam/assignment and will be sanctioned according to Honor Code specifications. Any honor code violation is documented in the student's permanent disciplinary record.

Mutual Tolerance and Respect: Public health deals with controversial issues from multiple perspectives, and consideration of these issues may cause disagreements among students and/or faculty, or they may evoke strong personal feelings, depending on our individual experience, histories, identities, and world views. Therefore, in all interactions and communications, it is important to strive to demonstrate mutual respect and tolerance for one another and for any course guests and members of the community with whom we come into contact.

Academic Accommodations: If you are a student with a disability and you need academic accommodations, please see me, and contact the Office of Disability Services (ODS) at 703-993-2474. All academic accommodations must be arranged through the ODS. All students with questions or concerns about this class are encouraged to set up a time to meet with the professor, preferably during the first two weeks of the semester.

Writing Center: The GMU Writing Center (<http://writingcenter.gmu.edu/tutoring>) provides **free** one-on-one sessions in which you can get expert feedback on drafts of writing assignments. While the tutors will not fix your papers for you, they will collaborate with you to identify and correct rough areas in your essays and to build your writing, proofreading, and editing skills. This is a service available to **all** students. English as a Second Language students have the option of signing up for the “Opt-In ESL Support Program” that pairs the student with a specific tutor for the entire semester and allows for up to *thirty* tutoring sessions; eligible students must enroll in the ESL program at the start of the semester. For more information on this program, go to <http://writingcenter.gmu.edu/tutoring/esl-writing-support>.

School Closings and Inclement Weather: In case of inclement weather please check www.gmu.edu or your GMU e-mail, where announcements of school closings will be made. Please use your common sense when coming to school during severe weather.

Gender Identity and Pronoun Use: Please let me know of your gender pronoun(s) and how best to address you in class and via email. I use female pronouns for myself, and you may address me as Professor Snyder in email and verbally. My pronouns are she, her, hers. If you use a name other than what is on the roster, please also let me know.

Teaching and Learning in a Pandemic: Students are required to follow Mason's current policy about facemask-wearing and the daily COVID health check.

Notice of mandatory reporting of sexual assault, interpersonal violence, and stalking: As a faculty member, I am designated as a “Responsible Employee,” and must report all disclosures of sexual assault, interpersonal violence, and stalking to Mason's Title IX Coordinator per University Policy 1412. If you wish to speak with someone confidentially, please contact one of Mason's confidential resources, such as Student Support and Advocacy Center (703-380-1434) or Counseling and Psychological Services (CAPS) (703-993-2380). You may also seek assistance from Mason's Title IX Coordinator by calling 703-993-8730 or emailing cde@gmu.edu.

GCH/SOCW 445 Spring 2023

COURSE SCHEDULE

Date	Requirements
Week of 1/22	<p><u>Review Content Folder: Course Introduction</u></p> <p>Browse the readings at the end of the folder</p> <p><u>Review Content Folder: What Are the Social Determinants of Health</u></p> <p>Look at the CDC Link and UN Sust, Goals – how do these relate)</p> <p><input type="checkbox"/> JAMBOARD TIME: Participate in the Where Does Health Happen for You Jam Board</p> <p>https://jamboard.google.com/d/1jGGVr2gKx7ou7kYuDt7fw1Y4HNT-hhF71T6zRQWC-Zs/edit?usp=sharing</p> <p>For All JAMBOARDS this semester, you can manipulate the sizing and placement of the sticky notes. Move them around so they are not stacking on top of each other, change the shape, etc.!</p>
Week of 1/29	<p><u>Review Content Folder: Econ and Political Equality (Skip all Marshall Island material)</u></p> <p>Watch Video on Raise the Min. Wage to \$15</p> <p><input type="checkbox"/> Answer Discussion Board 1</p> <p><input type="checkbox"/> Try the Living Wage Calculator: https://livingwage.mit.edu/</p> <p><input type="checkbox"/> EXTRA CREDIT: PlaySpent game</p>
Week of 2/5	<p><u>Review Course Content Folder: Education and Life Course</u></p> <p><u>Review Content Folder: Health Literacy</u></p> <p>Go through PPT</p> <p>Video: https://www.youtube.com/watch?v=ubPkdpGHWAQ</p> <p>And https://youtu.be/-x6DLqtaK2g (she talks about Ebola, but we can also use COVID as an example)</p> <p><input type="checkbox"/> EXTRA CREDIT BLOG: Do you understand everything in the literature/discharge papers/treatment info from your doctor?</p> <p><input type="checkbox"/> Select a topic for Thought Paper 1. Due by February 20. You may choose any topic in the Thought Paper content folder.</p>
Week of 2/12	<p><u>Early Childhood and the Future of Our Nation: The Raising of America</u></p> <p><input type="checkbox"/> Must Watch The Raising of America Video (Films on Demand)</p>

Date	Requirements
	<p>To access the <u>The Raising of America</u> video, go to Blackboard, scroll down to Library. Then, click on Databases and choose the letter F. Scroll to Films on Demand. Then, put Raising of America in the search bar. Please watch the first hour (not all 3.5 hours lol).</p> <ul style="list-style-type: none"> □ Answer Discussion Board 2 □ JAMBOARD TIME: Participate in the “ideal childhood” Jam board, prior to class: https://tinyurl.com/3u83cern <p><u>Review Content Folder for Early Childhood</u></p> <p>Go through PPT. Review Grace Reef’s attachments</p>
Week of 2/19	<p>Place, Neighborhood, and Health</p> <p><u>Check into Content Folder: Place, Neighborhood, and Health I and II</u></p> <ul style="list-style-type: none"> □ Must watch video Race: The Power of Illusion https://vimeo.com/133506632 □ Watch Sir Marmot’s video re London □ Watch Dr. Hwang’s clip re geography □ <u>EXTRA CREDIT BLOG: Housing Structure:</u> Feedback on U.S. Housing Policies – how does this intersect with segregation, racism, inequality, BLM, policy, health, discrimination, social justice. Is this a good video to demonstrate that “all lives matter” is not the point?
Week of 2/26	<p>Place, Neighborhood, and Health</p> <ul style="list-style-type: none"> □ Must Watch Video: Unnatural Causes: Place Matters https://tinyurl.com/2nz749a6 □ Answer Discussion Board 3 <p><u>Think about Gentrification</u> – Pros and Cons? Notice any differences locally or nationally? When does it work? Who is left behind?</p> <p>Spend a little time with the Zip code tool: check yours, relatives, and then compare a couple of different counties in VA. Look at differences between the healthiest counties and those who are middle and below. What makes the difference? https://www.countyhealthrankings.org/</p>
Week of 3/5	<p>Virtually meet your Issue Brief group and decide on your issue brief topic and target population. Share topic via Blog. Divide work for Issue Brief. This will be due by April 17.</p> <p>Select a topic for Thought Paper 2. Due by March 20. You may choose any topic in the Thought Paper content folder.</p>
Week of 3/12	<p>Spring Break</p>
Week of 3/19	<p>Intersectional Identities and Health</p> <p><u>Check into Content Folder: Racism and Health</u></p> <p>Read ALL articles, especially “How Racism is Bad for our Bodies.” We will watch the videos in class</p>

Date	Requirements
	<p>Video: Does Racism Play a Role in Health Inequities</p> <p>Why is Color Blindness detrimental?</p> <p>We already talked a bit about discriminatory stereotyping in medicine and public health in a previous week. Building upon that, how to policies perpetuate these gaps in health? Why are there differences in maternal health because of skin color?</p> <p><input type="checkbox"/> Answer Discussion Board 4</p> <p><u>Hispanic and Migrant Health</u></p> <p><input type="checkbox"/> Must Watch Becoming American (15 minutes of it)</p> <p>What are some of the barriers to health that you saw in the video? Add any additional thoughts to your discussion for this week.</p>
Week of 3/26	<p>Intersectional Identities and Health</p> <p>Issue Brief due by April 17</p> <p><input type="checkbox"/> Decide on your Experiential Learning Project. This will be due by May 8</p> <p><u>Browse Content Folder: Gender and Health</u></p> <p><input type="checkbox"/> JAMBOARD TIME: Please participate in the JAMBOARD. For this one, use BLUE for “men” and PINK for “women” – you can add sticky notes for both, and as many as you want. I just want to organize them so we can quickly go through them during our in-class discussion. Use YELLOW to think about people we are not capturing in these gender stereotypes and why/significance.</p> <p>https://tinyurl.com/24rprpt4</p> <p><u>Masculinity Pressures</u></p> <p><input type="checkbox"/> Must Watch The Mask You Live In and then <input type="checkbox"/> Answer Discussion Board 5</p>
Week of 4/2	<p>Intersectional Identities and Health</p> <p><u>Browse Content Folder on LGBTQ Health</u></p> <p>Think about these questions:</p> <ol style="list-style-type: none"> 1) What is Gender blindness and why can it be detrimental to health outcomes? 2) Why are LGBTQ youth considered to be a special (or at-risk) population? 3) Even if you are unfamiliar with LGBTQ or are “uncomfortable” or in “disagreement,” that’s a “you” issue in community health because the LGBTQ community is a part of population health. So, how can we be inclusive? <p><input type="checkbox"/> Complete Discussion Board 6</p> <p>Select a topic for Thought Paper 3. Due by April 24. You may choose any topic in the Thought Paper content folder.</p>
Week of 4/9	<p>Issue Brief Work and Wrap-Up Week. Due on April 17.</p>

Date	Requirements
Week of 4/16	<p>Sexual Assault and IPV</p> <p>This will be a very tough topic, so there is a trigger warning for sensitive issues and graphic content. Please let me know if you need support or more information.</p> <p><u>Review content folder for Intimate Partner Violence</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Must watch the Ted Ex video: Why Don't Domestic Violence Victims Leave https://www.youtube.com/watch?v=V1yW5lsnSjo <input type="checkbox"/> Answer Discussion Board 7 <input type="checkbox"/> <u>DOUBLE EXTRA CREDIT BLOG: Indoctrinating violence</u> <p><u>Rape on the Reservation</u> is a pivotal documentary. Take time to watch the first 30 minutes, if not the entire documentary. Think about how socioeconomics, culture, and societal structure perpetuates this problem on Native lands. What are the solutions?</p> <p>Select a topic for Thought Paper 4. Due by Monday, May 8. You may choose any topic in the Thought Paper content folder.</p>
Week of 4/23	<p>Disability and Health</p> <p><u>Review Disability and Health Content Folder</u></p> <p>Go through Disability PPT</p> <p>Browse Disability Readings</p> <ul style="list-style-type: none"> <input type="checkbox"/> REQUIRED: Issue Brief Engagement Discussion: Read 4 different Issue Briefs from our class and complete the Issue Brief Engagement Discussion Board.
Week of 4/30	<p>Work on and Wrap up Experiential Learning Project. Due Monday, May 8.</p>

GCH 376: Health, Ethics, Leadership, and Advocacy Course as a Summary

Reflection on Course Development and Evolution through Teaching Methods

Although I will quickly run out of space to fully map out a second online course, I would like to share some highlights about the course GCH 376: Health, Ethics, Leadership, and Advocacy. This is a meaty course that was developed so that students can think about their leadership strengths and readiness for working in a public health organization, public health and professional ethics, organizational behavior, and how politics and power influence the momentum of public health policy. It sounds like a lot, but the brainchild of Dr. Laura Poms, this course builds upon each topic and subtopic so that it connects in a sensible way for students. I have taught this course in different modalities, and it is now a popular distance learning course. I had already been teaching this course in the in-person modality for several semesters when Dr. Poms reached out to me and Dr. Patrice Winter about attending the in-person Stearns workshop on Active Learning in order to redevelop some of the assignments in this course to reflect an innovative flipped way of teaching. It was an exciting workshop, and we did indeed redesign our benchmark assignments for this course to

reflect low-stakes activities that would scaffold nicely towards the “big” assignment, the Legislative Advocacy Project. It seemed that no sooner than we had started to teach this course using these methods, even using some of the new active learning classrooms, that we had the COVID-pivot and once again needed to quickly redesign some of the course assignments for online teaching and in an online active learning methodology.

Fortunately, GCH 376 is perfect for such method of teaching since students are required to do some group or partner work that would require collaboration beyond the classroom anyway, and for a couple of semesters, Dr. Poms and I had already been teaching this class in the *hybrid*. So, I was already halfway there.

Methods and Assignments

Flipping the flipped class for the online modality required a series of intentional steps and resources. For in-classroom activities that would normally require a video and then discussion or “using the room” for classmate collaboration, I requested from a GMU technology resource to put some of our DVD videos online. The following link, for example, is used as part of a journal or discussion board in our Culture and Diversity unit. Even though the role-playing acting in these videos is sub-par, which is actually why I enjoy using them, as the students get a kick out of the acting, the lessons are understandable and fun to discuss.

Culture: (Let's Break a Deal/Mustang Jeans) https://coursemedia.gmu.edu/media/Culture/1_3vmcywy0

A. Reflecting on the Cultural Differences: Let's Break a Deal or the "Mustang Jeans" case:

1. Describe briefly what happened in the negotiation meeting between the two businessmen. What went wrong?
2. How could the American partner have communicated better with the Japanese businessman?
3. What sort of cultural competence was lacking on the part of the American businessman?
4. What might have other companies done during the week the Japanese man was in the US to win his loyalty?
5. What would you have done differently as the American businessman?

To encourage *mingling* and getting to know each other virtually, I typically create *randomized* online groups or partnerships for working with on low-stakes assignments, as well as the benchmark Legislative Advocacy Project. The low-stakes scaffolded activities that may have been worksheets in-person are now online blog threads in Blackboard. The students find a mix of using the Blackboard tools to be interesting, and it encourages clicking around our course. Thus, for our discussions, we may use discussion boards, but I may also change it up to use blogs and group space journals. For anything that I would normally set up on in-classroom whiteboards for brainstorming, I like to turn to Jamboards.

Legislative Advocacy Project (Social Media, Infographic, and Legislative Letter)

To start thinking about advocacy, in small online groups students take a look at the American Public Health Association's list of hot button issues and decide which one is important to them. They then use related keywords in the Congressional database to then choose an active legislative bill to focus on for the semester. Students develop a social media page about their health topic and bill after learning about political engagement, how it has evolved, and what methods of information dissemination may be most effective for the largest group of potential advocates (them)! Although letters to the editor and town hall meetings are

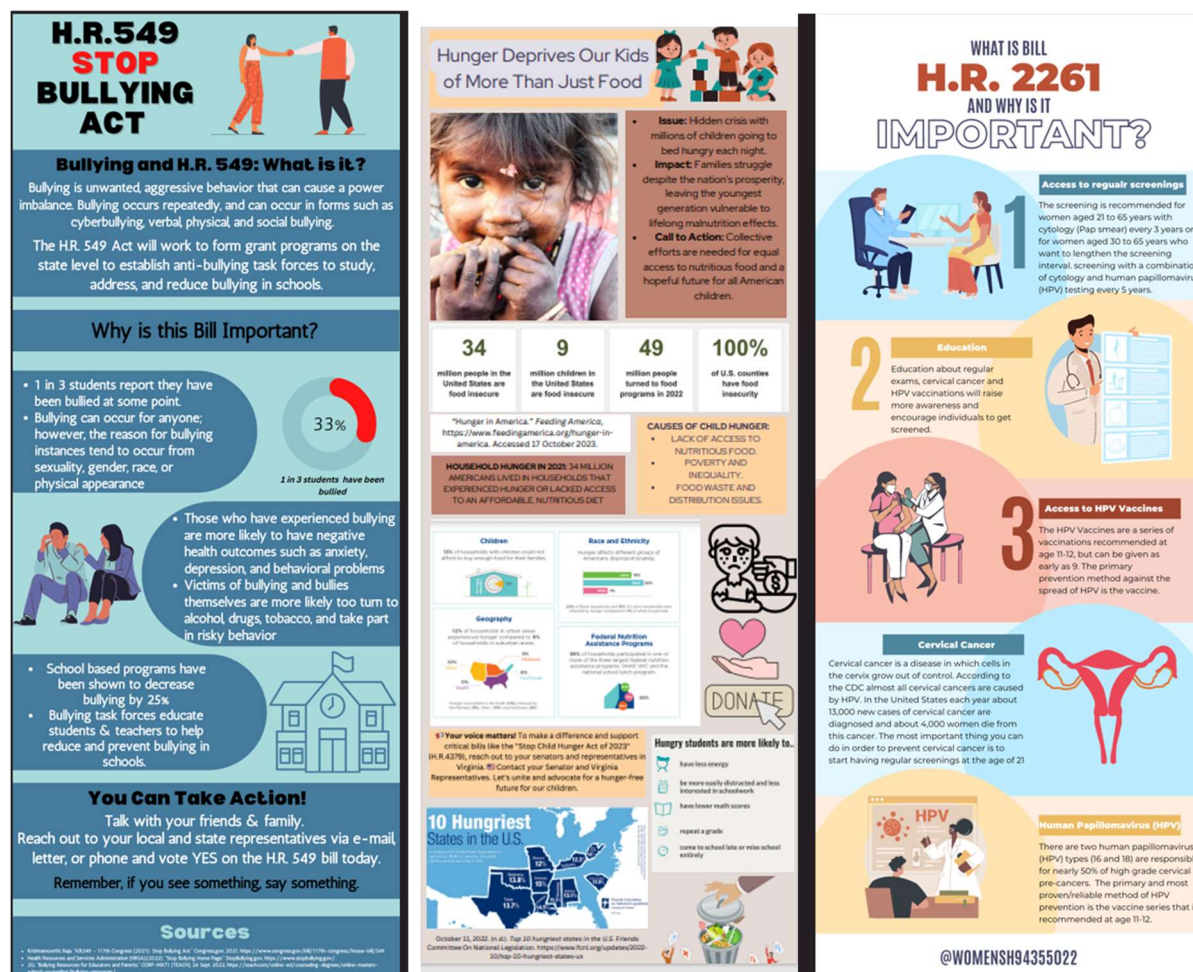
still used to share opposing viewpoints, we know that this generation predominantly uses social media platforms and social capital spaces.

When it comes to social media, students know that they have one of the most effective spaces to share information and drum up interest about their selected legislative bill and related health topic. I really enjoy seeing what they produce in their social media space. Their social media assignment is made up of posts which can be a mix of related reposts and self-created original posts about their legislative bill. Here are a couple of examples of student social media work:

<https://www.instagram.com/studentmentalhealthsupportt/>

<https://twitter.com/4herchoice>

Next, they utilize an often-new skill of creating an infographic using an online infographic maker and then peer proofing with another group to *fact check* any statistics. Here are few student Infographics which relate to their bills:



As either a constituent or a concerned student at George Mason University, they then draft a letter to their legislator(s) asking them to move the health bill forward [usually] by voting yes. One of the learning points for me here is understanding that students in varied documentation status cannot represent themselves as a constituent so they can use the alternative wording "George Mason public health student."

The final deliverable for this scaffolded project has also changed from a paper and elevator pitch to a more relaxed and informal but cumulative talking points assignment. I will give the students a tip that if they populate the sections of this assignment throughout the semester that the talking points assignment basically *writes itself* with bulleted sections including a summary of bill, bill sponsors, support, opposition, individual opinions and perspectives. The students also have to send their letters to the legislators, and we try to get those out by the middle of the semester via email or the macro forms on the legislators' website, so that they can hopefully receive a response by the time the semester wraps up. The students are typically excited if they get a response, especially if it is not a form letter. The following is an example of a legislator's response to a student's advocacy letter.

Dear Ms. Jamil:

Thank you for contacting my office regarding our healthcare system and preserving the health of Americans. I appreciate you taking the time to share your thoughts with me, and I value your views on the Commonwealth and the Nation.

There is no doubt that the Nation's health care system is in need of reform. As health insurers have struggled to offset new costs of compliance, constituents of the First District have been bogged down with drastic premium hikes and deductibles they can no longer afford. As I travel around the First District, I consistently hear from folks about the high costs of health care- especially regarding their daily prescription medications. The American people deserve a patient-centered system that favors quality, affordability and choice, not more government bureaucracy.

The exorbitant cost of prescription drugs is a substantial burden on Americans, whether through increased premiums or out of pocket costs. The wholesale price for U.S. drugs increased an average of 5.8 percent in 2020. I am dedicated to reforming our healthcare system to ensure accessible, affordable, and quality health care for the people of our region. I believe lowering the costs of prescription drugs is a critical component to fixing our broken health care system. As I travel around our area, I hear constantly from folks about the high cost of health care. Lowering prescription drug prices and increasing access to effective medical treatments for all Virginians is very important to me.

I will remain committed to improving the affordability of the nation's health care system. I believe the goal of health care reform must be to drive costs down so that quality health care coverage is affordable and accessible to every American. In addition to accessibility and affordability, reforms must ensure that doctors and patients, not insurance companies or government bureaucrats, are the ones making important health care decisions. We must also strive to enhance transparency in the health care market to help families efficiently leverage their health care investments.

As your Representative and as Co-Chair of the Public Health Caucus, I am committed to protecting Virginians and raising awareness about how public health issues impact lives and communities. I have visited healthcare facilities across the First District, learning the problems they face every day and sharing them with my colleagues in the caucus. We will, through an open dialogue, create meaningful solutions to the complaints of our patients and providers. Check out the caucus website [here](#) to see what the caucus has been doing and to find out about future events.

During the 116th Congress, I worked to protect my constituents by lowering healthcare costs - specifically for medications and premiums - and supporting coverage for pre-existing conditions because I understand the importance of accessible health care. I supported several pieces of legislation that make great strides towards ensuring healthcare affordability. For example, I cosponsored H.R. 2700, Lowering Prescription Drug Costs and Extending Community Health Centers and Other Public Health Priorities Act, and H.R. 1730, the PHAIR Pricing Act. In addition, I supported H.R. 1730, the Cancer Drug Parity Act, H.R. 692, the Pre-

the PHAIR Pricing Act. In addition, I supported H.R. 1730, the Cancer Drug Parity Act, H.R. 692, the Pre-existing Conditions Protection Act, and H.R. 2279, the Safe Step Act. I will continue to advocate for a patient-centered approach to healthcare. A system built on the pillars of patient-doctor relationships, freedom of choice, and quality coverage is vital as we look to healthcare reforms. Through bi-partisan cooperation and American ingenuity I believe we can address the issues that plague our healthcare system, and thereby ensure a healthy, prosperous future for all people.

Thank you again for sharing your views and opinions with me on the important issues facing our Nation. I pledge to you that I will continue to work hard on your behalf and to fight for the principles that will continue to make this Nation great. I honestly would not be able to serve the First Congressional District of Virginia without hearing from great folks like you. As we move forward, your input on these pivotal issues will be extremely important, so please keep in touch with me via telephone at (202) 225-4261, through my website (www.wittman.house.gov), on Facebook (www.facebook.com/reprobwittman), or via Twitter (www.twitter.com/robwittman).

With kind regards, I remain

Sincerely,



Rob Wittman
Member of Congress

RJW/cs

Similar to sharing the experiential learning projects, I also may post student infographics, social media page links, and responses from their legislators on the Facebook page, and some of these are picked up by our College communications manager, who has been interested in an infographic or two for our College newsletter.



Role Playing

In this course, any high stakes assignments are rolled out fairly evenly throughout the semester to avoid an overwhelming *end all be all* final project. There are additional active learning assignments that I reimagined from the hybrid to find either appropriate substitutions for or fully replicate for the online. One concern that we have had was confidentiality. We were worried that a couple of our assignments could potentially lack the surprise element of hearing about an assignment for the first time if students were to share the *secrets and solutions* outside of the classroom. This is different from an honor code violation but more like students chatting about what they did in class to fellow students in a different section or who will take the course in the future. For example, there are two assignments that are role-playing types of activities with a potential solution at the end of the play. In an in-person modality these activities would evolve and be solved in one class session, so there is less likelihood of information sharing. *Desert Survival* is one such assignment and has always been a course favorite. Because I am conscious about spoiling the solutions for another class, I use a snow-based scenario for the online modality. For the activity, I may use breakout rooms, adaptive release, random assigned groups or other timed methods to ensure a timely resolution without much opportunity for outside sharing. Our Ugli-Oranges assignment is another such a role-playing assignment, and I operate it the same way, timed with a randomized partner. They will meet over Zoom in their own time to play and then reflect on the experience. Each activity then requires a graded reflective journal with an intentional set of question, particularly reflecting on the partnership or group experience, any challenges or obstacles to reaching a solution, and any conflict or negotiation involved.

Development Limitations

Reflecting on the role-playing assignments, I also fully recognize my technological limitations and some of my fellow department adjuncts have also shared that they are also looking for creative online gadgets, tools, and resources to purposefully expand engagement in the online modality. I am hoping that we can all continue to learn new and innovative ways to design games and activities using innovative apps beyond Kahoot, Quizlet, and Jamboard, so that the assignments that we visualize transitioning from another modality or wanting to develop from scratch can be realized with some special online magic. I can often picture what I want to create, but as many of us in public health do not come from a game development or programming background, resources and training are welcomed. I am always exploring and volunteering to help my department with course redevelopment and enjoy reaching out to both full-time and adjunct faculty teaching my same courses to find out what they are doing, particularly if the modality for that course is new to me or if I feel a course objective needs a new assignment and I am looking for collaboration or neat ideas.

The syllabus for one of my online sections for GCH 376 is below:

George Mason University

School of Health and Human Services

Department of Global and Community Health

GCH 376 DL 1 Health Ethics, Leadership, and Advocacy

(3 credit hours)

Syllabus and Class Schedule

Fall 2023

Instructor: Shannyn R. Snyder, MAIS

Time(s): Online

Pronouns: she, her, hers

Location: Online

Email: ssnyder7@gmu.edu

Blackboard site: <http://mymason.gmu.edu>

(be sure to NOT use “masonlive.gmu.edu – it will not get to me – just “gmU.edu”)

Prerequisite: GCH 205

Office Hours: By Appt

Course description: An overview of legal and ethical issues in public health practice and the skills necessary for effective leadership. Includes personal and organizational ethics, management and leadership styles, and public health advocacy.

Student Learning Objectives (SLOs):

After successful completion of this course, each student will be able to:

1. Compare and contrast leadership models to improve public health organization effectiveness.
2. Describe the linkage of an organization's mission, vision and values to its strategic direction.
3. Analyze factors that affect negotiations, including human behavior, methods of communication, the interaction of negotiation styles, and type of negotiation conducted.
4. Summarize how financial considerations impact public health management.
5. Identify ethical issues in public health practice.
6. Examine how local, state, and national laws affect public health practice.
7. Explain how to utilize various forms of advocacy to affect health policy.
8. Recommend management practices integral to attaining and maintaining a highly diverse workforce.

Textbooks (required):

Jones, J.H. (1993). *Bad Blood: the Tuskegee Syphilis Experiment*. ISBN: 0-02-916676-4. Simon & Shuster.

Additional readings will be posted to Blackboard.

Learning Methods: This is an online, active learning class, which means that you will spend most of class time engaging in interactive exercises. This class is not passive, so please be prepared to get involved and be communicative. This course involves discussion, collaboration, activities, problem solving and reflection. There will be reflective journals, case studies, activities around the Tuskegee book and a legislative advocacy project. We will use Blackboard extensively (mymason.gmu.edu). You will find class notes, assignments, additional materials and important messages posted there. Blackboard is also where you will submit all

assignments. Please be in the habit of checking Blackboard several times per week, during the semester, for any announcements from this and any of your other courses.

Evaluation Methods

Class Participation: Our course varies from seminar to group work. Interaction will be required, as we prepare for our future roles in collaborative public health. Therefore, it is imperative that students are prepared by reading all assignments prior to class. The active learning approach requires student participation and cooperative interaction in discussions and small group work. Becoming an active member of discussions will support your learning as well as that of your classmates.

Reflection Journals: After designated activities and discussions, you will be required to submit a critical reflection. These may be named reflective journals, reading reflections, or simply journals. You will be expected to reflect on what you have learned during your lecture portions to apply in practice. This theory to praxis approach means that these critical reflections should be more than a purely descriptive experience and be a tool for more personal and meaningful reflection, analysis, and synthesis of the course content and content experience. You will see that a blend of academic critique and personal opinion will be sought in these reflections, so read the instructions carefully to determine which approach is requested for each question. Although we cover a variety of topics, they are all interrelated, thus the ability to connect issues that we have previously discussed and synthesize these with the current topic will further help you deepen your understanding of ethics, leadership, and advocacy. This cumulative process means that not keeping up with material and interactive work will hinder your understanding of the course and the flow of the class.

It is recommended that you write these journals immediately following the active learning activity, to be sure that your memory of the activity is as fresh as possible. There will be a total of 4 journals required this semester.

Journal entries are expected to clearly and fully answer the questions posed. Please reference any sources correctly using APA style and write in standard English. In other words, grammar and spelling absolutely count. You will be graded on the content of your writing and ability to integrate the concepts from the readings and the class sessions in your journal. As the semester progresses, you will be expected to demonstrate higher levels of critical reflection and integration of the course material. These journals are INDIVIDUAL assignments. Assignments are compared in Blackboard for plagiarism, against resources and each other.

HPV Case Study: We will use case studies to further explore how the concepts we are learning apply to the real world. There will be one case study assigned this semester for comprehensive analysis. The case study deliverable will be a SMALL GROUP assignment and the same group as your Legislative Advocacy Assignment. However, students do have the option to work on the HPV Case Study as an INDIVIDUAL ASSIGNMENT, if preferred.

Bad Blood/Tuskegee Syphilis Experiment Activities/Discussion/Analysis/Ethics: We will be reading *Bad Blood: The Tuskegee Syphilis Experiment* to give context to our discussion around public health ethics. In addition to an on-line intrigue journal (INDIVIDUAL ASSIGNMENT), an article critique and case comparison (GROUP ASSIGNMENT), two reading quizzes (INDIVIDUAL ASSIGNMENT), and a final discussion (ONLINE DISCUSSION). These will require preparation, including reading the book in entirety. Please order this book during the first two weeks of class and begin reading the book early by Week 2. In addition to this book, we

will be working on various ethics studies. All of these, collectively, are included in this grade. The final discussion for the Tuskegee study will be in various formats, which require participation.

Legislative Advocacy Project: Working with one or two partner(s), you will identify a health-related bill on the national level about which you jointly/collectively have some interest. Components of this project include a comprehensive infographic about the health topic and related bill, a social media page on the health issue that incorporates these visuals, bill information, and “how to” advocacy, a provocative action letter regarding the legislation to the appropriate legislator, and a comprehensive talking points deliverable summarizing the topic and bill. This is a scaffolded assignment that is weighted heavily, including the formatting, grammar, research, and writing expected of a 300-level course. Students that “drop the ball” or are difficult to work with for their partners may potentially receive a zero on this assignment. Please be accountable for your own work, the collaboration with your partner(s), and any delegated portion of the project that is your responsibility. Bullying, disrespect, or lack of communication with your partner(s) will not be tolerated and will be reported. All honor code and citation rules of good writing explicitly apply. This project is a SMALL GROUP ASSIGNMENT, as one of the tasks of our class is to work in the same collaborate groups/teams that we are learning about in our course materials, particularly as we reflect on the dynamic and experience of the project.

Exams: There are no exams in this course. However, you can expect there to be two online, open-book quizzes for *Bad Blood*.

Assessment: Grading in this class is taken seriously and grades are earned, not given. Please note the grade point scale is as follows:

Component	Points
Participation and Engagement (1 pt per class for weekly discussion or engagement blog)	10
Reflective Journals (4 of them)	200
HPV Case Study	100
<i>Bad Blood</i> /Tuskegee Experiment Project/Ethics assignments and quizzes (collectively, all components, including blog work)	200
Legislative Advocacy Project (all components)	240
Total Points: 750	

Grading scale:

Grade	Qualities	Total Points = 750
A+	Student work exceeds all expectations and a mastery of course objectives.	740+
A	Student work exceeds most or all expectations. Shows creative thought, synthesis of concepts, reflection, deep	705-740

A-	understanding of the concept or process with ability to transfer knowledge. The student communicates well, thinks concretely and abstractly, and analyzes and interprets mathematical and pedagogical ideas.	690-704
B+	The student articulates concepts and communicates ideas clearly. The work completed shows evidence of original thought or creativity, reflection or thoughtful questioning. The quality of work exceeds the requirements in some ways.	675-689
B		645-674
B-		630-640
C+	The student meets the objectives but not exceed them. The student can do the basics of the tasks required. Communication may be clear or not. ..	639-585
C		570-584
D	Inadequate work, below minimum requirements.	525-583
F	Missing or well below minimum requirements.	0-524

Extra Credit: For whatever reason a student may want or need extra credit, sufficient and substantial extra credit is offered during the course. Lack of participation in extra credit means a student will have less recourse in the case of a poor course grade outcome. Various research, writing and extra-curricular participation opportunities are made available via Blackboard and via in-class announcements, throughout the semester, giving all students ample and continuous opportunity to boost their final grade in this course. Extra credit that requires participation off-campus will receive higher extra credit value than virtual or “in-house” options.

FINE PRINT: Extra credit does not make up for the student requirement to achieve the course objectives, so for that reason, the student must still demonstrate an understanding of all course topics. That is, a student may not be failing the class and plan to make up the work solely with extra credit points. A student may also not “drop the ball” on the legislative project and make it up with extra credit. Students must have completed all assignments in order to use extra credit. Therefore, extra credit is only used to boost a low grade in an assignment or quiz and not used instead of an assignment.

For this reason, students who participate in extra credit typically first demonstrate a complete knowledge of the course material and then a desire to go above-and-beyond for a well-rounded experience, combining classroom time and community application.

E-mail: The preferred method of communication for this online class is via e-mail. Students must use their Mason email account to receive important University information, including messages related to this class. See <http://masonlive.gmu.edu> for more information. E-mails do not express tone of voice or body language, so strive to use careful wording to convey your desired message. Please take an extra minute when sending an e-mail to think about what you want to say, spell-check your e-mail, and use appropriate, courteous, and professional language. I will strive to do the same in all communications. It is a university policy that all

student/professor communication occurs through your GMU email account. Emails from Gmail, yahoo, Hotmail, and other non-GMU accounts will not be answered. **Emails will be answered within 48 hours, M-F, or at other times at the discretion of the instructor. Emails may not be answered during university holidays or on weekends. Emails about an assignment should typically be asked at the time of assignment and not the day it is due.**

Academic Honesty: GMU is an Honor Code university. You may find the honor code at <http://oai.gmu.edu/mason-values-academic-integrity/>. The principle of academic integrity is taken very seriously, and violations are treated gravely. What does academic integrity mean in this course? Essentially this: when you are responsible for a task, you will perform that task. When you rely on someone else's work in an aspect of the performance of that task, you will give full credit in the proper, accepted form. Another aspect of academic integrity is the free play of ideas. Vigorous discussion and debate are encouraged in this course, with the firm expectation that all aspects of the class will be conducted with civility and respect for differing ideas, perspectives, and traditions. When in doubt (of any kind) please ask for guidance and clarification.

Examples of honor code violations include but are not limited to sharing the content of class assignments, class exercises, or exams with previous, current, or future GCH students (in any section or semester); falsely representing your own work or the work of others; using study aids, notes, or electronic devices during exam sessions, etc.

Please note: The GMU Honor Code requires that faculty submit any suspected Honor Code violations to the Honor Committee. Therefore, any suspected honor code violation will be submitted to the Honor Committee. Students who are caught cheating during exams or plagiarizing any class assignment will receive an automatic "0" for the exam/assignment and will be sanctioned according to Honor Code specifications. Any honor code violation is documented in the student's permanent disciplinary record.

Mutual Tolerance and Respect: Public health deals with controversial issues from multiple perspectives, and consideration of these issues may cause disagreements among students and/or faculty, or they may evoke strong personal feelings, depending on our individual experience, histories, identities, and world views. Therefore, in all interactions and communications, it is important to strive to demonstrate mutual respect and tolerance for one another and for any course guests and members of the community with whom we come into contact.

Academic Accommodations: If you are a student with a disability and you need academic accommodations, please see me, and contact the Office of Disability Services (ODS) at 703-993-2474. All academic accommodations must be arranged through the ODS. All students with questions or concerns about this class are encouraged to set up a time to meet with the professor, preferably during the first two weeks of the semester.

Writing Center: The GMU Writing Center (<http://writingcenter.gmu.edu/tutoring>) provides **free** one-on-one sessions in which you can get expert feedback on drafts of writing assignments. While the tutors will not fix your papers for you, they will collaborate with you to identify and correct rough areas in your essays and to build your writing, proofreading, and editing skills. This is a service available to **all** students. English as a Second Language students have the option of signing up for the "Opt-In ESL Support Program" that pairs the student with a specific tutor for the entire semester and allows for up to *thirty* tutoring sessions; eligible

students must enroll in the ESL program at the start of the semester. For more information on this program, go to <http://writingcenter.gmu.edu/tutoring/esl-writing-support>.

School Closings and Inclement Weather: In case of inclement weather please check www.gmu.edu or your GMU e-mail, where announcements of school closings will be made. Please use your common sense when coming to school during severe weather.

Gender Identity and Pronoun Use: Please let me know of your gender pronoun(s) and how best to address you in class and via email. I use female pronouns for myself, and you may address me as Professor Snyder in email and verbally. My pronouns are she, her, hers. If you use a name other than what is on the roster, please also let me know.

Notice of mandatory reporting of sexual assault, interpersonal violence, and stalking: As a faculty member, I am designated as a “Responsible Employee,” and must report all disclosures of sexual assault, interpersonal violence, and stalking to Mason’s Title IX Coordinator per University Policy 1412. If you wish to speak with someone confidentially, please contact one of Mason’s confidential resources, such as Student Support and Advocacy Center (703-380-1434) or Counseling and Psychological Services (CAPS) (703-993-2380). You may also seek assistance from Mason’s Title IX Coordinator by calling 703-993-8730 or emailing cde@gmu.edu.

Fall 2023 COURSE SCHEDULE

(Subject to change depending on guest speaker availability and coverage of material. Students are responsible for tracking any changes which will be announced in class.)

Week of	Work to Prepare in Advance of the “Weekly Work”	Weekly Work Target	What’s Due or To Do
August 20	Online Syllabus and Course Schedule Review and Browse through BlackBoard	Please familiarize yourself with the Syllabus and Blackboard and be ready to go for next week.	Order/Purchase/Rent <i>Bad Blood</i> and start reading – pace yourself 1-2 Chapters per week
August 27	Course Content Folder: Introduction, Leadership, etc.: Review PPTs Watch videos on Organizational Culture and Emotional Intel Do Attitudes JamBoard (link in folder)	Introduction Blog Topics: Leadership, Organization Culture, and Emotional Intelligence Randomized Group Work: Emotional Intelligence Assignment	Leadership Questionnaire (complete this but keep in your class materials for a future journal) Attitudes JamBoard Intro Blog

Week of	Work to Prepare in Advance of the “Weekly Work”	Weekly Work Target	What’s Due or To Do
		Plan to start <i>Bad Blood</i> Intrigue Journal	Emotional Intelligence Assignment Read 1-2 Chapters of <i>Bad Blood</i> . <i>Bad Blood</i> Intrigue Journal – it is a good idea to write this journal as you read the book. Makes it much easier to complete this assignment.
Sept 3	Course Content Folder: Motivation, Influence, etc.: Review Motivation and Influence PPT and Teams PPT Watch videos Building Your Team and Influencing Others Do Motivation JamBoard (link in folder)	Catch up on any late work Check into the Attitudes Jamboard to see what your classmates wrote Check into the intro blog to meet your classmates.	Read 1-2 Chapters of <i>Bad Blood</i> Motivation JamBoard
Sept 10	N/A	Teams Activity: Desert Survival Review Motivation Jamboard responses Legislative Advocacy Project Talk and Group Partnership (FYI this will also be the same grouping that you will use for the HPV assignment) Exchange contact info with your partner(s) to continue discussing during “hybrid time”	Read 1-2 Chapters of <i>Bad Blood</i> and Journal Journal 1 Desert Survival due Sept 25 Legislative Advocacy Group Names due next week

Week of	Work to Prepare in Advance of the “Weekly Work”	Weekly Work Target	What’s Due or To Do
		as you will need to decide on a bill by the end of next week.	
Sept 17	Content Folder: Public Health Advocacy (Legislative) – browse/read /watch folder contents	<p>Introduction to Advocacy and How to Find a Bill (PPT and Talk)</p> <p>Group Activity: Conceptualize and Discuss: Public Health Advocacy through Advocacy activity “APHA Hot Button Issues”</p> <p>https://www.apha.org/topics-and-issues (use Bb blog)</p> <p>Steps today:</p> <p>Step 1: Review APHA Advocacy website and then go to the Hot Button Issues and complete the blog</p> <p>Step 2: Talk with your Legislative Partnership/Group to choose a bill for your project.</p> <p>Take notes on how to make your bill choice. You need to be enthusiastic or at least “very interested” in the topic. No amendments or resolutions. No state bills. Only select bills that are in “introduction” or have only passed HR. Make sure that you have a general understanding of the health topic and what the bill is seeking. You should find this</p>	<p>Read 1-2 Chapters of <i>Bad Blood</i> and Journal</p> <p>Record Bill for advocacy project due – Use BbBlog</p>

Week of	Work to Prepare in Advance of the “Weekly Work”	Weekly Work Target	What’s Due or To Do
		<p>under the “text” portion of your bill (not the summary). Again, I will talk about the bill summary in our project, but in the bill specifics, this is typically under the Text tab.</p> <p>Step 3: Enter Bill Info under Blog Threads</p>	
Sept 24	Review chosen bill and make notes on who authored/sponsored the bill, what the bill is doing or seeks to accomplish, if there is any funding attached/requested	<p>Legislative Advocacy Project Workshop (Social Media - FB/Insta/Twitter Page and Infographic)</p> <p>Step 1: Work on the Social Media Assignment with your Bill group.</p> <p>Step 2: Delegate Infographic tasks and begin designing infographic using guidelines. Once finished, Complete Group Assignment.</p>	<p>Read 1-2 Chapters of <i>Bad Blood</i> and Journal</p> <p>Journal 2: Advocacy due Oct 9</p> <p>Social Media Pages due Oct 9</p> <p>Infographic due Oct 23</p>
Oct 1	Continue to work with Legislative Advocacy Group on Social Media Page and Infographic. Social Media Pages due this week.	<p>Legislative Advocacy Project Workshop (Legislators)</p> <p>Work with your Legislative Advocacy Group today to:</p> <p>Step 1: Determine your legislator(s) and their campaign/political parties, platforms, and promises, and voting record(s) on health issues</p>	<p>Read 1-2 Chapters of <i>Bad Blood</i> and Journal</p> <p>Legislative Letter due Oct 30</p>

Week of	Work to Prepare in Advance of the “Weekly Work”	Weekly Work Target	What’s Due or To Do
		<p>Step 2: Draft the main body of the letter (because your legislators may differ and therefore the first paragraph) discussing your bill and why it is of importance to their constituency</p> <p>Step 3: Develop an interchangeable introductory, first paragraph</p> <p>Step 4: Determine DC or local office address and URL/Macro instructions</p> <p>Step 5: Determine group deadlines for letters and when ready, submit under the Assignment. Wait for grade before sending to Legislator.</p> <p>Step 6: After grading, submit to Legislator’s email/macro and email “sent” screenshot to Professor</p>	
Oct 8	<p>Be sure that you are finishing Chapter 7 of <i>Bad Blood</i>. <i>Bad Blood</i> Quiz 1 is coming soon. It’s open book, but you should not be guessing at the answers.</p> <p>Course Content Folder: Public Health Ethics</p>	<p>Work on these items that are coming due in the blog and/or group work areas:</p> <p>In Class Work: Analyzing Ethics Cases Blog – Bio Ethics</p>	<p>Read 1-2 Chapters of <i>Bad Blood</i> and Journal</p> <p><i>Bad Blood</i> Quiz 1 due Oct 30</p> <p>All letters should be submitted to legislators and screenshot sent to Professor by Nov 1</p>

Week of	Work to Prepare in Advance of the “Weekly Work”	Weekly Work Target	What’s Due or To Do
	Browse/Read: Articles and PPT in this folder	Work on Research Activity: Willowbrook, Guatemala, and Tuskegee and Article Comparison, Questions (Fill In)	
Oct 15	Continue Reading <i>Bad Blood</i> and Journal through the end of the book (due November 15 for Quiz 2) Course Content Folder: Professional Ethics Browse/Read/Watch PPTs, Articles, and Videos Finish Article Comparison in virtual collab	Professional Ethics: Discuss Law and Ethics, and Recap of Enron Blog Work: Analyzing Ethics Cases – Workplace Discrimination Work on: Willowbrook/Guat Article Comparison	Read 1-2 Chapters of <i>Bad Blood</i> and Journal
Oct 22		Willowbrook, Guatemala, and Tuskegee Discussion Board Final Legislative Advocacy Workshop: Groups should begin drafting the Talking Points and submit assignment by November 13	Read 1-2 Chapters of <i>Bad Blood</i> and Journal Talking Points due by Nov 13
Oct 29	November 1 Course Content Folder: Culture and Diversity Read/Watch PPTs and Videos	Video Activity: Manager’s Hot Seat Clips and Discussion Questions (Candidate Conundrum and Mustang Jeans) Review Culture and Diversity JamBoard Post-Its	Read 1-2 Chapters of <i>Bad Blood</i> and Journal Complete JamBoard

Week of	Work to Prepare in Advance of the “Weekly Work”	Weekly Work Target	What’s Due or To Do
	Complete JamBoard Activity: Link in Folder	Introduce HPV Assignment and talk about controversies, similarities to COVID vaccine debates, opposing viewpoints discussion. Collab with your group.	
Nov 5	<p>Course Folder: HPV</p> <p>Review/Read/Browse all HPV content and begin collaborating, delegating, drafting with group (same group as Legislative Advocacy Group)</p> <p>Course Content Folder: Decision-Making, Conflict, and Negotiation</p> <p>Watch 2 videos and review PPT</p>	<p>Discuss Decision-Making, Conflict, and Negotiation</p> <p>Activity: Ugli-Oranges</p> <p>Think about any questions or complexities for discussion regarding Tuskegee and <i>Bad Blood</i> for our class. Submit these to me by the end of the week for inclusion in the jams/blogs.</p>	<p>Finish reading <i>Bad Blood</i> and tie up Intrigue Journal and complete Quiz 2 by November 15</p> <p>HPV Assignment due November 20 (this is a long assignment, don’t procrastinate)</p>
Nov 12		<p>Continue to work on HPV Assignment and finish <i>Bad Blood</i>.</p> <p>Catch up on any late work.</p> <p>Begin filling out the various blog/jams and other pieces to our Tuskegee discussion in preparation for our final week.</p>	Journal 3: Ugli-Oranges due Nov 27
Nov 19		Happy Thanksgiving	

Week of	Work to Prepare in Advance of the "Weekly Work"	Weekly Work Target	What's Due or To Do
		Begin filling out the various blog/jams and other pieces to our Tuskegee discussion in preparation for our final week. All posts must be completed by November 25.	
Nov 26	Dig out your Leadership Questionnaire and work on Journal 4: Leadership and Class Recap	Watch Deadly Deception Clip <i>Bad Blood</i> Discussion.	Journal 4: Leadership Reflection due December 1 (this is a longer one, so do not procrastinate)
Dec 1	All Late Work Due		

Conclusion of Course Presentations

It was my intention through the presentation of these two online courses to effectively demonstrate growth through innovation, consistent learning from self-evaluation and assignment evaluation, the evolution of my courses to reflect unique styles of teaching to meet the needs of diverse learners in the online environment who will benefit most from creative teaching. I understand from students that the popularity of my courses is due in some part to my enthusiasm for teaching, kindness and respect towards students, and using instructional methods that are fun and enthusiastic so that they are motivated to learn. I also enjoy being a learner, so I am purposeful in my instructional growth, and I am proud to have developed in the online modality as conveyed in this detailed evidence.