

MEMORANDUM

TO: Sean Rafferty, Senate Chair

FROM: Havidán Rodríguez, President

DATE: April 7, 2021

SUBJECT: Senate Bill Approval

I am pleased to approve the following Senate Bill, which was recommended following approval by the University Senate at its meeting of February 24th, 2021.

Senate Bill 2021-06:

PROPOSAL TO ESTABLISH AN ADVANCED CERTIFICATE IN HIV STUDIES

Approved:  _____

Havidán Rodríguez, President

UNIVERSITY SENATE
UNIVERSITY AT ALBANY
STATE UNIVERSITY OF NEW YORK

Introduced by: Graduate Academic Council
University Policy and Planning Council

Date: March 22, 2020

Proposal to Establish a New Certificate in HIV Studies.

IT IS HEREBY PROPOSED THAT THE FOLLOWING BE ADOPTED:

1. That the University Senate approves the attached Program proposal as submitted by the School of Public Health, to the Graduate Academic Council and the Undergraduate Policy and Planning Council
2. That this takes effect for the Fall 2021 semester.
3. That this proposal be forwarded to President Havidán Rodríguez for approval.



New Program Proposal: Certificate or Advanced Certificate Program

Form 2C

Version 2016-10-13

This form should be used to seek SUNY’s approval and New York State Education Department’s (SED) registration of a proposed new academic program leading to a certificate or an advanced certificate. Approval and registration are both required before a proposed program can be promoted or advertised, or can enroll students. The campus Chief Executive or Chief Academic Officer should send a signed cover letter and this completed form (unless a different form applies¹), which should include appended items that may be required for Sections 1 through 5 and 10 of this form, to the SUNY Provost at program.review@suny.edu. The completed form and appended items should be sent as a single, continuously paginated document.² If Sections 7 and 8 of this form apply, External Evaluation Reports and a single Institutional Response should also be sent, but in a separate electronic document. Guidance on academic program planning is available [here](#).

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NOTE: Please update this Table of Contents automatically after the form has been completed. To do this, put the cursor anywhere over the Table of Contents, right click, and, on the pop-up menus, select “Update Field” and then “Update Page Numbers Only.” The last item in the Table of Contents is the List of Appended and/or Accompanying Items, but the actual appended items should continue the pagination.

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¹Use a different form if the proposed new program will lead to a graduate degree or any credit-bearing certificate; be a combination of existing registered programs (i.e. for a multi-award or multi-institution program); be a breakout of a registered track or option in an existing registered program; or **lead to certification as a classroom teacher, school or district leader, or pupil personnel services professional** (e.g., school counselor).

²This email address limits attachments to 25 MB. If a file with the proposal and appended materials exceeds that limit, it should be emailed in parts.

Section 1. General Information	
a) Institutional Information	Date of Proposal: October 18, 2020
	Institution's 6-digit SED Code : 210500
	Institution's Name: University at Albany
	Address: 1 University Place, GEC 100, Rensselaer, NY 12144
	Dept of Labor/ Regent's Region : NYS Capital Region (7)
b) Program Locations	List each campus where the entire program will be offered (with each institutional or branch campus 6-digit SED Code): 210500
	List the name and address of off-campus locations (i.e., extension sites or extension centers) where courses will offered, or check here [<input type="checkbox"/>] if not applicable :
c) Proposed Program Information	Program Title: HIV Studies
	Award(s) (e.g., Certificate.): Advanced Certificate
	Number of Required Credits: Minimum [12] If tracks or options, largest minimum [14]
	Proposed HEGIS Code : 1214
	Proposed 6-digit CIP 2010 Code : 51.2299
	If the program will be accredited, list the accrediting agency and expected date of accreditation: Council on Education in Public Health (CEPH), under general accreditation for School of Public Health degree programs, renewal anticipated 07/2022.
If applicable, list the SED professional licensure title(s) ³ to which the program leads: n/a	
d) Campus Contact	Name and title: Kevin Williams, Vice Provost and Dean for Graduate Studies
	Telephone: (518) 956-8030 E-mail: kwilliams@albany.edu
e) Chief Executive or Chief Academic Officer Approval	Signature affirms that the proposal has met all applicable campus administrative and shared governance procedures for consultation, and the institution's commitment to support the proposed program. E-signatures are acceptable.
	Name and title: Carol H. Kim, Provost and Senior Vice President for Academic Affairs
	Signature and date:
	If the program will be registered jointly⁴ with one or more other institutions, provide the following information for <u>each</u> institution:
Partner institution's name and 6-digit SED Code : n/a	
Name, title, and signature of partner institution's CEO (or append a signed letter indicating approval of this proposal):	

³ If the proposed program leads to a professional license, a [specialized form for the specific profession](#) may need to accompany this proposal.

⁴ If the partner institution is non-degree-granting, see SED's [CEO Memo 94-04](#).

Section 2. Program Information

2.1. Program Format

Check all SED-defined [formats, mode and other program features](#) that apply to the **entire program**.

a) **Format(s):** Day Evening Weekend Evening/Weekend Not Full-Time

b) **Modes:** Standard Independent Study External Accelerated Distance Education

*NOTE: If the program is designed to enable students to complete 50% or more of the course requirements through distance education, check Distance Education, see Section 10, and **append** a [Distance Education Format Proposal](#)*

c) **Other:** Bilingual Language Other Than English Upper Division Cooperative 4.5 year 5 year

2.2. Related Degree Programs

All coursework required for completion of the certificate or advanced certificate program must be applicable to a currently registered degree program at the institution (with the possible exception of post-doctoral certificates in health-related fields). Indicate the registered degree program(s) by title, award and five-digit SED Inventory of Registered Programs (IRP) code to which the credits will apply:

Public Health, Master of Public Health (MPH), IRP code 90104

2.3. Program Description, Purposes and Planning

a) What is the description of the program as it will appear in the institution's catalog?

The Graduate Certificate in HIV Studies, hosted by the Center for Collaborative HIV Research in Policy and Practice (CCHRPP), offers students the opportunity to gain in-depth knowledge that will prepare them for work in the field of HIV prevention and related issues. The competencies fulfilled by this program will be translatable to public health practice in local, state, and federal government and non-governmental agencies and public health research focused on HIV, HCV, drug user health, and related issues.

The certificate is open to students enrolled in graduate degree programs or as a self-standing program of minimum of 12 credit hours as outlined below. Some courses applicable to the certificate program may have prerequisites.

The required Certificate core courses provide students with fundamental knowledge about HIV transmission, impact, and clinical considerations and public health approaches and implementation to addiction. Students will choose a track based on their interest and career goals. The Applied Track will provide students with the skills to work with communities, be public health leaders, and skilled managers. The Research Track will prepare students with additional methodological expertise in quantitative or qualitative research.

Required Courses (both tracks):

EPI 610 – AIDS Epidemiology

HPM 611 – Addiction and Public Health

Applied Track:

Required: HPM 535 – Community Based Public Health

At least ONE of the following graduate-level courses:

EPI 612 – Quantitative Methods in Epidemiology

HPM 501 – Health Policy Analysis

HPM 641 – Principles of Health Organization Management

HPM 647 – Program Evaluation

HPM 650 – Strategy and Leadership Applications in Health Management

PAD 501 – Public and Nonprofit Financial Management

PAD 504 – Data Models, and Decisions

PAD 522 – Politics and Policy

PAD/POS/INT 604 – Inequality and Public Policy

PAD 616 – Nonprofits and Social Transformation
PAD 642 – Public Budgeting
PAD 653/HPM 651 - Public Health Politics and Policy: Global and Domestic Perspectives

Students may request to substitute another graduate-level course subject to approval by the course instructor and the HIV Studies Certificate Program Director.

Research Track:

At least TWO of the following methodological courses:
EPI 612 – Quantitative Methods in Epidemiology
HPM 647 – Program Evaluation
EHS 612 – Geographical Information Systems (GIS) and Public Health
POS/PAD 517 – Quantitative Research Methods
POS 618 – Qualitative Methods
PAD 504 – Data Models, and Decisions
PAD 505 – Statistics for Public Managers and Policy Analysts

Students may request to substitute one of their electives for another graduate-level course subject to approval by the course instructor and the HIV Studies Certificate Program Director.

b) What are the program’s educational and, if appropriate, career objectives, and the program’s primary student learning outcomes (SLOs)? **NOTE:** *SLOs are defined by the Middle States Commission on Higher Education in the [Characteristics of Excellence in Higher Education](#) (2006) as “clearly articulated written statements, expressed in observable terms, of key learning outcomes: the knowledge, skills and competencies that students are expected to exhibit upon completion of the program.”*

Educational & Career Objectives

The graduate certificate in HIV Studies aims to:

- Provide students in public health and other disciplines with a foundational knowledge base in the field of HIV and related issues
- Reinforce and apply core public health skills and competencies through the lens of HIV
- Help students build the ability to flexibly apply foundational HIV knowledge, skills, and competencies to a range of topics and issues in public health and other disciplines related to students’ interests and professional goals
- Provide students real-world examples of opportunities and challenges with working on HIV and related issues as public health practitioners and researchers.
- Increase certificate students’ understanding of the need to work with professionals in other disciplines to address HIV issues and support HIV population health

Student Learning Outcomes

Students who complete the graduate certificate in HIV Studies will be able to demonstrate:

- Basic knowledge of key HIV content areas, including:
 - Epidemiology of and surveillance methods used for HIV, sexually transmitted infections (STIs) and hepatitis C (HCV) in the United States and New York State
 - Issues related to persons who use drugs
- Additional knowledge in at least one area important for work in HIV studies, such as program evaluation, data analysis, health policy, project management, and community engagement
- Increased proficiency in at least ONE communication-related public health competencies, applied specifically to HIV
- Recognition of the range of career opportunities, work settings, and professional roles available working on HIV and related issues, including opportunities for cross-disciplinary collaboration

c) How does the program relate to the institution’s and SUNY’s mission and strategic goals and priorities? What is the program’s importance to the institution, and its relationship to existing and/or projected programs and its expected impact on them? As applicable, how does the program reflect diversity and/or international perspectives?

The HIV Studies Certificate Program is part of the CCHRPP's core mission to provide enhanced training and learning opportunities to foster a next generation of public health workforce that can address the public health and social justice challenges in persons at risk for or living with HIV infection and related diseases. In addition to didactic training through coursework, the students can take advantages of career training/network opportunities provided by the CCHRPP.

In below, we summarize specifically how this certificate program aligns with, and will contribute to, several specific priorities articulated in the University at Albany Strategic Plan (adopted 2018), particularly around student success and diversity and inclusion, and internationalization.

1. Student success

- In the process of conceptualizing the certificate program, we received extensive input from partners at the New York State Department of Health AIDS Institute (NYSDOH AI) and New York State International Training and Research Program (NYS-ITRP) to ensure that the program will meet skill sets and competencies they would like to see in interns or new hires. Completion of certificate should therefore enhance post-certificate employment opportunities in settings such as NYSDOH AI among our graduates.
- The students in the certificate program will have opportunities to attend events hosted by the CCHRPP, including internship previews and career networking day that are coordinated by the SPH and NYSDOH AI.

2. Diversity and inclusion & internationalization

- This certificate program provides tailored experiences for the students with various public health interests and background, which will help increase diversity of classroom experiences.
- Offering applied and research track should encourage enrollment of students who vary in their personal and training background, and career goals.
- In addition to taking courses, the students will have an opportunity to attend CCHRPP-hosted seminars and presentations on various topics around HIV and related issues, many of which focus on social justice and health disparities.
- With SPH-wide emphasis on globalizing our curriculum, many courses that are included in this certificate provides international examples.
- Graduate students come to the School of Public Health from Central and Eastern Europe to participate in the New York State International Training and Research Program, which is funded by the Fogarty International Center. The focus of this program is on building HIV and infectious diseases research capacity in Eastern Europe and Central Asia. The program could be offered to those fellows, which will also help diversity and internationalization.

d) How were faculty involved in the program's design?

The need for this certificate program arose in a planning retreat among CCHRPP faculty from the School of Public Health, Rockefeller College of Public Affairs and Policy, SUNY Downstate Health Sciences University, and the NYSDOH AI. In addition to in-depth group discussion of the program objectives and competencies among the CCHRPP faculty, the program director had separate meetings with a liaison from each of NYSDOH AI, Rockefeller College, and Downstate Health Sciences University, to make sure that the program will be attractive and provide important additional training opportunity to their employees/students. We also consulted with the department chairs and instructors of SPH and Rockefeller College to select courses to include by mapping onto the list of competencies to be ideally seen in potential interns or hires provided by the NYSDOH AI, the national and international leader of ending the HIV epidemic (ETE) effort and frequent employees of our graduates.

e) How did input, if any, from external partners (e.g., educational institutions and employers) or standards influence the program's design? If the program is designed to meet specialized accreditation or other external standards, such as the educational requirements in [Commissioner's Regulations for the Profession](#), **append** a side-by-side chart to show how the program's components meet those external standards. If SED's Office of the Professions requires a [specialized form](#) for the profession to which the proposed program leads, **append** a completed form at the end of this document.

As noted above, the development of this proposed certificate program was done in collaboration with other CCHRPP affiliated institutions, particularly the NYSDOH AI. However, the NYSDOH AI is not an entity that grants specialized accreditation or other external standards. Our program is therefore not designed to meet specialized accreditation external standards.

f) Enter anticipated enrollments for Years 1 through 5 in the table below. How were they determined, and what assumptions were used? What contingencies exist if anticipated enrollments are not achieved?

Year	Anticipated Headcount Enrollment			Estimated FTE
	Full-time	Part-time	Total	
1	n/a	14	14	7
2	n/a	24	24	12
3	n/a	35	35	17
4	n/a	42	42	21
5	n/a	51	51	26

By definition the certificate is part-time, so full-time enrollment estimates are not applicable.

These estimates are based on: 1) a review of enrollment numbers and trends from other relevant certificate programs currently offered at SPH (Global Health, Health Disparities, and Maternal and Child Health); 2) a survey of students enrolled in SPH 681, which is a required course for all first year MPH students, in Fall 2020 (n=57 respondents); and 3) a survey of current employees at NYSDOH AIDS Institute (n=120 respondents).

The following assumptions were used to determine these estimates:

- Enrollment will be similar to that of the Global Health, Health Disparities, and Maternal and Child Health certificates, which have structure, scope, and eligibility criteria comparable to the proposed certificate in HIV Studies.
- Our initial primary target groups for enrollment will be students enrolled in the MPH or MS programs at SPH and employees at the NYSDOH AIDS Institute who may pursue this as a stand-alone certificate. Over time, we will expand outreach to graduate students in other degree programs and schools, and to other students not enrolled in degree programs who may pursue this as a stand-alone certificate.
- New enrollment is projected to grow approximately 20% each year.
- A typical timeline to complete the certificate will be two years (concurrent with the MPH or another master's degree).
- For the initial year the certificate is offered, we assume that half the enrolled students will be in the first year of their degree program and half in the second year of their degree program, since this will be their first opportunity to enroll. In subsequent years, we assume that the majority of students will enroll in the certificate program during the first year of their degree program and remain enrolled through the second year, with a smaller number (estimated 1-2 annually) enrolling in the certificate during the second year of their degree program and completing the certificate the same year.

Successful implementation of the certificate is not contingent on reaching these enrollment estimates. We can launch the certificate program with smaller initial enrollment if interest is lower than projected.

g) Outline all curricular requirements for the proposed program, including prerequisite, core, specialization (track, concentration), capstone, and any other relevant component requirements, but do not list each General Education course.

Applied Track	
Course Title	Credits
EPI 610 – AIDS Epidemiology (prerequisite: BMS 505 or equivalent or permission of course director)	3
HPM 611 – Addiction and Public Health (Prerequisite: HPM 525 or permission of course director)	3

Research Track	
Course Title	Credits
EPI 610 – AIDS Epidemiology (prerequisite: BMS 505 or equivalent or permission of course director)	3
HPM 611 – Addiction and Public Health (Prerequisite: HPM 525 or permission of course director)	3

HPM 535 – Community Based Public Health	3	At least 2 of the following methodological courses: <ul style="list-style-type: none"> • EPI 612 – Quantitative Methods in Epidemiology [4 credits] (prerequisites: EPI 501 and EPI 502 or equivalent; STA 552 and STA 553 or equivalent) • HPM 647 – Program Evaluation [3 credits] (prerequisites: EPI 501, STA 552, or equivalent) • EHS 612 – Geographical Information Systems (GIS) and Public Health [3 credits] (prerequisite: EPI 501) • POS 618 – Qualitative Methods [3 credits] (prerequisites: POS 516, POS 517, or equivalent) • PAD 504 – Data Models, and Decisions [4 credits*] • PAD 505 – Statistics for Public Managers and Policy Analysts [4 credits*] • POS/PAD 517 – Quantitative Research Methods [4 credits*] (prerequisite: one course in statistics or consent of instructor) <p>Students may request to substitute one of their electives for another graduate-level course subject to approval by the course instructor and the HIV Studies Certificate Program Director. (*4 credit PAD courses currently pending changes to be reduced to 3 credits)</p>	6-8
At least one of the following graduate-level courses: <ul style="list-style-type: none"> • EPI 612 – Quantitative Methods in Epidemiology [4 credits] (prerequisites: EPI 501 and EPI 502 or equivalent; STA 552 and STA 553 or equivalent) • HPM 501 – Health Policy Analysis [3 credits] (prerequisite: HPM 500) • HPM 641 – Principles of Health Organization Management [3 credits] (prerequisite: EPI 500, EPI 501, advanced standing or permission of instructor) • HPM 647 – Program Evaluation [3 credits] (prerequisites: EPI 501, STA 552, or equivalent) • HPM 650 – Strategy and Leadership Applications in Health Management [3 credits] • PAD 501 – Public and Nonprofit Financial Management [4 credits*] • PAD 504 – Data Models, and Decisions [4 credits*] • PAD 522 – Politics and Policy [4 credits*] • PAD/POS/INT 604 – Inequality and Public Policy [4 credits*] • PAD 616 – Nonprofits and Social Transformation [4 credits*] • PAD 642 – Public Budgeting [4 credits*] • PAD 653/HPM 651 – Public Health Politics and Policy: Global and Domestic Perspectives <p>Students may request to substitute another graduate-level course subject to approval by the course instructor and the HIV</p>	3-4		
Total required credits:	12-13		12-14

h) Program Impact on SUNY and New York State

h)(1) *Need:* What is the need for the proposed program in terms of the clientele it will serve and the educational and/or economic needs of the area and New York State? How was need determined? Why are similar programs, if any, not meeting the need?

There is a need for this HIV Studies certificate program because there are no other academic programs focused on HIV prevention and drug user health in New York State. There is an increased need to prepare public health professionals to enter the field in HIV and drug user health due to the on-going ‘end the HIV epidemic’ (ETE) efforts by the federal government and many state agencies.

The need for this program was determined by CCHRPP faculty at the NYSDOH AIDS Institute who have served as mentors for School of Public Health students and an employer for a number of School of Public Health graduates. NYSDOH AIDS Institute seeks students who have more foundational knowledge in HIV and related issues in order to have a well-trained workforce (see letter of support in Appendix 2). While this need was initiated by the NYSDOH AIDS Institute, it affects other employers of public health students within the Capital District and New York State. A certificate program in HIV Studies within the School of Public Health could have a tremendous impact on the workforce in HIV and related issues as a result of our unique position in the New York State capital with many governmental and non-governmental public health organizations and organizations with specific focus on HIV and drug user health.

In addition to the NYSDOH AI, students who complete the HIV Studies certificate may be eligible for employment in fields like other governmental organizations, non-profit organizations, and health care sector that provide public health-related services to behavioral medicine, community health, and preventive medicine in general. According to December 2019 Education Reports produced through JobsEQ, Chmura Economics & Analytics, as of Quarter 2 in 2019, total employment for occupations linked to Behavioral Aspects of Health in New York was 30,205 and employment for occupations linked to Community Health and Preventive Medicine in New York was 33,438. Over the past three years, occupations linked to Behavioral Aspects of Health added 3,285 jobs in the region and are expected to need in aggregate approximately 24,610 newly trained workers over the next seven years. Over the past three years, occupations linked to Community Health and Preventive Medicine added 4,098 jobs in the region and are expected to need in aggregate approximately 24,458 newly trained workers over the next seven years.

- h)(2) *Employment:*** For programs designed to prepare graduates for immediate employment, use the table below to list potential employers of graduates that have requested establishment of the program and describe their specific employment needs. If letters from employers support the program, they may be **appended** at the end of this form. As appropriate, address how the program will respond to evolving federal policy on the “gainful employment” of graduates of certificate programs whose students are eligible for federal student assistance.

Employer	Need: Projected positions	
	In initial year	In fifth year
N/A – this is not an employment program. However, we received a letter of support from an external partner who is a prospective future employer of certificate graduates. See Appendix 2.		

- h)(3) *Similar Programs:*** Use the table below to list similar programs at other institutions, public and independent, in the service area, region and state, as appropriate. Expand the table as needed. **NOTE:** *Detailed program-level information for SUNY institutions is available in the [Academic Program Enterprise System \(APES\)](#) or [Academic Program Dashboards](#). Institutional research and information security officers at your campus should be able to help provide access to these password-protected sites. For non-SUNY programs, program titles and degree information – but no enrollment data – is available from [SED’s Inventory of Registered Programs](#).*

Institution	Program Title	Degree	Enrollment

We reviewed all accredited schools of public health (n=6, excluding UAlbany) and additional Master of Public Health programs (n=6) in New York State. Among these, none appear to be offering a concentration or certificate in HIV Studies.

Of note, several schools of public health in other states offer certificates in HIV/AIDS, demonstrating the opportunity for our university/School of Public Health to meet this interest of prospective public health graduate students and increase our competitiveness among a growing field of accredited public health schools and programs, both within and outside of New York State.

h)(4) Collaboration: Did this program's design benefit from consultation with other SUNY campuses? If so, what was that consultation and its result?

This program's design resulted from consultation with CCHRPP partners, including those at SUNY Downstate Health Sciences University. As a result, we developed a research track which will be of interest to incoming students who will attend the School of Public Health with sponsorship from the New York International Training and Research Program, led by SUNY Downstate faculty.

h)(5) Concerns or Objections: If concerns and/or objections were raised by other SUNY campuses, how were they resolved? n/a

2.4. Admissions

a) What are all admission requirements for students in this program? Please note those that differ from the institution's minimum admissions requirements and explain why they differ.

- Must hold a bachelor's degree from a college or university of recognized standing
- Undergraduate coursework must include at least one course in mathematics (algebra or pre-calculus) or statistics
- Official transcripts
- One letter of recommendation
- CV/Resume
- Personal statement

International students must additionally demonstrate a minimum TOEFL score of 98, two semesters of full-time study at a US college or university, or completion of an undergraduate degree in a country where English is the official language and language of instruction.

These mirror the admission requirements for other UAlbany School of Public Health graduate certificate programs.

Enrollment of stand-alone certificate students in the HIV Studies Certificate Program may be capped above the estimates described in section 2.3.f. This would be determined by the relative interest in each track as well as advisement capacity each year. Those seeking to apply after this cap is met would be offered an option to defer enrollment until the following year.

b) What is the process for evaluating exceptions to those requirements?

Exceptions will be evaluated on a case-by-case basis by HIV Studies Program Directors.

c) How will the institution encourage enrollment in this program by persons from groups historically underrepresented in the institution, discipline or occupation?

We will encourage enrollment in the Certificate in HIV Studies for prospective students in collaboration with the School of Public Health Admissions Office, Rockefeller College of Public Affairs and Policy, the NYSDOH AIDS Institute and the NYS-ITRP. We will incorporate information about the HIV Studies certificate option in web and print materials and disseminate those materials through outreach and admissions events, and informally to undergraduate students enrolled in public health courses. We will conduct additional outreach activities within the School of Public Health to inform and engage current graduate students in the certificate, as part of the outreach activities of CCHRPP within which the HIV Studies certificate will be embedded.

Examples of outreach and engagement activities include: attendance at open houses and admissions events, tabling at student fairs, brown bag seminars, guest lectures in HIV-related and other public health courses. We disseminate information and promote these activities through printed and virtual flyers, a weekly student listserv, and word of mouth. Across all of these, we give specific attention to encouraging and nurturing participation from historically underrepresented groups through inclusion of diverse images, explicitly addressing issues of health disparities, equity, and justice in courses and extracurricular events, engaging diverse professionals as guest speakers, and assisting students in linking with academic or professional mentors when desired. To the extent that students choose to share information about characteristics including race and ethnicity we track and regularly review metrics on participation of students from underrepresented groups and apply results to continuous program planning.

2.5. Academic and Other Support Services

Summarize the academic advising and support services available to help students succeed in the program.

Based on the enrollment estimates presented in 2.3.f, we would advise as follows: Each student who is pursuing a degree (e.g., MPH, DrPH, PhD) at the School of Public Health is assigned a faculty advisor when they matriculate into the program. Faculty advisors will be provided with HIV Studies certificate program materials, including certificate program requirements, when the certificate is approved and annually to help inform their advising related to the certificate. Dr. Udo will also serve as a resource to all students pursuing the certificate. Dr. Udo or CCHRPP affiliated faculty (Drs. Birkhead, Holtgrave, Kuniholm, Rosenberg, Vasquez, and Young) will serve as the primary advisor for any students enrolled in the certificate as a stand-alone program (i.e., without a concurrent UAlbany degree program). In addition, students will have access to the standard support services available to all students (e.g., Dean's Office academic affairs personnel; University supports such as the writing center, counseling center, etc.). The SPH routinely monitors academic performance for students matriculated in degree programs. The Program Director will monitor academic performance following standard SPH processes for students enrolled in the certificate as a stand-alone program.

2.6. Prior Learning Assessment

If this program will grant credit based on Prior Learning Assessment, describe the methods of evaluating the learning and the maximum number of credits allowed, **or check here [X] if not applicable.**

2.7. Program Assessment and Improvement

Describe how this program's achievement of its objectives will be assessed, in accordance with [SUNY policy](#), including the date of the program's initial assessment and the length (in years) of the assessment cycle. Explain plans for assessing achievement of students' learning outcomes during the program and success after completion of the program. **Append** at the end of this form, **a plan or curriculum map** showing the courses in which the program's educational and, if appropriate, career objectives – from Item 2.3(b) of this form – will be taught and assessed. **NOTE:** *The University Faculty Senate's [Guide for the Evaluation of Undergraduate Programs](#) is a helpful reference.*

The program's achievement of its objectives will be assessed every year by the director by reviewing all tracked programmatic information (e.g., student enrollment, certificate completion, students' grades in the courses, course evaluations, student/alumni job placements, etc.).

A full evaluation will be conducted every three years. The evaluation will include a survey of the program's current students, alumni, external stakeholders, and internal stakeholders. Alumni will be asked about their job placement/work experience in HIV and related health issues since graduating from the program. The evaluation will also include a group discussion with current students in the program. An evaluation summary report will be shared with CCHRPP Steering Committee members and affiliated faculty.

Achievement of students' learning outcomes during the program will be assessed using an online self-assessment. Students will complete the self-assessment at the beginning of their program and at the end. The program director will analyze assessment results. Students' grades in the certificate courses will also be reviewed.

See Appendix 3 for a curriculum map showing the courses in which the educational objectives and student learning outcomes for the certificate will be taught and assessed.

Section 3. Program Schedule and Curriculum

Complete the **SUNY Program Schedule for Certificate and Advanced Certificate Programs** to show how a typical student may progress through the program.

NOTE: *For an undergraduate certificate program, the **SUNY Program Schedule for Certificate and Advanced Certificate Programs** must show **all curricular requirements and the number of terms required to complete them.***

Certificate programs **are not required** to conform to SUNY's and SED's policies on credit limits, general education, transfer and liberal arts and sciences.

EXAMPLE FOR ONE TERM: Program Schedule for Certificate Program

Term 2: Fall 20xx			
Course Number & Title	Cr	New	Prerequisite(s)
ACC 101 Principles of Accounting	4		
MAT 111 College Mathematics	3		MAT 110
CMP 101 Introduction to Computers	3		
HUM 110 Speech	3	X	
ENG 113 English 102	3		
Term credit total:	16		

NOTE: For a graduate advanced certificate program, the **SUNY Sample Program Schedule for Certificate and Advanced Certificate Programs** must include all curriculum requirements. The program is **not required** to conform with the graduate program expectations from in Regulation 52.2 <http://www.highered.nysed.gov/ocue/lrp/rules.htm>.

a) If the program has fewer than 24 credit hours, or if the program will be offered through a nontraditional schedule (i.e., not on a semester calendar), what is the schedule and how does it impact financial aid eligibility? **NOTE:** Consult with your campus financial aid administrator for information about nontraditional schedules and financial aid eligibility.

For students adding the certificate to another degree program, their financial aid eligibility corresponds to their eligibility for their primary degree program.

Students pursuing the certificate as a stand-alone program are not eligible for financial aid.

b) For each existing course that is part of the proposed undergraduate certificate or the graduate advanced certificate, **append**, at the end of this form, a catalog description.

Catalog descriptions of the courses are attached to this document. See Appendix 4.

c) For each new course in the certificate or advanced certificate program, **append a syllabus** at the end of this document.

Not applicable.

d) If the program requires external instruction, such as clinical or field experience, agency placement, an internship, fieldwork, or cooperative education, **append** a completed [External Instruction](#) form at the end of this document.

Not applicable.

SUNY Program Schedule for Certificate and Advanced Certificate Programs

Program/Track Title and Award: HIV Studies Advanced Certificate

- Indicate **academic calendar type**: Semester Quarter Trimester Other (describe):
- **Label each term in sequence**, consistent with the institution’s academic calendar (e.g., Fall 1, Spring 1, Fall 2)
- Use the table to show **how a typical student may progress through the program**; copy/expand the table as needed. **Complete all columns that apply to a course.**

Note: The sample schedule presented below is for a typical student completing the HIV Studies Certificate in conjunction with the Master of Public Health (MPH) degree program. Sequence and number of semesters required to complete the 12-14* credits required for this certificate may vary by individual students’ primary degree programs and/or concentrations. A sample schedule is provided for each track. Specific timing of electives may vary by individual students’ interests. There are options for elective courses in both fall and spring semesters.

(*4 credit RPAD courses currently pending changes to be reduced to 3 credits)

Applied Track

Term 1: Fall 1				Term 2: Spring 1			
Course Number & Title	Credits	New (X)	Co/Prerequisites	Course Number & Title	Credits	New (x)	Co/Prerequisites
HPM 535 Community Based Public Health	3		None	EPI 610 AIDS Epi	3		BMS 505 or equivalent or instructor permission
Term credit totals:	3			Term credit totals:	3		
Term 3: Fall 2				Term 4: Spring 2			
Course Number & Title	Credits	New (X)	Co/Prerequisites	Course Number & Title	Credits	New (X)	Co/Prerequisites
HPM 611 Addiction and Public Health	3		HPM 525 or instructor permission	HIV Studies Elective	3-4		Vary by course
Term credit totals:	3			Term credit totals:	3-4		

Program Totals (in credits):	Total Credits: 12-13
-------------------------------------	-----------------------------

Research Track

Term 1: Fall 1				Term 2: Spring 1			
Course Number & Title	Credits	New (X)	Co/Prerequisites	Course Number & Title	Credits	New (x)	Co/Prerequisites
HIV Studies Elective 1 of 2	3-4		Vary by course	EPI 610 AIDS Epi	3		BMS 505 or equivalent or instructor permission
Term credit totals:	3-4			Term credit totals:	3		
Term 3: Fall 2				Term 4: Spring 2			
Course Number & Title	Credits	New (X)	Co/Prerequisites	Course Number & Title	Credits	New (X)	Co/Prerequisites
HPM 611 Addiction and Public Health	3		HPM 525 or instructor permission	HIV Studies Elective 2 of 2	3-4		Vary by course
Term credit totals:	3			Term credit totals:	3-4		

Program Totals (in credits):	Total Credits: 12-14
-------------------------------------	-----------------------------

Section 4. Faculty

- a) Complete the **SUNY Faculty Table** on the next page to describe current faculty and to-be-hired (TBH) faculty.
- b) **Append** at the end of this document position descriptions or announcements for each to-be-hired faculty member.

***NOTE:** CVs for all faculty should be available upon request. Faculty CVs should include rank and employment status, educational and employment background, professional affiliations and activities, important awards and recognition, publications (noting refereed journal articles), and brief descriptions of research and other externally funded projects. New York State's requirements for faculty qualifications are in <http://www.highered.nysed.gov/ocue/lrp/rules.htm>.*

Not applicable

- c) What is the institution's definition of "full-time" faculty?

A full-time faculty member is one who holds an appointment with 100% time commitment.

SUNY Faculty Table

Provide information on current and prospective faculty members (identifying those at off-campus locations) who will be expected to teach any course in the graduate program. Expand the table as needed. Use a separate Faculty Table for each institution if the program is a multi-institution program.

(a) Faculty Member Name and Title (Include and identify Program Director with an asterisk)	(b) % of Time Dedicated to Program	(c) Program Courses Which May Be Taught	(d) Highest and Other Applicable Earned Degrees	(e) Discipline(s) of Highest and Other Applicable Earned Degrees	(f) Additional Qualifications
PART 1. Full-Time Faculty					
Tomoko Udo, PhD, MS, Assistant Professor*	10%	HPM 611 Addiction and Public Health; HPM 647 Program Evaluation	PhD, Rutgers University; MS, Rutgers University	Health Education and Behavior Science, Psychology	Dr. Udo completed postdoctoral training at the Center of Alcohol Studies at Rutgers University and maintains a research portfolio related to addiction/substance use disorders and drug user health. She is Co-Associate Director of CCHRPP.
Eli Rosenberg, PhD, Associate	10%	EPI 610 AIDS Epidemiology; EPI 612 Quantitative Methods in Epidemiology	PhD, Emory University	Epidemiology	
Mark Kuniholm, PhD, Associate Professor	5%	EPI 610 AIDS Epidemiology	PhD, Johns Hopkins Bloomberg School of Public Health; MS UC Davis	Epidemiology	
Janine Jurkowski, PhD, MPH,	5%	HPM 535 Community Based Public Health	PhD, University of Illinois at Chicago School of Public Health; MPH, Boston University School of Public Health	Community Health Sciences, Epidemiology and Health Promotion	
Wendy Weller, PhD, MHS, Chair & Associate Professor	5%	HPM 501 Health Policy Analysis	PhD, Johns Hopkins Bloomberg School of Public Health; MHS, Johns Hopkins Bloomberg School of Public Health	Health Services Research and Policy, Health Policy	
Ricky Leung, PhD, Associate	5%	HPM 641 Principles of Health Org Mgmt; HPM 650 Strategy	PhD, University of Wisconsin-Madison	Sociology (Organizations; Science and Technology)	

(a)	(b)	(c)	(d)	(e)	(f)
Faculty Member Name and Title/Rank (Include and identify Program Director with an asterisk)	% of Time Dedicated to This Program	Program Courses Which May Be Taught (Number and Title)	Highest and Other Applicable Earned Degrees (include College or University)	Discipline(s) of Highest and Other Applicable Earned Degrees	Additional Qualifications: List related certifications, licenses and professional experience in field
		Leadership Applications in Health Management			
Brian Greenhill, PhD, MA, Vice Chair & Associate Professor	5%	POS/PAD 517 Quantitative Research Methods	PhD, University of Washington; MA, University of Chicago	Political Science, International Relations	
Patricia Stratch, PhD, Professor	5%	POS 618 Qualitative Methods	PhD, University of Wisconsin-Madison	Political Science	
Beth Feingold, PhD, MPH, MEd, Assistant Professor	5%	EHS 612 Geographical Information Systems (GIS) and Public Health	PhD, Johns Hopkins Bloomberg School of Public Health; MPH, Yale School of Public Health; MEd, Yale School of Forestry and Environmental Studies	Environmental Health Sciences	
David Liebschutz, JD, MPP, Public Service Professor	5%	PAD 501 Public and Nonprofit Financial Management	JD, Duke University; MPP, Duke University	Law	
Luis Luna-Reyes, PhD, MPH, Vice Chair & Associate Professor	5%	PAD 504 Data Models, and Decisions	PhD, University at Albany	Information Science	
Ellen Rubin, PhD, MPA, Associate Professor	5%	PAD 505 Statistics for Public Managers and Policy Analysts	PhD, University of Georgia; MPA, the Maxwell School at Syracuse University	Public Administration, Public Affairs	
Gang Chen, PhD, MA, Assistant Professor	5%	PAD 642 Public Budgeting	PhD, University of Nebraska at Omaha; MA, Sun Yat-sen University	Public Administration	
Ashley Fox, PhD, MA, Assistant Professor	10%	PAD 522 Politics and Policy;	PhD, Columbia University; MA, University of	Sociomedical Sciences; Political Science	

(a)	(b)	(c)	(d)	(e)	(f)
Faculty Member Name and Title/Rank (Include and identify Program Director with an asterisk)	% of Time Dedicated to This Program	Program Courses Which May Be Taught (Number and Title)	Highest and Other Applicable Earned Degrees (include College or University)	Discipline(s) of Highest and Other Applicable Earned Degrees	Additional Qualifications: List related certifications, licenses and professional experience in field
		PAD 653 Public Health Politics and Policy: Global and Domestic Perspectives	Connecticut		
Jennifer Dodge, PhD, MPhil, Associate Professor	10%	PAD 604 Inequality and Public Policy; PAD 616 Nonprofits and Social Transformation	PhD, The Wagner School at New York University; MPhil, The Wagner School at New York University	Public Administration	
Part 2. Part-Time Faculty					
Guthrie Birkhead, MD, MPH	5%	EPI 610 AIDS Epidemiology	MD, Yale University School of Medicine; MPH, Johns Hopkins University School of Hygiene and Public Health	Medicine, Public Health	Dr. Birkhead worked at the NYSDOH for 27 years including as director of the NYSDOH AIDS Institute, director of the Center for Community Health, and Deputy Commissioner and Director of the Office of Public Health. Dr. Birkhead is the director of CCHRPP.
Part 3. Faculty To-Be-Hired (List as TBH1, TBH2, etc., and provide title/rank and expected hiring date)					
n/a					

Section 5. Financial Resources and Instructional Facilities

- a) What is the resource plan for ensuring the success of the proposed program over time? Summarize the instructional facilities and equipment committed to ensure the success of the program. Please explain new and/or reallocated resources over the first five years for operations, including faculty and other personnel, the library, equipment, laboratories, and supplies. Also include resources for capital projects and other expenses.

This program can be launched without additional resources, as the resources needed to support it are already embedded within existing programs.

- b) Complete the five-year SUNY Program Expenses Table, below, consistent with the resource plan summary. Enter the anticipated academic years in the top row of this table. List all resources that will be engaged specifically as a result of the proposed program (e.g., a new faculty position or additional library resources). If they represent a continuing cost, new resources for a given year should be included in the subsequent year(s), with adjustments for inflation or negotiated compensation. Include explanatory notes as needed.

Not applicable as no new resources are required – see (a) above.

SUNY Program Expenses Table

(OPTION: You can paste an Excel version of this schedule AFTER this sentence, and delete the table below.)

Program Expense Categories	Expenses (in dollars)					
	Before Start	Academic Year 1:	Academic Year 2:	Academic Year 3:	Academic Year 4:	Academic Year 5:
<i>(a) Personnel (including faculty and all others)</i>	0	0	0	0	0	0
<i>(b) Library</i>	0	0	0	0	0	0
<i>(c) Equipment</i>	0	0	0	0	0	0
<i>(d) Laboratories</i>	0	0	0	0	0	0
<i>(e) Supplies</i>	0	0	0	0	0	0
<i>(f) Capital Expenses</i>	0	0	0	0	0	0
<i>(g) Other (Specify):</i>	0	0	0	0	0	0
(h) Sum of Rows Above	0	0	0	0	0	0

Section 6. Library Resources

NOTE: This section does not apply to certificate or advanced certificate programs.

Section 7. External Evaluation

NOTE: This section does not apply to certificate or advanced certificate programs.

Section 8. Institutional Response to External Evaluator Reports

NOTE: This section does not apply to certificate or advanced certificate programs.

Section 9. SUNY Undergraduate Transfer

NOTE: This section does not apply to certificate or advanced certificate programs.

Section 10. Application for Distance Education

- a) Does the program's design enable students to complete 50% or more of the course requirements through distance education? No Yes. If yes, **append** a completed *SUNY Distance Education Format Proposal* at the end of this proposal to apply for the program to be registered for the distance education format.
- b) Does the program's design enable students to complete 100% of the course requirements through distance education? No Yes

Section MPA-1. Need for Master Plan Amendment and/or Degree Authorization

NOTE: This section does not apply to certificate or advanced certificate programs.

List of Appended Items

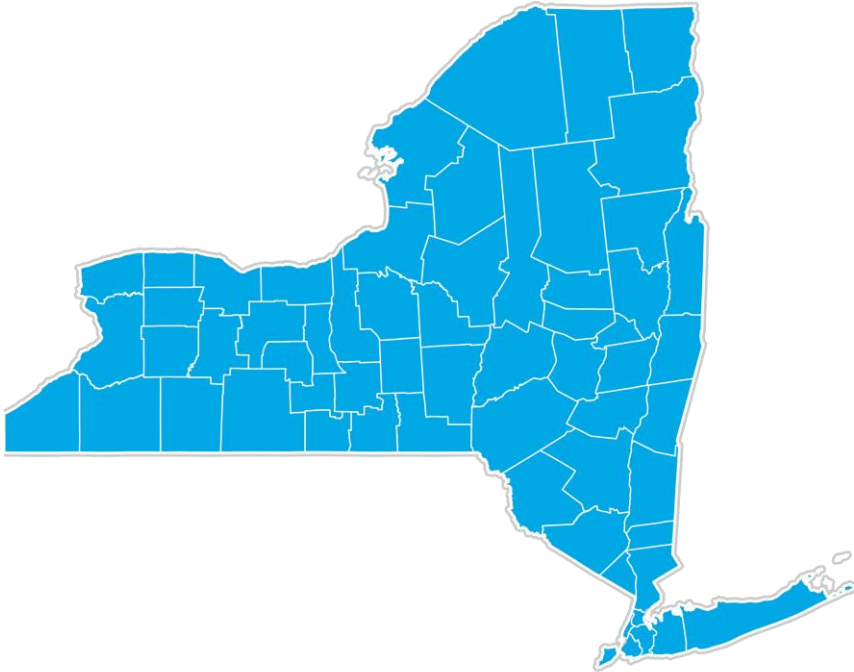
Appended Items: Materials required in selected items in Sections 1 through 5 and Section 10 of this form should be appended after this page, with continued pagination. In the first column of the chart below, please number the appended items, and append them in number order.

Number	Appended Items	Reference Items
	For multi-institution programs, a letter of approval from partner institution(s)	Section 1, Item (e)
	For programs leading to professional licensure, a side-by-side chart showing how the program's components meet the requirements of specialized accreditation, Commissioner's Regulations for the Profession , or other external standards	Section 2.3, Item (e)
	For programs leading to licensure in selected professions for which the SED Office of the Professions (OP) requires a specialized form, if required by OP	Section 2.3, Item (e)
1	JobsEQ Educational Report	Section 2, Item 2.3 (h)(1)
2	OPTIONAL: For programs leading directly to employment, letters of support from employers, if available	Section 2, Item 2.3 (h)(2)
3	For all programs, a plan or curriculum map showing the courses in which the program's educational and (if appropriate) career objectives will be taught and assessed	Section 2, Item 7
4	For all programs, a catalog description for each existing course that is part of the proposed program	Section 3, Item (b)
	For all programs, syllabi for all new courses in the proposed program	Section 3, Item (c)
	For programs requiring external instruction, External Instruction Form and documentation required on that form	Section 3, Item (d)
	For programs that will depend on new faculty, position descriptions or announcements for faculty to-be-hired	Section 4, Item (b)
	For programs designed to enable students to complete at least 50% of the course requirements at a distance, a Distance Education Format Proposal	Section 10

**University at Albany
New Program Proposal
Advanced Graduate Certificate in HIV Studies**

Appendix 1 JobsEQ Education Report

Education Report for Behavioral Aspects of Health New York



JOBS **eQ**

December 13, 2019

DEFINITION OF BEHAVIORAL ASPECTS OF HEALTH, CIP 51.2212 3

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Definition of Behavioral Aspects of Health, CIP 51.2212

A program that focuses on the biological, behavioral, and socio-cultural determinants of health and health behavior, and the interventions and policies aimed at improving community and population health. Includes instruction in behavioral sciences, public health practice and policy, human services, and research methods.

Awards

The table below is a list of postsecondary awards in CIP 51.2212 that were granted by institutions located in New York in the 2018 academic year.

Annual Awards, CIP 51.2212 - New York

Regions and Schools	Post-Grad Awards ¹
Daemen College	2
New York-All Schools	2

1. Master's, post-master's, and doctorates

Awards data are per the National Center for Education Statistics (NCES) and JobsEQ for the 2018 academic year. Any programs shown here reflect only data reported to the NCES; reporting is required of all schools participating in any federal finance assistance program authorized by Title IV of the Higher Education Act of 1965, as amended—other training providers in the region that do not report data to the NCES are not reflected in the above.

Occupation Crosswalk

The below table lists all occupations linked with the program, Behavioral Aspects of Health, CIP 51.2212. The educational attainment mix data shown are based upon survey data for the years 2014-2015.

		Education and Training Requirements			Educational Attainment, Age 25+				
		Typical Education Needed for Entry	Work Experience in a Related Occupation	Typical On-the-Job Training Needed to Attain Competency in the Occupation	No College	Some College, No Degree	Associate's Degree	Bachelor's Degree	Postgraduate Degree
21-1091	Health Educators	Bachelor's degree	None	None	14%	22%	9%	32%	23%
21-1094	Community Health Workers	High school diploma or equivalent	None	Short-term on-the-job training	14%	22%	9%	32%	23%
25-1071	Health Specialties Teachers, Postsecondary	Doctoral or professional degree	Less than 5 years	None	0%	2%	2%	16%	79%

Education and training requirements are from the Bureau of Labor Statistics (BLS); educational attainment mix are regional data modeled by Chmura using Census educational attainment data projected to 2019Q2 along with source data from the BLS

Definition of Health Educators (21-1091)

Provide and manage health education programs that help individuals, families, and their communities maximize and maintain healthy lifestyles. Collect and analyze data to identify community needs prior to planning, implementing, monitoring, and evaluating programs designed to encourage healthy lifestyles, policies, and environments. May serve as resource to assist individuals, other health professionals, or the community, and may administer fiscal resources for health education programs. Excludes "Community Health Workers" (21-1094).

Definition of Community Health Workers (21-1094)

Assist individuals and communities to adopt healthy behaviors. Conduct outreach for medical personnel or health organizations to implement programs in the community that promote, maintain, and improve individual and community health. May provide information on available resources, provide social support and informal counseling, advocate for individuals and community health needs, and provide services such as first aid and blood pressure screening. May collect data to help identify community health needs. Excludes "Health Educators" (21-1091).

Definition of Health Specialties Teachers, Postsecondary (25-1071)

Teach courses in health specialties, in fields such as dentistry, laboratory technology, medicine, pharmacy, public health, therapy, and veterinary medicine. Excludes "Nursing Instructors and Teachers, Postsecondary" (25-1072) and "Biological Science Teachers, Postsecondary" (25-1042) who teach medical science.

Occupation Details

As of 2019Q2, total employment for occupations linked to Behavioral Aspects of Health in New York was 30,205. Over the past three years, linked occupations added 3,285 jobs in the region and are expected to need in aggregate approximately 24,610 newly trained workers over the next seven years.

Snapshot of Occupations Linked to Behavioral Aspects of Health in New York¹

SOC	Occupation	Empl	Avg Ann Wages ²	Current			3-Year History			7-Year Forecast			Empl Growth	Avg Ann Growth %
				LQ	Unempl	Unempl Rate	Online Job Ads ³	Ann %	Total Demand	Exits	Transfers			
25- 1071	Health Specialties Teachers, Postsecondary	19,773	\$127,200	1.58	522	2.7%	1,127	3.8%	14,325	5,600	5,751	2,974	2.0%	
21- 1094	Community Health Workers	5,875	\$44,300	1.53	246	4.3%	50	7.0%	5,914	1,982	3,260	672	1.6%	
21- 1091	Health Educators	4,557	\$57,000	1.21	101	2.4%	106	1.0%	4,367	1,509	2,481	378	1.1%	
Total - Linked Occupations		30,205	\$100,500	1.50	869	3.0%	1,283	3.9%	24,610	9,091	11,492	4,027	1.8%	
Total - All Occupations		10,139,732	\$61,500	1.00	389,455	3.9%	394,171	1.4%	8,059,588	3,397,596	4,367,004	294,988	0.4%	

Source: [JobsEQ®](#)

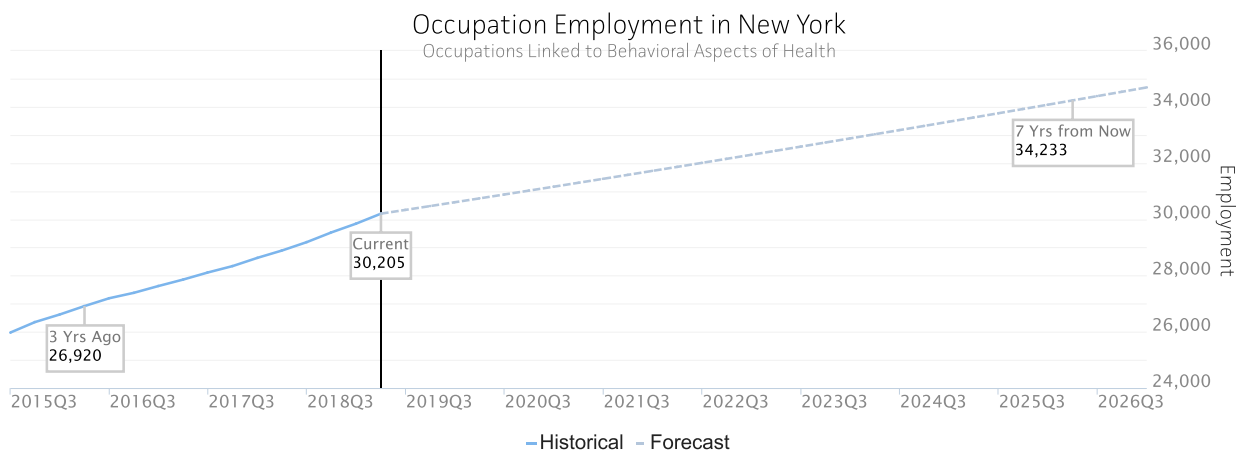
Data as of 2019Q2 unless noted otherwise

Note: Figures may not sum due to rounding.

1. Data based on a four-quarter moving average unless noted otherwise.

2. Wage data are as of 2018 and represent the average for all Covered Employment

3. Data represent found online ads active within the last thirty days in the selected region; data represents a sampling rather than the complete universe of postings. Ads lacking zip code information but designating a place (city, town, etc.) may be assigned to the zip code with greatest employment in that place for queries in this analytic. Due to alternative county-assignment algorithms, ad counts in this analytic may not match that shown in RTI (nor in the popup window ad list).



Occupation employment data are estimated via industry employment data and the industry/occupation mix. Industry employment data are derived from the Quarterly Census of Employment and Wages, provided by the Bureau of Labor Statistics and currently updated through 2018Q4, imputed where necessary with preliminary estimates updated to 2019Q2. Wages by occupation are as of 2018 provided by the BLS and imputed where necessary. Forecast employment growth uses national projections from the Bureau of Labor Statistics adapted for regional growth patterns. Occupation unemployment figures are imputed by Chmura.

Employment by Industry

The table illustrates the industries in New York which most employ occupations linked to Behavioral Aspects of Health. The single industry most employing these occupations in the region is Colleges, Universities, and Professional Schools, NAICS 6113. This industry employs 17,082 workers in the linked occupations—employment which is expected to increase by 3,885 jobs over the next ten years; furthermore, 14,177 additional new workers in these linked occupations will be needed for this industry due to separation demand, that is, to replace workers in this occupation and industry that retire or move into a different occupation.

Industry Distribution for Occupations Linked to Behavioral Aspects of Health in New York

NAICS Code	Industry Title	Current			10-Year Demand		Total Demand
		% of Occ Empl	Empl	Exits	Transfers	Empl Growth	
6113	Colleges, Universities, and Professional Schools	56.6%	17,082	6,958	7,220	3,885	18,062
6221	General Medical and Surgical Hospitals	9.6%	2,889	1,243	1,767	231	3,242
6241	Individual and Family Services	6.2%	1,885	990	1,628	711	3,330
6112	Junior Colleges	4.8%	1,445	568	587	214	1,369
6214	Outpatient Care Centers	2.2%	653	328	521	203	1,053
9211	Executive, Legislative, and Other General Government Support	2.1%	637	284	467	-5	746
8132	Grantmaking and Giving Services	1.9%	559	272	447	102	820
8133	Social Advocacy Organizations	1.7%	508	236	388	40	664
6211	Offices of Physicians	1.6%	480	227	361	82	671
9221	Justice, Public Order, and Safety Activities	1.4%	419	193	317	25	535
6242	Community Food and Housing, and Emergency and Other Relief Services	1.1%	318	149	245	32	426
6216	Home Health Care Services	1.0%	300	163	268	142	573
6232	Residential Intellectual and Developmental Disability, Mental Health, and Substance Abuse Facilities	0.8%	256	124	203	45	371
5241	Insurance Carriers	0.7%	197	97	160	42	299
5511	Management of Companies and Enterprises	0.6%	180	81	133	3	217
8131	Religious Organizations	0.6%	171	77	127	4	209
	-All Others-	7.4%	2,245	1,013	1,596	163	2,772

Source: JobsEQ®

Data as of 2019Q2 except wages which are as of 2018. Note that occupation-by-industry wages represent adjusted national data and may not be consistent with regional, all-industry occupation wages shown elsewhere in JobsEQ.

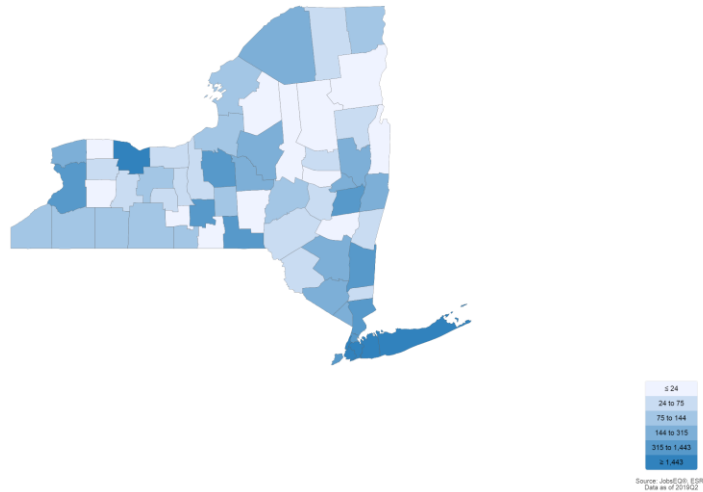
Note: Figures may not sum due to rounding.

Occupation employment data are estimated via industry employment data and the industry/occupation mix. Industry employment data are derived from the Quarterly Census of Employment and Wages, provided by the Bureau of Labor Statistics and currently updated through 2018Q4, imputed where necessary with preliminary estimates updated to 2019Q2. Forecast employment growth uses national projections from the Bureau of Labor Statistics adapted for regional growth patterns.

Geographic Distribution

The map below illustrates the county-level distribution of employed workers in New York in occupations linked to Behavioral Aspects of Health. Employment is shown by place of work.

New York, Occupation Concentration by Place of Work for Occupations Linked to Behavioral Aspects of Health



Top Counties with Employment Linked to Behavioral Aspects of Health, 2019Q2

Region	Employment
New York County, New York	8,748
Kings County, New York	2,269
Monroe County, New York	2,015
Nassau County, New York	1,528
Suffolk County, New York	1,454
Queens County, New York	1,444
Erie County, New York	1,414
Bronx County, New York	1,398
Westchester County, New York	1,101
Tompkins County, New York	1,070

Source: JobsEQ®

Occupation employment data are estimated via industry employment data and the industry/occupation mix. Industry employment data are derived from the Quarterly Census of Employment and Wages, provided by the Bureau of Labor Statistics and currently updated through 2018Q4, imputed where necessary with preliminary estimates updated to 2019Q2.

Demographic Profile

The population in New York was 19,798,228 per American Community Survey data for 2013-2017.

Of individuals 25 to 64 in New York, 37.6% have a bachelor's degree or higher which compares with 32.3% in the nation. Per American Community Survey 2013-2017 estimates, the region has about 260,915 students enrolled in grade 12.

Summary¹

	Percent		Value	
	New York	USA	New York	USA
Demographics				
Population (ACS)	—	—	19,798,228	321,004,407
Male	48.5%	49.2%	9,604,111	158,018,753
Female	51.5%	50.8%	10,194,117	162,985,654
Median Age ²	—	—	38.4	37.8
Under 18 Years	21.2%	22.9%	4,203,304	73,601,279
18 to 24 Years	9.8%	9.7%	1,934,115	31,131,484
25 to 34 Years	14.6%	13.7%	2,883,167	44,044,173
35 to 44 Years	12.6%	12.7%	2,485,508	40,656,419
45 to 54 Years	13.9%	13.4%	2,744,981	43,091,143
55 to 64 Years	12.8%	12.7%	2,538,802	40,747,520
65 to 74 Years	8.5%	8.6%	1,675,514	27,503,389
Population Growth				
Population (Pop Estimates) ⁴	—	—	19,542,209	327,167,434
Population Annual Average Growth ⁴	0.2%	0.7%	32,977	2,307,347
Educational Attainment, Age 25-64				
No High School Diploma	12.0%	11.4%	1,273,179	19,230,541
High School Graduate	24.6%	26.0%	2,615,245	43,784,920
Some College, No Degree	16.4%	21.2%	1,745,824	35,803,629
Associate's Degree	9.5%	9.0%	1,010,938	15,199,517
Bachelor's Degree	21.9%	20.5%	2,336,493	34,602,913
Postgraduate Degree	15.7%	11.8%	1,670,779	19,917,735
Social				
Poverty Level (of all people)	15.1%	14.6%	2,908,471	45,650,345
Households Receiving Food Stamps/SNAP	15.2%	12.6%	1,110,617	15,029,498
Enrolled in Grade 12 (% of total population)	1.3%	1.4%	260,915	4,437,324
Disconnected Youth ³	2.7%	2.7%	27,330	456,548
Children in Single Parent Families (% of all children)	35.1%	34.5%	1,406,751	24,106,567
Speak English Less Than Very Well (population 5 yrs and over)	13.6%	8.5%	2,524,549	25,654,421

Source: [JobsEQ®](#)

1. American Community Survey 2013-2017, unless noted otherwise

2. Median values for certain aggregate regions (such as MSAs) may be estimated as the weighted averages of the median values from the composing counties.

3. Disconnected Youth are 16-19 year olds who are (1) not in school, (2) not high school graduates, and (3) either unemployed or not in the labor force.

4. Census 2018, annual average growth rate since 2008

FAQ

What is CIP?

The 2010 Classification of Instructional Programs (CIP) is taxonomy of instructional program classifications and descriptions. It was developed and has been updated by the U.S. Department of Education's National Center for Education Statistics (NCES).

What is SOC?

The Standard Occupational Classification system (SOC) is used to classify workers into occupational categories. All workers are classified into one of over 840 occupations according to their occupational definition. To facilitate classification, occupations are combined to form 23 major groups, 97 minor groups, and 461 occupation groups. Each occupation group includes detailed occupations requiring similar job duties, skills, education, or experience.

What is training concentration?

Training concentration analysis compares local postsecondary training output to the national norm. As an example consider registered nurses. If in the nation, one RN award is granted for every twelve RNs employed, that 1:12 ratio is the national norm. If in your region your schools also grant one RN award for every twelve RNs employed, then your region will be right at the national norm, or we say at 100% of the national norm which is termed a 100% training concentration. If your region grants two RN awards for every twelve employed, your region would be at twice the national norm or have a 200% training concentration. Similarly, if your region grants one RN award for every twenty-four employed, your region would be at half the national norm or have a 50% training concentration. (Note that this analysis, relying on data provided by Title IV postsecondary schools, provides an incomplete training picture for occupations receiving much of their training from other sources.)

What is the program-to-occupation crosswalk?

Training programs are classified according to the Classification of Instructional Programs (CIP codes). For relating training programs, this report uses a modified version of the CIP to SOC crosswalk from the National Center for Education Statistics (NCES). While this is a very helpful crosswalk for estimating occupation production from training program awards data, the crosswalk is neither perfect nor comprehensive. Indeed, it is hard to imagine such a crosswalk being perfect since many training program graduates for one reason or another do not end up employed in occupations that are most related to the training program from which they graduated. Therefore, the education program analyses should be considered in this light.

As an example of the many scenarios that may unfold, consider a journalism degree that crosswalks into three occupations: editors, writers, and postsecondary communications teachers. Graduates with a journalism degree may get a job in one of these occupations—and that may be the most-likely scenario—but a good number of these graduates may get a job in a different occupation altogether (the job may be somewhat related, such as a reporter, or the job may be totally unrelated, such as a real estate agent). Furthermore, a graduate may stay in school or go back to school for a degree that will lead to other occupation possibilities. Still another possibility includes the graduate not entering the labor market (maybe being unemployed, being a non-participant, or moving to another region).

What is separation demand?

Separation demand is the number of jobs required due to separations—labor force exits (including retirements) and turnover resulting from workers moving from one occupation into another. Note that separation demand does not include all turnover—it does not include when workers stay in the same occupation but switch employers. The total projected demand for an occupation is the sum of the separation demand and the growth demand (which is the increase or decrease of jobs in an occupation expected due to expansion or contraction of the overall number of jobs in that occupation).

What is a location quotient?

A location quotient (LQ) is a measurement of concentration in comparison to the nation. An LQ of 1.00 indicates a region has the same concentration of an occupation (or industry) as the nation. An LQ of 2.00 would mean the region has twice the expected employment compared to the nation and an LQ of 0.50 would mean the region has half the expected employment in comparison to the nation.

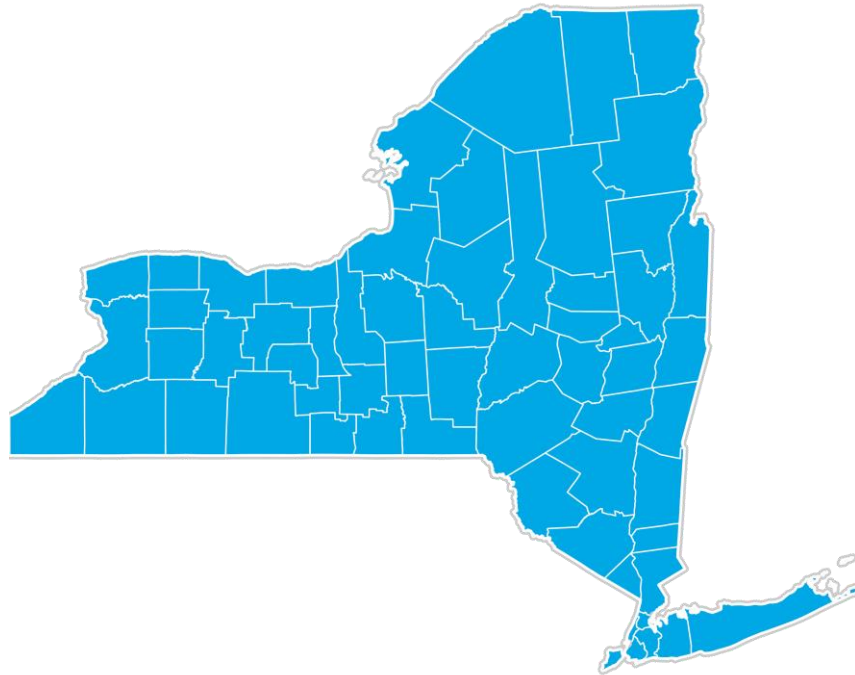
What is NAICS?

The North American Industry Classification System (NAICS) is used to classify business establishments according to the type of economic activity. The NAICS Code comprises six levels, from the “all industry” level to the 6-digit level. The first two digits define the top level category, known as the “sector,” which is the level examined in this report.

About This Report

This report and all data herein were produced by JobsEQ®, a product of Chmura Economics & Analytics. The information contained herein was obtained from sources we believe to be reliable. However, we cannot guarantee its accuracy and completeness.

Education Report for Community Health and Preventive Medicine New York



JOBS **eQ**

December 13, 2019

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Definition of Community Health and Preventive Medicine, CIP 51.2208

A program that prepares public health specialists to plan and manage health services in local community settings, including the coordination of related support services, government agencies, and private resources. Includes instruction in public health, community health services and delivery, health behavior and cultural factors, local government operations, human services, health communication and promotion, health services administration in local settings, environmental health, preventive and comparative medicine, epidemiology, biostatistics, family and community health, and applicable law and regulations.

Awards

The table below is a list of postsecondary awards in CIP 51.2208 that were granted by institutions located in New York in the 2018 academic year.

Annual Awards, CIP 51.2208 - New York		
Regions and Schools	4yr Awards ¹	Post-Grad Awards ²
Adelphi University		2
Canisius College		8
Daemen College		5
Hofstra University	70	
Long Island University		1
SUNY Cortland	52	9
University at Buffalo		2
New York-All Schools	122	27

1. Bachelor's degrees and post-baccalaureates

2. Master's, post-master's, and doctorates

Awards data are per the National Center for Education Statistics (NCES) and JobsEQ for the 2018 academic year. Any programs shown here reflect only data reported to the NCES; reporting is required of all schools participating in any federal finance assistance program authorized by Title IV of the Higher Education Act of 1965, as amended—other training providers in the region that do not report data to the NCES are not reflected in the above.

Occupation Crosswalk

The below table lists all occupations linked with the program, Community Health and Preventive Medicine, CIP 51.2208. The educational attainment mix data shown are based upon survey data for the years 2014-2015.

		Education and Training Requirements			Educational Attainment, Age 25+				
		Typical Education Needed for Entry	Work Experience in a Related Occupation	Typical On-the-Job Training Needed to Attain Competency in the Occupation	No College	Some College, No Degree	Associate's Degree	Bachelor's Degree	Postgraduate Degree
11-9111	Medical and Health Services Managers	Bachelor's degree	Less than 5 years	None	9%	15%	12%	32%	32%
21-1094	Community Health Workers	High school diploma or equivalent	None	Short-term on-the-job training	14%	22%	9%	32%	23%

Education and training requirements are from the Bureau of Labor Statistics (BLS); educational attainment mix are regional data modeled by Chmura using Census educational attainment data projected to 2019Q2 along with source data from the BLS

Definition of Medical and Health Services Managers (11-9111)

Plan, direct, or coordinate medical and health services in hospitals, clinics, managed care organizations, public health agencies, or similar organizations.

Definition of Community Health Workers (21-1094)

Assist individuals and communities to adopt healthy behaviors. Conduct outreach for medical personnel or health organizations to implement programs in the community that promote, maintain, and improve individual and community health. May provide information on available resources, provide social support and informal counseling, advocate for individuals and community health needs, and provide services such as first aid and blood pressure screening. May collect data to help identify community health needs. Excludes "Health Educators" (21-1091).

Occupation Details

As of 2019Q2, total employment for occupations linked to Community Health and Preventive Medicine in New York was 33,438. Over the past three years, linked occupations added 4,098 jobs in the region and are expected to need in aggregate approximately 24,458 newly trained workers over the next seven years.

Snapshot of Occupations Linked to Community Health and Preventive Medicine in New York¹

SOC	Occupation	Empl	Avg Ann Wages ²	Current			3-Year History		7-Year Forecast				
				LQ	Unempl	Unempl Rate	Online Job Ads ³	Ann %	Total Demand	Exits	Transfers	Empl Growth	Avg Ann Growth %
11- 9111	Medical and Health Services Managers	27,563	\$143,000	1.09	248	0.9%	5,876	3.9%	18,544	5,548	10,069	2,927	1.5%
21- 1094	Community Health Workers	5,875	\$44,300	1.53	246	4.3%	50	7.0%	5,914	1,982	3,260	672	1.6%
Total - Linked Occupations		33,438	\$125,700	1.15	494	1.5%	5,926	4.5%	24,458	7,531	13,329	3,599	1.5%
Total - All Occupations		10,139,732	\$61,500	1.00	389,455	3.9%	394,171	1.4%	8,059,588	3,397,596	4,367,004	294,988	0.4%

Source: [JobsEQ®](#)

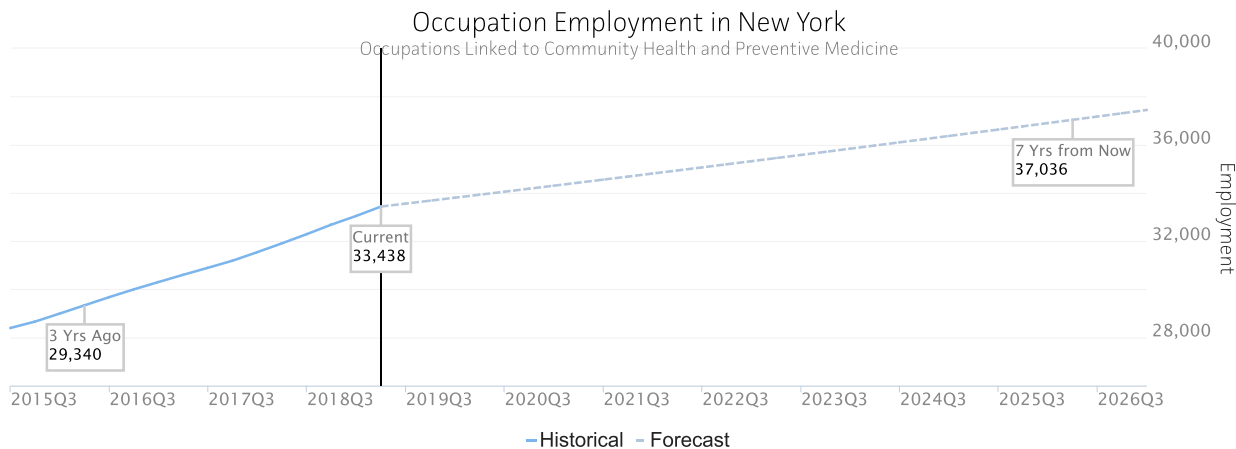
Data as of 2019Q2 unless noted otherwise

Note: Figures may not sum due to rounding.

1. Data based on a four-quarter moving average unless noted otherwise.

2. Wage data are as of 2018 and represent the average for all Covered Employment

3. Data represent found online ads active within the last thirty days in the selected region; data represents a sampling rather than the complete universe of postings. Ads lacking zip code information but designating a place (city, town, etc.) may be assigned to the zip code with greatest employment in that place for queries in this analytic. Due to alternative county-assignment algorithms, ad counts in this analytic may not match that shown in RTI (nor in the popup window ad list).



Occupation employment data are estimated via industry employment data and the industry/occupation mix. Industry employment data are derived from the Quarterly Census of Employment and Wages, provided by the Bureau of Labor Statistics and currently updated through 2018Q4, imputed where necessary with preliminary estimates updated to 2019Q2. Wages by occupation are as of 2018 provided by the BLS and imputed where necessary. Forecast employment growth uses national projections from the Bureau of Labor Statistics adapted for regional growth patterns. Occupation unemployment figures are imputed by Chmura.

Employment by Industry

The table illustrates the industries in New York which most employ occupations linked to Community Health and Preventive Medicine. The single industry most employing these occupations in the region is General Medical and Surgical Hospitals, NAICS 6221. This industry employs 10,481 workers in the linked occupations—employment which is expected to increase by 112 jobs over the next ten years; furthermore, 8,196 additional new workers in these linked occupations will be needed for this industry due to separation demand, that is, to replace workers in this occupation and industry that retire or move into a different occupation.

Industry Distribution for Occupations Linked to Community Health and Preventive Medicine in New York

NAICS Code	Industry Title	Current			10-Year Demand		Total Demand
		% of Occ Empl	Empl	Exits	Transfers	Empl Growth	
6221	General Medical and Surgical Hospitals	31.3%	10,481	2,927	5,269	112	8,308
6211	Offices of Physicians	9.5%	3,180	1,050	1,886	1,233	4,168
6216	Home Health Care Services	9.3%	3,125	1,044	1,876	1,320	4,240
6231	Nursing Care Facilities (Skilled Nursing Facilities)	6.4%	2,153	571	1,034	-84	1,520
6241	Individual and Family Services	5.5%	1,843	861	1,443	684	2,988
6214	Outpatient Care Centers	5.4%	1,809	648	1,146	769	2,563
6213	Offices of Other Health Practitioners	2.5%	825	277	494	288	1,059
6232	Residential Intellectual and Developmental Disability, Mental Health, and Substance Abuse Facilities	2.3%	770	263	460	123	846
5511	Management of Companies and Enterprises	2.2%	749	219	391	13	623
9211	Executive, Legislative, and Other General Government Support	2.1%	695	251	428	-7	672
6113	Colleges, Universities, and Professional Schools	1.9%	630	193	342	44	579
5241	Insurance Carriers	1.8%	590	195	344	123	662
9221	Justice, Public Order, and Safety Activities	1.6%	546	189	327	23	538
6223	Specialty (except Psychiatric and Substance Abuse) Hospitals	1.6%	543	171	308	160	638
8133	Social Advocacy Organizations	1.3%	429	194	321	34	549
6222	Psychiatric and Substance Abuse Hospitals	1.1%	370	98	177	-40	235
6219	Other Ambulatory Health Care Services	1.0%	347	109	194	64	367
8132	Grantmaking and Giving Services	1.0%	328	150	249	60	459
6215	Medical and Diagnostic Laboratories	1.0%	322	95	173	72	341
6233	Continuing Care Retirement Communities and Assisted Living Facilities for the Elderly	0.9%	308	93	169	76	338
-All Others-		10.1%	3,391	1,152	1,997	190	3,338

Source: JobsEQ®

Data as of 2019Q2 except wages which are as of 2018. Note that occupation-by-industry wages represent adjusted national data and may not be consistent with regional, all-industry occupation wages shown elsewhere in JobsEQ.

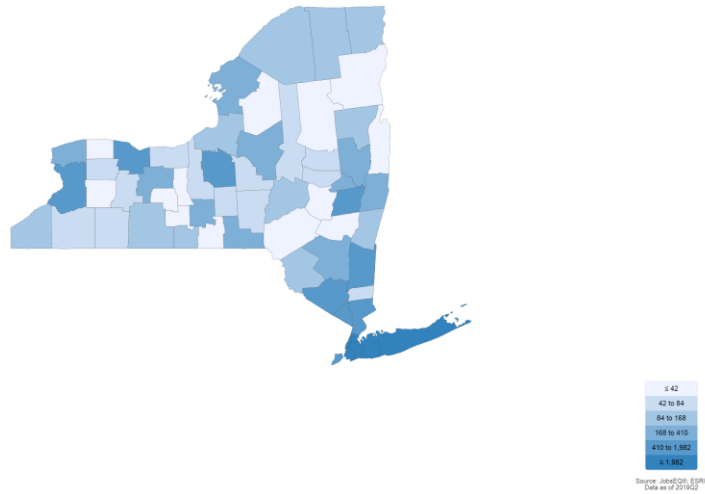
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Geographic Distribution

The map below illustrates the county-level distribution of employed workers in New York in occupations linked to Community Health and Preventive Medicine. Employment is shown by place of work.

New York, Occupation Concentration by Place of Work for Occupations Linked to Community Health and Preventive Medicine



Top Counties with Employment Linked to Community Health and Preventive Medicine, 2019Q2

Region	Employment
New York County, New York	6,453
Kings County, New York	3,832
Nassau County, New York	2,731
Queens County, New York	2,696
Bronx County, New York	2,021
Suffolk County, New York	1,983
Erie County, New York	1,755
Westchester County, New York	1,617
Monroe County, New York	1,483
Albany County, New York	1,001

Source: JobsEQ®

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Demographic Profile

The population in New York was 19,798,228 per American Community Survey data for 2013-2017.

Of individuals 25 to 64 in New York, 37.6% have a bachelor's degree or higher which compares with 32.3% in the nation. Per American Community Survey 2013-2017 estimates, the region has about 260,915 students enrolled in grade 12.

Summary¹

	Percent		Value	
	New York	USA	New York	USA
Demographics				
Population (ACS)	—	—	19,798,228	321,004,407
Male	48.5%	49.2%	9,604,111	158,018,753
Female	51.5%	50.8%	10,194,117	162,985,654
Median Age ²	—	—	38.4	37.8
Under 18 Years	21.2%	22.9%	4,203,304	73,601,279
18 to 24 Years	9.8%	9.7%	1,934,115	31,131,484
25 to 34 Years	14.6%	13.7%	2,883,167	44,044,173
35 to 44 Years	12.6%	12.7%	2,485,508	40,656,419
45 to 54 Years	13.9%	13.4%	2,744,981	43,091,143
55 to 64 Years	12.8%	12.7%	2,538,802	40,747,520
65 to 74 Years	8.5%	8.6%	1,675,514	27,503,389
Population Growth				
Population (Pop Estimates) ⁴	—	—	19,542,209	327,167,434
Population Annual Average Growth ⁴	0.2%	0.7%	32,977	2,307,347
Educational Attainment, Age 25-64				
No High School Diploma	12.0%	11.4%	1,273,179	19,230,541
High School Graduate	24.6%	26.0%	2,615,245	43,784,920
Some College, No Degree	16.4%	21.2%	1,745,824	35,803,629
Associate's Degree	9.5%	9.0%	1,010,938	15,199,517
Bachelor's Degree	21.9%	20.5%	2,336,493	34,602,913
Postgraduate Degree	15.7%	11.8%	1,670,779	19,917,735
Social				
Poverty Level (of all people)	15.1%	14.6%	2,908,471	45,650,345
Households Receiving Food Stamps/SNAP	15.2%	12.6%	1,110,617	15,029,498
Enrolled in Grade 12 (% of total population)	1.3%	1.4%	260,915	4,437,324
Disconnected Youth ³	2.7%	2.7%	27,330	456,548
Children in Single Parent Families (% of all children)	35.1%	34.5%	1,406,751	24,106,567
Speak English Less Than Very Well (population 5 yrs and over)	13.6%	8.5%	2,524,549	25,654,421

Source: [JobsEQ®](#)

1. American Community Survey 2013-2017, unless noted otherwise

2. Median values for certain aggregate regions (such as MSAs) may be estimated as the weighted averages of the median values from the composing counties.

3. Disconnected Youth are 16-19 year olds who are (1) not in school, (2) not high school graduates, and (3) either unemployed or not in the labor force.

4. Census 2018, annual average growth rate since 2008

FAQ

What is CIP?

The 2010 Classification of Instructional Programs (CIP) is taxonomy of instructional program classifications and descriptions. It was developed and has been updated by the U.S. Department of Education's National Center for Education Statistics (NCES).

What is SOC?

The Standard Occupational Classification system (SOC) is used to classify workers into occupational categories. All workers are classified into one of over 840 occupations according to their occupational definition. To facilitate classification, occupations are combined to form 23 major groups, 97 minor groups, and 461 occupation groups. Each occupation group includes detailed occupations requiring similar job duties, skills, education, or experience.

What is training concentration?

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**University at Albany
New Program Proposal
Advanced Graduate Certificate in HIV Studies**

Appendix 2 Letter of Support

New York State Department of Health



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

September 14, 2020

Tomoko Udo, PhD
Co-Associate Director
Center for Collaborative HIV Research in Practice and Policy (CCHRPP)
University at Albany School of Public Health
One University Place
Rensselaer, NY 12144

Dear Dr. Udo:

On behalf of the New York State Department of Health AIDS Institute (AI), I enthusiastically support your proposal for the HIV Studies certificate program to be administered by the University at Albany School of Public Health (SPH).

The AI oversees a wide range of public health programs and policies related to HIV, STIs, viral hepatitis, and drug user health. We regularly involve graduate students from the SPH as public health interns and graduate assistants. We have hired SPH graduates for staff positions and have staff who enroll in coursework or degree programs at SPH. Furthermore, we work closely with local health departments, community-based organizations, and other partners that are responsible for carrying out HIV, hepatitis and drug user health programs and policies at the local level.

The addition of a graduate certificate in HIV Studies has the potential to better position the AI's workforce to carry out its programs and policies. As a founding partner in the CCHRPP, we had an opportunity to provide information about competencies that we look for when we hire interns and new employees. The certificate will lead to increases in students' relevant knowledge and skills related to HIV studies and related issues across multiple areas of public health, including health policy, epidemiology, and community health. Several AI staff serve as faculty at the SPH and have committed to active participation in the certificate program as teaching faculty and internship mentors. The certificate will also build on existing opportunities for our staff to enhance their professional development through serving as guest instructors for courses. When recruiting for interns and staff positions, the certificate will help us to identify individuals with a dedicated interest and commitment to the fields of HIV, STIs, viral hepatitis, and drug user health. For professionals already working in the field of public health, completing the certificate may be an appealing option to enhance their knowledge and skills and provide opportunities for advancement within the AI. An initial survey of AI staff yielded strong interest in the certificate program.

We look forward to collaborating with you to support the HIV Studies certificate at SPH.

Sincerely,

Johanne E. Morne, MS
Director
AIDS Institute

**University at Albany
New Program Proposal
Advanced Graduate Certificate in HIV Studies**

Appendix 3 Curriculum Map

Graduate Certificate in HIV Studies: Applied Track

	Required			Students select at least ONE of the following courses:											
	EPI 610 – AIDS Epidemiology	HPM – 611 Addiction and Public Health	HPM 535 – Community Based Public Health	EPI 612 – Quantitative Methods in Epidemiology	HPM 501 – Health Policy Analysis	HPM 641 – Principles of Health Organization Management	HPM 647 – Program Evaluation	HPM 650 – Strategy and Leadership Applications in Health Management	PAD 501 – Public and Nonprofit Financial Management	PAD 504 – Data Models, and Decisions	PAD 522 – Politics and Policy	PAD 604 – Inequality and Public Policy	PAD 616 – Nonprofits and Social Transformation	PAD 642 – Public Budgeting	PAD 653 – Public Health Politics and Policy: Global and Domestic Perspectives
Increased proficiency in at least ONE communication-related public health competency, applied specifically to HIV															
• Develop written and oral presentations based on statistical analyses for both public health professionals and educated lay audiences	X			X						X					
• Explain the importance of epidemiology for informing scientific, ethical, economic and political discussion of health issues	X			X											
• Communicate epidemiologic information to lay and professional audiences	X			X											
• Communicate health policy and management issues using appropriate channels and technologies					X	X		X	X	X	X			X	X

Graduate Certificate in HIV Studies: Research Track

	Required		Students select at least TWO of the following courses:						
	EPI 610 – AIDS Epidemiology	HPM – 611 Addiction and Public Health	EPI 612 – Quantitative Methods in Epidemiology	HPM 647 – Program Evaluation	EHS 612 – Geographical Information Systems (GIS) and Public Health	POS/PAD 517 – Quantitative Research Methods	POS 618 – Qualitative Methods	PAD 504 – Data Models, and Decisions	PAD 505 – Statistics for Public Managers and Policy Analysis
Student Learning Outcomes									
Basic knowledge of key HIV content areas, including:									
• Epidemiology of and surveillance methods used for HIV, STIs and HCV in the United States and New York State	X								
• Issues related to persons who use drugs		X							
Additional knowledge in at least one area important for work in HIV studies, such as program evaluation, data analysis, health policy, project management, and community engagement			X	X	X	X	X	X	X
Recognition of the range of career opportunities, work settings, and professional roles available working on HIV and related issues, including opportunities for cross-disciplinary collaboration	X	X							
Increased proficiency in at least ONE communication-related public health competency, applied specifically to HIV									
• Develop written and oral presentations based on statistical analyses for both public health professionals and educated lay audiences	X		X					X	X
• Explain the importance of epidemiology for informing scientific, ethical, economic and political discussion of health issues	X		X						
• Communicate epidemiologic information to lay and professional audiences	X		X						
• Communicate health policy and management issues using appropriate channels and technologies						X	X	X	X

**University at Albany New
Program Proposal
Advanced Certificate, HIV Studies**

Appendix 4 Course Catalog Descriptions

ENVIRONMENTAL HEALTH SCIENCES

Ehs 612 (Epi 621) Geographic Information Systems (GIS) and Public Health (3)

This course covers the basics of geographic information systems (GIS) as applied toward epidemiologic research and surveillance. GIS software functionality, geocoding, use of global positioning systems (GPS), sources of data and spatial statistical methods are among the topics covered. Prerequisite: Epi 501.

EPIDEMIOLOGY

Epi 610 AIDS Epidemiology (3)

Application of basic principles and methods of epidemiology to the investigation and control of the AIDS epidemic. Participation of epidemiologists, prevention program managers, and policy makers involved in the development and implementation of control strategy in New York State in classroom lectures, and student-initiated research projects and presentations. Major issues explored include surveillance, clinical manifestation of AIDS, modes of transmissions, implications for the health care system, control measures and the ethical dilemmas associated with managing the Aids epidemic. Prerequisite(s): Bms 505 or equivalent and college level biology course, or permission of course director.

Epi 612 Quantitative Methods in Epidemiology (4)

Application of the concepts introduced in Sta 552 and Sta 553 to the analysis of epidemiological studies. Topics include: simple and stratified analyses of cross-sectional, case-control, cumulative follow-up, and density follow-up studies; matching in epidemiologic studies; logistic regression; theoretical considerations, analysis strategy, and applications. Prerequisites: Epi 501 and Epi 502 or equivalent are required; Sta 552 and Sta 553 or equivalent are required; Epi 601 is recommended.

HEALTH POLICY, MANAGEMENT AND BEHAVIOR

Hpm 501 (Pad 657) Health Policy Analysis (3)

This course introduces students to policy analysis and management by examining issues in the health sector. It fosters an appreciation of the complexity of policy problems and provides the basic tools used in policy design, implementation and evaluation. Prerequisite: Hpm 500.

Hpm 535 Community Based Public Health (3)

The goal of this course is to learn a community based perspective of public health and health promotion, stressing an understanding of social determinants of health. The course will include readings about the importance of working with diverse communities, concepts and best strategies for assessing community assets and needs, as well as approaches for community based public health interventions and strategies for collaborating with community members to improve the health of the community. Some topics that will be covered include; coalition building, community assessment approaches, community health workers, social capital, empowerment, and participatory health promotion approaches. The course is geared for students who are interested in working at community based organizations, government agencies, advocacy organizations, and in community based research.

Hpm 611 Addiction and Public Health (3)

Substance abuse disorders are among the most difficult problems that confront public health professionals. This course provides an introduction to the basis of addictive disorders, specific drugs of abuse, at-risk populations, comorbidity of substance abuse and medical/mental health disorders, and public health interventions at multiple ecological levels. Prerequisite: Hpm 525 or permission of course director.

Hpm 641 Principles of Health Organization Management (3)

This course is designed to cover the major aspects of managing both public and private health care organizations. These aspects include managing external relationships with key stakeholders like patients and providers, understanding the individual and group dynamics that occur within health care delivery settings, and applying the business and emerging tools used in managing on an everyday basis in health care delivery settings. Topics that would be covered in this course include the strategic management process in health care (overview), forming organizational alliances, human resources issues in managing health care professionals, organizational behavior and culture, business essentials in the areas of

marketing, accounting, and finance as they apply to specific health management needs, and emerging management tools like quality management and health information systems. Prerequisites: Hpm 500, Hpm 501, advanced standing or permission of Instructor.

Hpm 647 Program Evaluation (3)

Provide students with a basic understanding of and skills in the uses and principles of evaluation models and methodologies. The course will provide an overview of evaluation, evaluation models, evaluation design methodology, principles of sampling, principles of measurement and data collection, the application of qualitative and quantitative analysis tools to evaluation data, as well as methods for enhancing the likelihood that evaluation results are utilized. Both quantitative and qualitative models and methods will be discussed. Prerequisites: Epi 501, Sta 552, or equivalent.

Hpm 650 Strategy & Leadership Applications in Health Management (3)

This course deals with the application of strategic management principles, organization theory, and leadership skills to a variety of "real world" management issues in both private and public sector health organizations. Primary focus is placed on using a strategic framework for identifying, thinking about, and addressing these issues as a health care manager. The course emphasized group decision making processes and case-based learning. In addition, leadership and an understanding of organizational dynamics in health care are included as critical factors determining how well the strategic planning process will work. In this course, it is expected that students will bring knowledge learned in other courses to bear in making strategic assessments and decisions for various cases. Thus, it is strongly recommended that students take this course toward the end of their program of study.

PUBLIC ADMINISTRATION AND POLICY

Pad 501 Public and Nonprofit Financial Management (4)

This course focuses on teaching students how to use financial information to make decisions in public and not-for-profit organizations. The first half of the course focuses on developing, implementing and controlling agency financial plans. The course covers an introduction to financial management, the development of operating budgets, tools for short-term decision-making, capital-budgeting decisions, and the analysis of long-term financial options. The second half of the course focuses on summarizing, reporting on and analyzing an organization's financial position, and the results of its operations.

Pad 504 Data Models, and Decisions (4)

This course introduces computer-based tools for planning, policy analysis, and decision making. Topics include evaluating the quality of data for decisionmaking, database construction and information management, administrative and policy models in spreadsheets, making decisions with multiple criteria, an introduction to probability and decision trees, and the use of simulation models as testbeds for policy making. Emphasis is placed on summarizing information meaningfully for policymakers and different stakeholders, and using standard spreadsheet programs likely to be encountered in the workplace.

Pad 505 Statistics for Public Managers and Policy Analysts (4)

The goal of this course is to develop a basic level of statistical literacy that will allow students to critically examine research evidence on important policy and public administration issues. This includes making students better consumers of news stories that cite empirical studies, reports by think tanks and other sources of policy analysis as well as original research studies published in academic journals. Topics include summarizing, presenting and cleaning data; sampling; study design; and data analysis including hypothesis testing and regression. In this course, students will also learn how to use a statistical package (Stata) to analyze and present data.

Pad 522 Politics and Policy (4)

Examination of the influence of political factors on the initiation, formulation and implementation of public policy. Considers the role of political institutions and forces in defining and shaping policy options and choices. Seeks to equip the student with the background necessary to operate effectively within the political environment of policy-making.

Pad 604 (Pos 604, Wss 604) Inequality and Public Policy (4)

This course addresses the formulation and implementation of public policies that seek to end inequalities

based on gender, race, class, sexual identity and/or other categories of marginalization. Theoretical and case study readings focus on the challenges, paradoxes and successes of a variety of social change initiatives. Prerequisite: Wss 525 (Feminist Thought and Public Policy) recommended.

Pad 616 Nonprofits and Social Transformation (4)

This course addresses the role of nonprofit organizations in creating social change in a democracy. The course will focus primarily on strategies and tactics that nonprofit organizations can and do use to make change at individual, policy and societal levels. Theoretical and case study readings focus on the challenges, paradoxes and successes of a variety of social change initiatives. While this class will focus on nonprofit organizations, a central aim is to provide students who do/will work in nonprofits, government agencies or any other organization with a public purpose with the opportunity to learn tools of social change. Through class discussions and exercises, students will learn to apply these tools in diverse institutional settings and policy domains.

Pos 618 Qualitative Methods (4)

This course examines qualitative research and how it fits in the broader discipline of political science. It covers the contributions and limitations of qualitative research; the nuts and bolts of conducting qualitative research; and how to analyze the results. Prerequisites: Pos 516, Pos 517 or equivalent.

Pad 642 Public Budgeting (4)

This course will involve a detailed examination of the processes and analytical techniques involved in developing and managing public budgets. Extensive attention will be put on budget processes and politics, the analysis of public revenue sources, and the techniques of budget analysis. The course will include considerable analysis of public budgets as well as a detailed examination of current issues, controversies and research in public budgeting. Prerequisite: Pad 501 or equivalent or Pad 504 or equivalent.

Pad 653 – Public Health Politics and Policy: Global and Domestic Perspectives (4)

This course examines major political factors that shape health policy decisions and the government response to various diseases and health conditions. Specific questions include: Why are some diseases more likely to get on the public agenda domestically and internationally? Why is it so hard to incorporate clinical and economic evidence into public health policy decisions? What public policy tools are available to target health conditions, and what are the legal constraints on public health intervention? When should public health campaigns employ fear and scare tactics versus positive social messaging? This course explores how policy is used as a tool to further public health goals both domestically and globally. The course is designed to introduce students of policy and politics to concepts and debates specific to the field of public health. Likewise, the course is also designed to introduce students of public health to public policy concepts and approaches. The course will draw on readings examples both from high-income and low- and middle-income countries and will explore similarities as well as differences in theories of the policy process pertaining to each.

POLITICAL SCIENCE

Pos 517 (Pad 517) Quantitative Research Methods (4)

Introduction to a variety of data-analysis techniques ranging in complexity from simple table construction and interpretation to causal analysis. Within this range are coding, scale and index construction, multidimensional scaling, levels of measurement, measures of association, correlation and regression, panel and cohort analysis, and Markov chains. Introduction to computer technology and functional software. Basic competence in statistics necessary. Prerequisite: One course in statistics or consent of instructor.

Pos 618 Qualitative Methods (3)

This course examines qualitative research and how it fits in the broader discipline of political science. It covers the contributions and limitations of qualitative research; the nuts and bolts of conducting qualitative research; and how to analyze the results. Prerequisites: Pos 516, Pos 517 or equivalent.

**University at Albany New
Program Proposal
Advanced Certificate, HIV Studies**

**Appendix 5
Course Syllabi for Existing Courses Created after MPH Registration**

EPI 610 Aids Epidemiology

HPM 611 Addiction in Public Health

EPI 610 – AIDS Epidemiology (3 credits)
Course Syllabus, Spring 2021

Key Information

Course Director: Mark H. Kuniholm, PhD
Associate Professor
Department of Epidemiology and Biostatistics
Health Campus GEC Rm. 137
mkuniholm@albany.edu

Time & Location: Mondays 3:00 PM – 5:50 PM; 10 minute break 4:20PM-4:30PM
By Zoom and in Classroom C4 (per calendar)

Office Hours: By Zoom: please contact the instructor to schedule an appointment

Prerequisites: Epi 501 or equivalent

Other course leaders:

- Dr. Gus Birkhead MD, MPH, Professor Emeritus, Department of Epidemiology and Biostatistics, Health Campus GEC Rm. 131, gbirkhead@albany.edu
- Dr. Eli Rosenberg, PhD, Associate Professor, Department of Epidemiology and Biostatistics, Health Campus GEC Rm. 123, erosenberg@albany.edu
- Dr. James (Jim) Tesoriero, Director, NYS DOH AIDS Institute Center for Program Development, Implementation, Research, and Evaluation & Clinical Associate Professor, Department of Health Policy, Management and Behavior. james.tesoriero@health.ny.gov
- Dr. Rachel Hart-Malloy, Director, NYS DOH AIDS Institute Office of Sexual Health & Epidemiology and Assistant Professor, Department of Epidemiology and Biostatistics. rachel.malloy@health.ny.gov

1. Course Goals

The HIV/AIDS epidemic, driven by infection with human immunodeficiency virus (HIV), has been a major issue in global and US health since its emergence in the early 1980s, affecting millions of lives and also the development of public health systems and methods. Understanding the HIV/AIDS epidemic requires an integrated understanding of clinical, biological, and epidemiological issues alongside social, behavioral, and policy ones.

The purpose of this course is to introduce students to the epidemiologic principles, methods and data necessary to understand the epidemiology of HIV infection and AIDS. Topics covered will include the history of the epidemic, clinical features of HIV infection, key approaches and trends in surveillance, prevention and treatment interventions, the relation of maternal and child health to HIV/AIDS, national and local policies for HIV epidemic control, intersections with the sexually transmitted infection and drug epidemics, and laboratory methods. We will focus on applications in New York State and the broader United States, with some attention given to differences in the

international context. Guest lectures by experts in HIV/AIDS medicine, laboratory science, epidemiology, surveillance, program management, and public health policy will add diversity of perspectives on the HIV/AIDS pandemic.

2. Learning Objectives

- a. Describe the epidemiology, pathogenesis and natural history of HIV/AIDS
- b. Explain how age, sex, race/ethnicity, geographic region and behaviors may affect the epidemiology of HIV/AIDS
- c. Interpret results of data analysis of biomedical and behavioral interventions for prevention and treatment of HIV/AIDS
- d. Describe the overlapping epidemiology of HIV/AIDS and related syndemics such as sexually transmitted infections, illicit drug use and viral hepatitis and the interactions between
- e. Calculate descriptive and multivariable statistics related to HIV/AIDS using statistical software
- f. Design a new surveillance project, observational study, and/or intervention trial that addresses gaps in knowledge related to HIV/AIDS

3. Course Organization

Classes will take place Mondays from 3:00 PM – 5:50 PM by Zoom and/or in Classroom C4 in the George Education Building, UAlbany Health Sciences Campus.

Attendance in class is expected. If you are unable to attend class on a particular day, you do not need to notify the instructor. However, students will still be responsible for the class material and assignments and will not have the ability to earn class participation points (see below in section 4) during the class period that they missed.

The topics of each lecture along with assigned student activities are listed in section 9 below. The syllabus and other course materials, e.g., lecture notes and assigned articles, will be available to download from the course website on the Blackboard Learning System. Paper copies of the lecture notes and other course materials will not be provided.

4. Reading Material

Reading materials for each course module will be posted on Blackboard. These readings will typically be review papers and seminal study findings that will be **crucial for introducing you to each week's concepts and should not be considered optional**. Students are expected to read these materials and be prepared to discuss them in class. There is no textbook for the course.

5. Grading

Your grade in this course will be calculated based on your performance on the following:

Class participation (Each instance of class participation is worth 1% – combined 10%): Each student is expected to participate in class discussion ≥ 10 times over the course of the semester. Each student should keep a record of their own class participation. Class participation records should be uploaded to the Participation folder in Blackboard for Modules 1-7 and 8-14 by the due dates shown on the calendar. Class participation records should be in MS Word format and include the date each class participation occurred. The topic covered in the class participation should not be included in the participation record. MS Word files should have filenames like: Surname_Participation_HEPI610_Modules1_7_date.

Students do not need to participate during all class modules in order to receive full credit for class participation. Rather, students should plan to participate zero (0), one (1) or two (2) times during each module. A maximum of 5 participation points is allowable for each of modules 1-7 and 8-14.

Quizzes (2 quizzes for 10% each – combined 20%): Students will complete two (2) timed quizzes based on material presented in class lectures, reference documents/papers and web pages. The time allotted for each quiz will be 1 hour. Quiz 1 will cover material presented in modules 1-4 and quiz 2 will cover material in modules 5-8. Quizzes are open book and open notes, but students must take the quizzes alone. Students must not discuss the quiz material with their classmates prior to the quiz due date.

Quiz questions may be in a multiple choice or short written response format. Once started, each quiz will only be available to students for 1 hour. Students are therefore encouraged to take the quizzes on a desktop or laptop computer or other device with a stable internet connection. After the quiz deadline passes, students will not be able to access the quiz on Blackboard and will receive no credit (0 points). See further explanation in section 5, Late Policies.

Computer labs (2 labs for 10% each – combined 20%): Each student will complete two (2) computer lab assignments. Group work is encouraged but each student should turn in their own work. Grading criteria for each computer lab is as follows: Completeness (8%) – Did the student attempt to run all computer code presented in the laboratory and attempt to answer all questions in the laboratory? Partial credit may be awarded if some but not all questions are answered; Accuracy of results (2%): Did the student obtain correct answers to the questions posed in the laboratory and are interpretations based on the data correct? Computer labs in MS Word format should be uploaded to the Computer lab folder in Blackboard. MS Word files should have filenames like: Surname_Computerlab_1_HEPI610_date.

Please note that the computer laboratories are written in the SAS programming language. Students should plan to complete their computer laboratories using SAS (available in the SPH computer lab or for home installation through UAlbany and SPH IT support) or another statistical programming language (e.g., Stata, R).

Class presentation (20%): The class presentation will be a group project, generally in groups of 2-3 students. Groups will be assigned by the instructor following initiation of the course. Each group will be assigned a non-US country on which to focus their class presentation (e.g, Brazil, Mexico, Nigeria, South Africa, Rwanda, Australia, Thailand, India, Russia, Ukraine).

Each class presentation should include no less than 15 but no more than 20 Powerpoint slides. Slides of references do not count against the slide limit. The assignment is to review the HIV epidemiological situation of a non-US country and identify key gaps in understanding of HIV/AIDS for that country (~75% of the presentation). Then develop and propose a new surveillance project, observational study, and/or intervention trial that addresses that gap, drawing from methods covered in the course (~25% of the presentation). No specific budget needs to be developed or adhered to, but projects should be reasonable and feasible (e.g. a household survey that HIV tests the entire country is generally not feasible).

Each member of the group should give approximately equal parts of their group's presentation. Prior to their presentation, each group should upload their presentation to the Class presentation folder in Blackboard. MS Powerpoint files should have filenames like: Group1_Presentation_HEPI610_date.

Grading of the class presentation will be conducted both by the instructor (10%) and by peer-grading (10%). Grading criteria are the same for both instructor and peer-grading: Completeness (8%) – Did the group complete the assignment as described above?; Accuracy and effort (2%) – Did the group correctly interpret the available epidemiological data from the non-US country and propose an informative and compelling new surveillance project, observational study, and/or intervention trial?

Peer-grading assignments will be assigned following initiation of the course (e.g., Group 2 is assigned to grade Group 1). In addition to a numerical grade, groups should provide a ~200 word justification for the grade that they submit. Please note that no course credit is provided to groups for completing peer-grading assignments. Peer grades in MS Word format should be uploaded to the Class presentation folder in Blackboard one (1) week following the presentation. MS Word files should have filenames like: Group2_grade_Group1_Presentation_HEPI610_date.

Final paper (30%): The final paper is an individual assignment. The assignment is to review the epidemiology of an HIV/AIDS topic of major current interest (student's choice - minimum of 1,500 words and maximum of 2,000 words) and to then develop and propose a new surveillance project, observational study, and/or intervention trial that addresses gaps in knowledge related to the HIV/AIDS topic of interest, drawing from methods covered in the course (minimum of 500 words and maximum of 1,000 words). References (minimum of 10 and maximum of 20) should be included at the end of the text and can be in the format of any journal that routinely publishes HIV/AIDS epidemiology studies (examples include, but are not limited to: *New England Journal of Medicine*, *Clinical Infectious Diseases*, *Journal of Infectious Diseases*, *American Journal of Public Health*, *AIDS*, *JAIDS*, *Journal of the International AIDS Society*). References do not count against the word count limits.

Grading criteria for the final paper

Final Paper Grading Consideration #1: MPH students in Epidemiology at the University at Albany School of Public Health.

MPH students at CEPH-accredited institutions are required to complete an integrative learning experience (ILE) that demonstrates synthesis of foundational and concentration competencies *during their last year of studies*. MPH students in the Epidemiology concentration can meet their ILE requirement either in conjunction with a 600-level Epidemiology course or through a non-credit special assignment for ILE. Epidemiology MPH students must demonstrate at least 1 foundational competency and at least 1 epidemiology competency, with a total of at least 3 competencies. There is no ILE requirement for MS EPI, doctoral, and non-degree students.

MPH students in Epidemiology are eligible to demonstrate the following ILE competencies as part of their HEPI 610 final paper:

ILE Competencies - Foundational

4. Interpret results of data analysis for public health research, policy or practice
9. Design a population-based policy, program, project or intervention

ILE Competencies - Epidemiology

1. Design, implement or participate in an epidemiologic study, taking into account the research question, strengths, limitations, and public health implications as appropriate to the specific project.

3. Identify and address sources of bias in an epidemiologic study or surveillance system of a specific public health problem, including confounding, selection bias, and measurement error.
5. Conduct and/or evaluate multivariable statistical analyses and draw appropriate inferences.

Grading criteria for the final paper for MPH Epidemiology students who wish to use their final paper towards their ILE requirement is as follows:

(5%) Did the student choose a topic of major current interest in HIV/AIDS epidemiology for their paper?

- Topics of primarily historical interest (e.g., at what CD4 cell level to start antiretroviral therapy) do not meet this criteria
- Topics for which there are few available HIV/AIDS epidemiology data do not meet this criteria (e.g., where most available data are from basic science studies, qualitative studies, veterinary studies, case reports, health policy studies or when just a few epidemiology studies on the topic are available)

Student tip: It is recommended – but not required – that students communicate with the instructor in advance of the final paper deadline to ensure that the proposed topic of their final paper meets these criteria

(15%) Did the student identify, evaluate and interpret HIV/AIDS epidemiology data analyses, including multivariable statistical analyses, and draw appropriate inferences and conclusions? Did the student identify sources of bias in epidemiologic studies of HIV/AIDS, including confounding, selection bias, and measurement error? **(ILE Competencies - Foundational: 4; Epidemiology: 3, 5)**

- Students are expected to identify peer-reviewed manuscripts, conference abstracts, government reports and/or other scientific resources that report on the collection and analysis of quantitative HIV/AIDS epidemiology data (i.e., the primary literature). Interpretations and statements based on reading of review papers are fine to include but should supplement but not replace discussion of the primary literature.
- Students should select an HIV/AIDS topic of major current interest that is *sufficiently narrow* such that the data analyses, results, and sources of bias across different studies can be easily compared and contrasted in the text of the final paper, and if the student chooses, in tables.
- A few examples of acceptable topics may be:
 - Primary prevention of cardiovascular disease in United States men living with HIV
 - Pre-exposure prophylaxis in pregnant women living in sub-Saharan Africa
 - COVID-19 susceptibility and outcomes in older United States people living with HIV
 - Smart pill bottles as an adherence intervention in United States gay and bisexual men living with HIV on antiretroviral therapy
 - Risk of birth defects in HIV-infected women exposed to integrase inhibitors during pregnancy
 - Initiation and retention in opioid use disorder treatment programs in United States people who inject drugs who are living with HIV
 - Treatment of drug-resistant tuberculosis in South African people living with HIV
 - Hazardous alcohol consumption and risk of HIV infection in homeless United States adolescents
 - Acceptability of assisted partner notification services in United States people living with HIV
 - Pre-exposure prophylaxis and health behaviors in serodiscordant male couples living in the United States

- Racial disparities in clinical outcomes amongst women living with HIV in the Southern United States
- A reasonable structure for the first section of the final paper (minimum of 1,500 words and maximum of 2,000 words) would be to provide a few paragraphs of general introduction (e.g., based on reading of review papers and Introduction and Discussion sections in the primary literature) followed by focused sub-sections that compare and contrast the study designs, methods, biases, statistical analysis strategies and results of specific studies from the primary literature. This could be followed by a couple paragraphs of general Discussion and interpretation based on the data that you have presented in the focused sub-sections.
- You are required to include a minimum of 10 and maximum of 20 references in your final paper. Thus, if I selected the first example topic from the list above (i.e., “Primary prevention of cardiovascular disease in United States men living with HIV”), I might base the first few paragraphs of my text around what I learned from 4 review papers on the topic, and then include two sub-sections on primary prevention of cardiovascular disease – one section for men 40 – 69 years of age (e.g., comparing and contrasting 4 primary literature studies) and one section for men ≥70 years of age (e.g., comparing and contrasting 5 primary literature studies) followed by a general discussion and interpretation based on the data and information that I just presented. The organization of your paper is up to you, provided it meets the grading criteria, but breaking your paper into sections is a common way to stay organized and keep the reader oriented. You might break your text into sections based on study population characteristics (e.g., age (as in the cardiovascular disease example above), race/ethnicity, sex or gender identification, income or education, United States region or country, HIV risk behavior (e.g., men who have sex with men and women)) or alternatively by type of study design or data collection mechanism (e.g., observational studies vs. randomized studies; passive vs. active surveillance system data).

(10%) Did the student develop and propose a new surveillance project, observational study, and/or intervention trial that addresses gaps in knowledge related to the HIV/AIDS topic of interest, drawing from methods covered in the course (minimum of 500 words and maximum of 1,000 words)?

- Students should propose and develop a new project, study or trial that is similar in scale and scope to one of the primary literature studies they reviewed in the first section of their final paper. As mentioned above, no specific budget needs to be developed or adhered to, but projects should be reasonable and feasible. As you describe the new project, study or trial, tell the reader: **(ILE Competencies - Foundational: 9; Epidemiology: 1)**
 - **Why will you collect the data** (e.g., what is the gap in knowledge related to HIV/AIDS that your study will address)
 - **Who will collect the data** (e.g., state health department employees, nurses at a hospital, volunteers from an advocacy organization, virologists in a wet laboratory)
 - **How the data will be collected** (e.g., self-reported information on an interviewer-administered questionnaire, peripheral blood by venipuncture screened in a hospital laboratory, secure linkage and informatics harmonization of surveillance databases),
 - **If there will be any strategies at the design phase to minimize bias**, confounding, selection bias, and measurement error (e.g., matching controls to cases by age in a case-control study, inclusion of double-blinding in an interventional study, adjudication of clinical events, inclusion of laboratory positive and negative controls),
 - **How will the data analysis be conducted**, including multivariable statistical analyses (e.g. In Table 1, the study will compare demographic and clinical characteristics of men who have sex with men vs. men who have sex with men and women; in Table 2, we will use survival

- analysis to estimate relative risk of incident clinical AIDS for these two study groups, adjusted for age and income level)
- **How the results of the study will be disseminated** (e.g., academic manuscript, government report, presentation to health department staff, presentation to patient group or advocacy organization, briefing of governmental officials).

Please note that to receive a “satisfactory grade” or “pass” for the integrative learning experience (ILE) as a part of HEPI 610, the final paper must meet these criteria:

- It demonstrates that all selected ILE competencies are adequately met
- It is well written
- There is no evidence of plagiarism

“Pass” is equivalent to a “B” or higher, which translates to 80% (B cut-off for HEPI 610) * 30% (point allocation for the final paper) = 24/30 points. Thus, it is possible to receive an overall course grade of A or B but still not attain a sufficient score on the final paper to receive credit for the ILE.

Final Paper Grading Consideration #2: Students pursuing a graduate certificate in maternal and child health (MCH) at the University at Albany School of Public Health.

This course has been approved as an elective for the Graduate Certificate in Maternal and Child Health. The course teaches topics and skills that address the following national MCH Leadership Competencies, Version 4.0.

- **Self: MCH Knowledge Base/Context; Ethics and Professionalism; Critical Thinking**
- **Others: Communication**
- **Wider Community: Policy**

A complete version of the competencies is available at:

https://mchb.hrsa.gov/training/documents/MCH_Leadership_Competencies_v4.pdf

Students who wish to apply this course as an elective for the MCH certificate must select a topic related to MCH for their final paper assignment, subject to instructor approval. Otherwise, grading criteria for the final paper are identical to those described above for MPH students planning to receive credit for an integrative learning experience (ILE).

Final Paper Grading Consideration #3: Students who are not planning to receive credit for an integrative learning experience (ILE) or pursuing a graduate certificate in maternal and child health (MCH) at the University at Albany School of Public Health.

Grading criteria for the final paper are identical to those described above for MPH students planning to receive credit for an integrative learning experience (ILE).

Course percentage grade	Letter grade
90 – 100	A
80 – 89	B
65 – 79	C
< 65	E (fail)

6. Late Policies

For individual course submissions, two percent (2%) will be deducted for each 24 hours following the assignment due date and time. This policy applies to submission of: (i) class participation records; (ii) computer labs; and (iii) the final paper. Quizzes will not be available on Blackboard after their due date/time – if a student fails to complete the quiz by the due date/time then no credit for the quiz will be awarded (or partial credit if a subset of the quiz has been completed). The class presentation will not be subject to late policies because it is a group project.

Please note that planning and time management are critical for success in graduate school, and that excuses for missed deadlines and submissions are generally not accepted. An occasional slightly late assignment should not be a cause for worry, but repeated late submissions, incomplete submissions, and/or missing a quiz can jeopardize your ability to achieve your desired course grade. Please also note that the instructor will not proactively send you warning notices for poor class performance. It is your responsibility to keep grade records for yourself, and if you have concerns, please contact the instructor for an office hours appointment to discuss strategies and interventions to enhance support and class performance.

7. Academic Integrity

Academic dishonesty (please refer to the *Community Rights and Responsibilities* booklet and the University Academic Integrity policy at https://www.albany.edu/eltl/academic_integrity.php) will not be tolerated and will lead to actions as deemed appropriate by the faculty and/or the University's judicial process.

Examples of academic misconduct in this course include copying of answers on the quizzes from other students and plagiarism in your final project. Academic integrity violations can seriously tarnish a transcript and subsequent job/graduate school applications. Let's please not go there!

8. University statement on accommodations in the classroom:

Reasonable accommodations will be provided for students with documented physical, sensory, systemic, medical, cognitive, learning and mental health (psychiatric) disabilities. If you believe you have a disability requiring accommodation in this class, please notify the Disability Resource Center (518- 442-5490; drc@albany.edu). Upon verification and after the registration process is complete, the DRC will provide you with a letter that informs the course instructor that you are a student with a disability registered with the DRC and list the recommended reasonable accommodations.

Course schedule (subject to change upon notice)

Section 9. Course Schedule (subject to change upon notice)				
Module/Class Date/Modality	Topic	Faculty Lecturer	Student activities	Percentage of grade determined
Module 1 February 1 st Zoom	Course overview, history, epidemiology, pathogenesis, and clinical features of HIV/AIDS (119 slides, 2 reference documents/papers)	Kuniholm, Birkhead	<ul style="list-style-type: none"> • Communicating degree program, prior experience and goals for the course • Listening actively • Communicating questions/comments • Reading reference documents/papers 	Participation: 0-2%
Module 2 February 8 th Zoom	Understanding and explaining epidemiological patterns in the US HIV epidemic + worksheet & discussion (70 slides, 4 reference documents/papers and 1 score sheet, 7 discussion questions)	Rosenberg, Kuniholm	<ul style="list-style-type: none"> • Listening actively • Communicating questions/comments • Reading reference documents/papers • Writing interpretations of reference documents/papers • Discussing interpretations of reference documents/papers 	Participation: 0-2%
Module 3 February 15 th Zoom	HIV surveillance in the US and NYS (Swain lecture: 95 slides & Rosenberg lecture: 47 slides, 5 reference documents/papers & 5 web pages)	Rosenberg, Carol-Ann Swain (AIDS Institute)	<ul style="list-style-type: none"> • Listening actively • Communicating questions/comments • Reading reference documents/papers 	Participation: 0-2%
Module 4 February 22 nd Zoom	HIV prevention interventions worksheet & discussion (no lecture slides, 3 reference documents/papers, 1 score sheet, 15 web pages) + computer laboratory exercise in programming and statistics in HIV/AIDS epidemiology	Rosenberg, Kuniholm	<ul style="list-style-type: none"> • Reading reference documents/papers • Writing interpretations of reference documents/papers • Discussing interpretations of reference documents/papers • Statistical programming for HIV/AIDS epidemiology 	Participation: 0-2% Quiz 1 (covers modules 1-4) due Friday February 26 th at 5pm: 0-10%
Module 5 March 1 st Zoom	HIV policies and priorities in NYS and nationally ETE lecture: 77 slides & Holtgrave lecture: 33 slides; 2 reference documents/papers, 4 discussion questions	Holtgrave, Tesoriero, Malloy	<ul style="list-style-type: none"> • Listening actively • Communicating questions/comments • Reading reference documents/papers 	Participation: 0-2% Computer lab 1 due Friday March 5 th at 5pm: 0-10%

Module 6 March 8 th	Surveillance as an intervention (93 slides; 3 reference documents/papers, 2 discussion questions)	Tesoriero, Malloy	<ul style="list-style-type: none"> • Listening actively • Communicating questions/comments • Reading reference documents/papers 	Participation: 0-2%
Module 7 March 15 th Zoom	Sexually transmitted infections and their relationship with HIV + worksheet and discussion (75 slides, 3 reference documents/papers, 1 score sheet)	Malloy	<ul style="list-style-type: none"> • Listening actively • Communicating questions/comments • Reading reference documents/papers • Writing interpretations of reference documents/papers • Discussing interpretations of reference documents/papers 	Participation: 0-2% Class participation records for modules 1-7 due Friday March 19 th at 5pm
Module 8 March 22 nd Zoom	Laboratory and diagnostics; Perinatal HIV transmission, (Parker: 45 slides; Birkhead: 90 slides; 3 reference papers/documents)	Monica Parker (Wadsworth Center), Birkhead,	<ul style="list-style-type: none"> • Listening actively • Communicating questions/comments • Reading reference documents/papers 	Participation: 0-2% Quiz 2 (covers modules 5-8) due Friday March 26 th at 5pm: 0-10%
Module 9 March 29 th Zoom	HIV internationally, including child and adolescent health (37 slides, 1 reference paper/document, 3 web pages, 4 discussion questions) + computer laboratory exercise in programming and statistics in HIV/AIDS epidemiology	Kuniholm	<ul style="list-style-type: none"> • Listening actively • Communicating questions/comments • Reading reference documents/papers • Statistical programming for HIV/AIDS epidemiology 	Participation: 0-2%
Module 10 April 5 th In-person	Student presentations	Kuniholm	<ul style="list-style-type: none"> • Listening actively • Communicating questions/comments 	Participation: 0-2% Computer lab 2 due Friday April 9 th at 5pm: 0-10% Student presentation: 0-20%
Module 11 April 12 th In-person	Student presentations	Kuniholm	<ul style="list-style-type: none"> • Listening actively • Communicating questions/comments 	Participation: 0-2% Student presentation: 0-20%

Module 12 April 19 th In-person	The drug epidemic and HIV (Birkhead lecture: 50 slides & Udo lecture: 39 slides; 3 reference documents/papers, 4 discussion questions)	Birkhead, Udo	<ul style="list-style-type: none"> • Listening actively • Communicating questions/comments • Reading reference documents/papers 	Participation: 0-2%
Module 13 April 26 th In-person	Clinical HIV epidemiology in the US + academic writing for HIV/AIDS epidemiology	Kuniholm	<ul style="list-style-type: none"> • Listening actively • Communicating questions/comments • Reading reference documents/papers • Individual and group tutoring 	Participation: 0-2%
Module 14 May 3 rd In-person	Future of Prevention and Treatment (41 slides, 1 reference paper) + academic writing for HIV/AIDS epidemiology	Kuniholm	<ul style="list-style-type: none"> • Listening actively • Communicating questions/comments • Reading reference documents/papers • Individual and group tutoring 	Participation: 0-2%
Module 15 th May 10 th In-person	Clinical care for HIV/AIDS in New York, physician perspectives	Cyndi Miller (Albany Medical Center)	<ul style="list-style-type: none"> • Listening actively • Communicating questions/comments • Reading reference documents/papers 	<p>Final paper due Tuesday May 11th at 5pm; 0-30%</p> <p>Class participation records for modules 8-14 due Tuesday May 11th at 5pm</p>

HPM 611: Addiction and Public Health (Spring 2019)

Mondays 9:20 – 12:10 PM
School of Public Health, Room C1

Course description:

Tomoko Udo, PhD

Office Location: HPMB Room 167

Phone: 518-473-5861

Email: tschaller@albany.edu

Office hours: Thursdays, from 10:00-12:00, and by appt. (contact by email)

Course Description:

The goal for students in this class is to provide an introduction to the etiology and epidemiology of addictive disorders, and public health approaches to addiction. We will also discuss on-going, current issues related with addiction and public health. The class also incorporates guest lectures that exemplifies some important/innovative local (i.e., Capital Region) public health programs for individuals with substance use problems. After taking this course, students should have basic knowledge about the mechanisms underlying addiction, the epidemiology of addiction, social and behavioral factors affecting addictive patterns in individuals and populations, and treatment models and the application of evidence-based approaches in the development and evaluation of addiction interventions. Each class will consist of a didactic lecture by the instructor or guest lectures and in-class discussion of assigned papers.

Course Competencies:

MPH Core Competencies addressed by this course:

(See the MPH Core Competency Guide at http://www.albany.edu/MPH_Internship_Handbook_2012.pdf)

After completing this course, you will be able to:

- Analyzes determinants of health and disease in the population, and identifies appropriate intervention targets, using an ecological approach.
- Describes the role of social, behavioral, and cultural factors in development of addiction.
- Incorporates ethical standards of practice (e.g., Public Health Code of Ethics) into all interactions with individuals, organizations, and communities
- Understands the use of communication strategies for developing public health interventions and disseminating health information to diverse populations

In addition to the MPH Core Competencies, this course focuses on the following skill development:

1. Critical evaluation of scientific evidence
2. Scientific writing
3. How to deliver constructive criticisms
4. Research methodologies commonly used in addiction research

Required Readings:

This course will involve formal lectures by the instructor, guest lectures, and student-led discussion of peer-reviewed studies. There is no required text for this class. There will be required articles to read for each class. The list of readings for each class begins on page 6. These articles are available through course's Blackboard page or will be handed by the instructor. All students are expected to read the reading assignments BEFORE each class and be ready for in-class discussion of the assigned articles.

Course requirements:

Class participation	5%
Addiction Journal	20%
Discussion leader	15%
Reflection papers	10%
Mid-term paper	15%
Final presentation	15%
Final term paper	20%

(Final grading scheme: A-E)

ALL assignments should be typed, double-spaced, and use 12-point New Times Roman font. Assignments not meeting these minimum standards will be returned and counted as late.

Class Participation/Contribution (5%): This portion of your grade recognizes student contributions to the course through in-class discussions, keeping up to date with the readings, seeking help for assignments in a timely manner, and working effectively with others in the classroom activity.

Discussion Leader (15%): Each student will be assigned to a published research paper to lead seminar-type discussion of the assigned paper. Each student is expected to prepare presentation slides and spend 20-25 minutes to summarize the articles (background, methods, results, and conclusions), in-depth critique of the studies (e.g., What did you learn? Is the methodology of the study appropriate to address the research question? Does the data support the conclusions? Do you agree with the conclusions? What are the limitations of the study [in addition to those mentioned in the paper, you need to come up with your own critique], What are the implications for clinical and public health practices?), and come up with discussion questions and lead the discussion. If necessary, do additional readings to understand background of the research question(s) being investigated in the assigned paper. It is expected that all students will read the papers prior to the class, and engage in discussion. Your own presentation will be worth 10% of the final grade, and your participation to discussion throughout the semester will be worth 5% of the final grade.

Addiction Journal (20%): This exercise is designed to help you understand the experience individuals with addiction would face when they quit or change use of their drug or behavior of their choice. This exercise requires that you give up a substance (e.g., alcohol, caffeine, or chocolate) or a behavior (e.g., Internet use, eating sweets, playing video/computer games, watching television, cell-phone usage, social media use) that help you relax, cope with stress, or improve moods for a period of 2 weeks between 02/04 and 04/07. You can pick any two weeks that fit your schedule, but it has to be 2 consecutive weeks. A substance or behavior has to be something that is challenging for you to give up. For those of

you who have difficulty identifying a substance or behavior to abstain from, please consult with the instructor.

You are to keep a journal describing and reflecting upon your abstinence, with **at least 3 entries per week** describing your experiences, thoughts, feelings, successes and struggles. Each day's entry should be one double-spaced page, making at least 3 pages per week. You will not be penalized for not successfully maintaining abstinence for two weeks. However, it is important to make your best effort to abstain for the full 2 weeks.

In your journal, describe yourself and your environment in terms of such areas as the following:

- Your reasons for choosing this substance or behavior to abstain from
- Changes in other aspects of your life to maintain abstinence
- Social support you sought (if any)
- Your daily experiences and feelings
- Your physical state (health, energy, sleep, nutrition)
- Your psychological state (motivation, emotions, coping skills, self-esteem, thoughts, insights, confidence, self-efficacy, emotional management)
- Your social life (social support, undermining, changes, friends, family, classmates, insights about others, reactions by others)
- What you are learning about yourself
- What you are learning about your environment
- What you are learning about addiction
- What you are learning about behavior and attitude change
- If you lapse/relapse, what preceded the relapse episode? How did you feel?

Finally, write a 3 page double-spaced conclusion about how this experience will assist you in: 1) understanding or working with individuals with addiction, and 2) thinking about public health practice and policy approaches to support individuals with addiction. Be specific and support your statements with citations. The final report is due on **04/08/2019 at 11:59 PM (by email)**.

Reflection papers (10%): In addition to formal lectures by the instructor, there are five guest lectures that represent efforts by local organizations to provide important and innovative services for individuals with substance use problems, their friends, and family. Students are expected to write **a 2-page (double-space) paper** to reflect on the following points:

- Title of the presentation and the name of the lecturer
- A brief summary of the presentation
- What new information did you learn?
- How does the program try to address addiction as a public health issue?

Each paper will be graded pass/fail, and will be worth **2 points**. You are expected to submit the paper within 1 week from each guest lecture.

Research Project (Mid-term report 15%, Final presentation 15%, Final term paper 20%):

Student will be asked to form a 2 or 3 person group and design a small-scale research study to answer a research question related with addiction. For example, you may be interested in understanding the

relationship between sleep and overconsumption of junk food, and their role in obesity. One way to explore the question is to conduct a survey with your peers or friends; you can conduct an in-depth interview with a few people; if your group feel comfortable with quantitative skills, you may complete secondary data analysis of publicly available data sets; you can also complete a systematic review of the literature on the topic. The project must have clear implications for clinical or public health practices.

There are three components in this assignment.

- Mid-term Report: a 5-7 pages paper that clearly states: a) Research question; b) Significance of the research question; and c) Methods to answer the question. If you plan to conduct a survey/interview, you are expected to submit the questions for the instructor's feedback.
- Final Presentation: Each student is expected to give a 20-25 minutes presentation
- Final term paper: write a 12-15 pages paper (excluding title and references).

The term papers should be prepared in the APA format, including both main text and references. You should include citation(s) throughout the report where it is appropriate. If you have a question about the project or scientific writing, consult your instructor before submission of your work. The mid-term report is due on **3/11/2019 at 11:59 PM** (email). Each group will have an opportunity to meet with the instructor to discuss the final paper on **4/8/2019 during the class-meeting period**, where they have an opportunity to discuss the feedbacks on their mid-term report, and about their final products. The final presentation will take place on **5/6/2019**. All student will engage in peer-review and will provide structured feedback on each presentation. The group then should try to incorporate these feedbacks into their final paper (e.g., mention as a limitation of the study). The final term paper is due **on 5/13/2019 at 11:59 PM** (email your paper and presentation file). I will inform you of the grading rubric.

GRADING:

The following grading scale will be used in this course:

Course Average	Final Grade
94-100	A
90-93	A-
87-89	B+
83-86	B
80-82	B-
77-79	C+
73-76	C
< 60	E

Class policies and expectations (READ CAREFULLY ON YOUR OWN):

- All students are expected to attend class, participate in class discussions and complete the required readings. Class absences will need to be justified ahead of time.
- Act professionally in the class. Cell phones are a distraction and disruptive to the learning process; in consideration of others, phones should be muted during class session. Laptop use for the purposes other than note taking is also prohibited. Late arrivals are also disruptive; make every effort to arrive prior to the start of class. Violation of these policies could result in reduction of participation points.
- Email Policies: you are expected to address your instructor in professional, proper written English. This means no abbreviations (as used in phone text messages), no casual use of language (slang), and attention to misspellings or grammar mistakes.
- All assignments are to be handed in on time. A minimum of 5% per day will be deducted for assignments.

For all written assignments, the students should follow the APA writing format. The information about the APA format can be found at the University Library website (<http://library.albany.edu/usered/cite/index.html>). You can also borrow the APA citation guideline (6th edition) from your instructor.

- The interactive nature of this course allows for the expression of a variety of views and opinions. The discussions are to be guided by respect for each other's opinion and view point. Personal accusations and abusive speech is not acceptable.
- **Academic dishonesty**, such as plagiarism or unauthorized collaboration on any assignment, will result in a fail grade for that assignment or exam, and may result in a failing grade for the course. There will be no exceptions.

Plagiarism: According to University policy, you must correctly cite outside material in your papers. Directly copying published material without appropriately indicating it is copied and adequately citing the author(s) and source are examples of plagiarism.

Please see the UAlbany Library website (<http://library.albany.edu/usered/plagiarism/index.html>) where there is more information on what constitutes plagiarism and how to avoid it. For any assignment, feel free to consult with the professor to get clarification about potential plagiarism issues, PRIOR to handing in your assignment.

As per University policy, the burden on avoiding plagiarism falls solely on the student.

Please refer to the current University at Albany Community Rights and Responsibilities (http://www.albany.edu/judicial_affairs/standardssofconduct.html) for more information on policies on academic dishonesty. Please be advised that professors are required to report instances of academic dishonesty to the Dean of Graduate Studies.

Any student in this course who has a disability that may prevent him/her from fully demonstrating his/her abilities should contact me by the second week of class to discuss accommodations necessary to ensure full participation and facilitate your educational experience.

HPM 611
Class schedule, SPRING 2019

Date & Week #	Topic & Assignment Due
Week 1 January 28 th	Session 1: Introduction
Week 2 February 4 th	Session 2: Neurobiology of Addiction
Week 3 February 11 th	Session 3: Marijuana Legalization Special trip to “NY's Cannabis Question: Debating Pros, Cons & Practicalities”
Week 4 February 18 th	Session 4: Epidemiology of Addiction
Week 5 February 25 th	Session 5: Harm Reduction Approach Guest lecture: Joseph Filippone Director of Prevention Services, Catholic Charities Care Coordination Services
Week 6 March 4 th	Session 6: Police Assisted Addiction Recovery Initiative – Chatham Cares 4 U Guest lecture: Peter Volkmann, MSW Chief of Chatham Police Department
Week 7 March 11 th	Session 7: Addiction Treatment *** Research Project Mid-term Report Due at 11:59 PM
Week 8 March 18 th	NO CLASS SPRING BREAK
Week 9 March 25 th	Session 8: Opioid Epidemic
Week 10 April 1 st	Session 9: Substance Abuse and Suicide Guest lecture: Brett Harris, DrPH Director, Public Health Initiatives at Suicide Prevention Office, NYS OMH
Week 11 April 8 th	Session 10: Individual meeting with the instructor on your final project (Sign-up sheet will be distributed) *** Addiction Journal Final Report Due at 11:59 PM
Week 12 April 15 th	Session 11: Addiction in Aging Population Guest lecture: Nicole MacFarland, PhD Executive director, Senior Hope
Week 13 April 22 nd	NO CLASS
Week 14 April 29 th	Session 12: College substance use prevention and intervention Guest lecture: Dolores Cimini, PhD Director for Behavioral Health Promotion and Applied Research University at Albany, Counseling and Psychological Services
Week 15 May 6 th	Session 13: Presentation Day REFLECTION PAPER DUE BY 11:59 PM (VIA EMAIL)
May 13 th	FINAL PROJECT AND BY 11:59 PM (VIA EMAIL)

Reading assignments

Reading assignments are subject to change. Any changes will be announced by 2 weeks prior to the class.

February 4th (Session 2 – Neurobiology of Addiction):

For lecture:

- Koob G. F., & Volkow, N. D. (2016). Neurobiology of addiction: A neurocircuitry analysis. *Lancet Psychiatry*, 3, 760-773.
- Goldman, D., Oroszi, G., & Ducci, F. (2005). The genetics of addictions: Uncovering the genes. *Nature Reviews Genetics*, 6(7), 521-532.

For in-class discussion:

- Guterstam, J., Jayaram-Lindstrom, N., Berrebi, J., Petrovic, P., Ingvar, M., Fransson, P., & Franck, J. (2018). Cue reactivity and opioid blockade in amphetamine dependence: A randomized, controlled fMRI study. *Drug Alcohol Depend*, 191, 91-97. doi:10.1016/j.drugalcdep.2018.06.023

February 11th (Session 3 – Marijuana Legalization):

For lecture (i.e., the event)

- Carliner, H., Brown, Q. L., Sarvet, A. L., & Hasin, D. S. (2017). Cannabis use, attitudes, and legal status in the U.S.: A review. *Preventive Medicine*. doi:10.1016/j.ypmed.2017.07.008
- Cambron, C., Guttmanova, K., & Fleming, C. B. (2017). State and national contexts in evaluating cannabis laws: A case study of Washington State. *Journal of Drug Issues*, 47(1), 74-90. doi:10.1177/0022042616678607
- Lau, N., Sales, P., Averill, S., Murphy, F., Sato, S., & Murphy, S. (2015). A safer alternative: Cannabis substitution as harm reduction. *Drug and Alcohol Review*, 34(6), 654-659. doi: 10.1111/dar.12275

February 18th (Session 4 – Epidemiology of Addiction):

For lecture:

- Grant, B. F., Goldstein, R. B., Saha, T. D., Chou, S. P., Jung, J., Zhang, H., . . . , Hasin, D.S. (2015). Epidemiology of DSM-5 alcohol use disorder: Results from the National Epidemiologic Survey on Alcohol and Related Conditions III. *JAMA Psychiatry*, 72(8), 757-766.
- Grant, B. F., Saha, T. D., Ruan, W. J., Goldstein, R. B., Chou, S. P., Jung, J., . . . , Hasin, D.S. (2016). Epidemiology of DSM-5 drug use disorder: Results from the National Epidemiologic Survey on Alcohol and Related Conditions-III. *JAMA Psychiatry*, 73(1), 39-47.

For in-class discussion:

- Lechner, W. V., Janssen, T., Kahler, C. W., Audrain-McGovern, J., & Leventhal, A. M. (2017). Bi-directional associations of electronic and combustible cigarette use onset patterns with depressive symptoms in adolescents. *Preventive Medicine*, 96, 73-78. **Shelby Ruppenthal**

February 25th (Session 5 – Harm Reduction Approach):

For lecture:

- Wiessing, L., Ferri, M., Belackova, V., Carrieri, P., Friedman, S. R., Folch, C., . . . Griffiths, P. (2017). Monitoring quality and coverage of harm reduction services for people who use drugs: A consensus study. *Harm Reduction Journal*, 14(1), 19. doi:10.1186/s12954-017-0141-6
- Marshall, Z., Dechman, M. K., Minichiello, A., Alcock, L., & Harris, G. E. (2015). Peering into the literature: A systematic review of the roles of people who inject drugs in harm reduction initiatives. *Drug and Alcohol Dependence*, 151, 1-14. doi:10.1016/j.drugalcdep.2015.03.002

For in-class discussion:

Small, W., Van Borek, N., Fairbairn, N., Wood, E., & Kerr, T. (2009). Access to health and social services for IDU: The impact of a medically supervised injection facility. *Drug and Alcohol Review*, 28(4), 341-346. doi:10.1111/j.1465-3362.2009.00025.x **Stephanie Ramirez**

March 4th (Session 6 – Police Diversion Program):

For lecture:

Schiff, D. M., Drainoni, M.-L., Bair-Merritt, M., Weinstein, Z., & Rosenbloom, D. (2016). A Police-Led Addiction Treatment Referral Program in Massachusetts. *New England Journal of Medicine*, 375(25), 2502-2503. doi:10.1056/NEJMc1611640

Schiff, D. M., Drainoni, M.-L., Weinstein, Z. M., Chan, L., Bair-Merritt, M., & Rosenbloom, D. (2017). A police-led addiction treatment referral program in Gloucester, MA: Implementation and participants' experiences. *J Subst Abuse Treat*, 82, 41-47.

For in-class discussion:

Collins, S. E., Lonczak, H. S., & Clifasefi, S. L. (2017). Seattle's Law Enforcement Assisted Diversion (LEAD): Program effects on recidivism outcomes. *Evaluation and Program Planning*, 64, 49-56.

Mia Stufflebeam

March 11th (Session 7 – Addiction Treatment):

For lecture:

Substance Abuse and Mental Health Services Administration, & Office of the Surgeon General. (2016). Reports of the Surgeon General *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health*. Washington (DC): US Department of Health and Human Services.

**** Chapters 4 & 5 are assigned ****

Priester, M. A., Browne, T., Iachini, A., Clone, S., DeHart, D., & Seay, K. D. (2016). Treatment access barriers and disparities among individuals with co-occurring mental health and substance use disorders: an integrative literature review. *J Subst Abuse Treat*, 61, 47-59.

Also read this Atlantic article: <https://www.theatlantic.com/magazine/archive/2015/04/the-irrationality-of-alcoholics-anonymous/386255/>

For in-class discussion:

Horn, B. P., Crandall, C., Forcehimes, A., French, M. T., & Bogenschutz, M. (2017). Benefit-cost analysis of SBIRT interventions for substance using patients in emergency departments. *Journal of Substance Abuse Treatment*, 79, 6-11. **Frankie Pearson**

March 25th (Session 8 – Opioid Epidemic):

For lecture:

Wilkerson, R. G., Kim, H. K., Windsor, T. A., & Mareiniss, D. P. (2009). The opioid epidemic in the United States. *Emergency Medicine Clinics of North America*, 34(2), e1-e23.

Fischer, B., Keates, A., Bühringer, G., Reimer, J., & Rehm, J. (2014). Non-medical use of prescription opioids and prescription opioid-related harms: Why so markedly higher in North America compared to the rest of the world? *Addiction*, 109(2), 177-181.

For in-class discussion:

Williams, A. V., Marsden, J., & Strang, J. (2014). Training family members to manage heroin overdose and administer naloxone: Randomized trial of effects on knowledge and attitudes. *Addiction*, 109(2), 250-259.

Kathryn Simpson

April 1st (Session 9 – Substance Abuse and Suicide):For lecture:

Babor, T. F., McRee, B. G., Kassebaum, P. A., Grimaldi, P. L., Ahmed, K., & Bray, J. (2007). Screening, Brief Intervention, and Referral to Treatment (SBIRT): Toward a public health approach to the management of substance abuse. *Substance Abuse*, 28(3), 7-30.

Stanley, B., Brown, G. K., Brenner, L. A., Galfalvy, H. C., Currier, G. W., Knox, K. L., Chaudhury, S. R., Bush, A. L., & Green, K. L. (2018). Comparison of the safety planning intervention with follow-up vs usual care of suicidal patients treated in the emergency department. *JAMA Psychiatry*, 75(9), 894-900. doi: 10.1001/jamapsychiatry.2018.1776.

Substance Abuse and Mental Health Administration (2016). *Substance use and suicide: A nexus requiring a public health approach*. In *Brief*. Division of Systems Development, Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration: Rockville, MD.

For in-class discussion:

Artenie, A. A., Bruneau, J., Zang, G., Lespérance, F., Renaud, J., Tremblay, J., & Jutras-Aswad, D. (2015). Associations of substance use patterns with attempted suicide among persons who inject drugs: Can distinct use patterns play a role? *Drug and Alcohol Dependence*, 147, 208-214.

doi:10.1016/j.drugalcdep.2014.11.011. **Andrea Geary**

Kerr, D. C. R., Bae, H., Phibbs, S., & Kern, A. C. (2017). Changes in undergraduates' marijuana, heavy alcohol and cigarette use following legalization of recreational marijuana use in Oregon. *Addiction*, 112(11), 1992-2001. doi:10.1111/add.13906 **Melanie Mongillo**

April 15th (Session 11 – Addiction in Aging Population)For lecture:

Larkin, H., Lee, E., Esaki, N., DeMasi, M., Trifoso, S., Briar-Lawson, K., . . . Bowen, L. (2018). The effects of protective factors and adverse childhood experiences on behavioral health services use: Findings from a population-based sample. *Social Work in Health Care*, 1-15.

Larkin, H., & MacFarland, N. S. (2012). Restorative integral support (RIS) for older adults experiencing co-occurring disorders. *International Journal of Aging & Human Development*, 74(3), 231-241. doi:10.2190/AG.74.3.d

<https://www.samhsa.gov/homelessness-programs-resources/hpr-resources/substance-use-treatment-older-adults>

<https://blog.timesunion.com/giving/hope-for-aging-and-addicted-adults/4200/>

For in-class discussion:

Lau, N., Sales, P., Averill, S., Murphy, F., Sato, S., & Murphy, S. (2015). Responsible and controlled use: Older cannabis users and harm reduction. *International Journal of Drug Policy*, 26(8), 709-718. doi: 10.1016/j.drugpo.2015.03.008 **Gabrielle Ferrara**

Nawai, A., Leveille, S. G., Shmerling, R. H., van der Leeuw, G., & Bean, J. F. (2017). Pain severity and pharmacologic pain management among community-living older adults: the MOBILIZE Boston study. *Aging Clinical and Experimental Research*, 29(6), 1139-1147. **Lauren Olsen**

April 29th (Session 12 – College Substance Use Prevention and Intervention)For lecture:

TBD

For in-class discussion:

White, H. R., Jiao, Y., Ray, A. E., Huh, D., Atkins, D. C., Larimer, M. E., ... Mun, E. Y. (2015). Are there secondary effects on marijuana use from brief alcohol interventions for college students? *Journal of Studies on Alcohol and Drugs*, 76(3), 367–377. doi:10.15288/jsad.2015.76.367 **Alyson Dorsey**