Time: Tuesdays, 4:00 – 6:50 pm

Location: Drachman Hall, Rm. A-120 (A-118 Breakout)

Instructor:
Kenneth Schachter, MD, MBA
kschacht@email.arizona.edu
626-7960 (office)
Drachman Hall, A-216
Office hours by appointment

Teaching Assistant:
Ali Gabriel
akgabrie@email.arizona.edu
Office hours by appointment

A. Course Description:
Management processes/roles of public health professionals; health service organizations; policy issues and resource utilization/control; human resources management; public health trends. Grading: Regular grades are awarded for this course: A B C D E. May be repeated for credit 1 time (maximum 2 enrollments).

B. Course Prerequisites: None

C. Required Text:
• Other readings as assigned and posted on D2L

D. Overall Course Learning Objectives: This course provides an overview of a broad range of public health topics. By the end of the course you should be able to:
   1. Identify major components and issues in the organization, financing, and delivery of the U.S. public health system
   2. Describe the legal and ethical bases of public health
   3. Describe how public policy both creates and solves public health problems
   4. Apply principles of strategic planning
5. Demonstrate leadership skills for building partnerships
6. Describe the principles of marketing and social marketing
7. Discuss the policy process for improving the health status of populations
8. Communicate health policy issues using appropriate channels and technologies
9. Describe the principles of program planning, development, budgeting, management and evaluation in organizational and community initiatives
10. Recognize and practice good teamwork

E. MPH Competencies Covered:

Analytical Skills
• Defines a problem
• Determines appropriate uses and limitations of data
• Understands how the data illuminates ethical, political, scientific, economic, and overall public health issues
• Understanding basic research designs used in public health
• Makes relevant inferences from data

Communication Skills
• Communicates effectively both in writing and orally (unless a handicap precludes one of these forms of communication
• Soliciting input from individuals and organizations
• Leading and participating in groups to address specific issues, including ability to work in teams, span organizational boundaries, and cross systems
• Demonstrating cultural competency in all of the above and community development

Policy Development/Program Planning Skills
• Assess and interpret information to develop relevant policy options
• States policy options and writes clear and concise policy statements
• Articulating the health, fiscal, administrative, legal, social, political, and ethical implications of each policy option
• Identifying public health laws, regulations, and policies related to specific programs

Cultural Skills
• Interacting competently, respectfully, and professionally with persons from diverse backgrounds
• Identifying and examining the role of cultural, social, ethnic, religious, spiritual, and behavioral factors in determining disease prevention health promoting behavior, and health service organization and delivery
• Developing and adapting approaches to public health problems that take into account cultural differences
• Determining health related consequences of social structure
Basic Public Health Science Skills

- Defining, assessing, and understanding the health status of population, determinants of health and illness, factors contributing to health promotion and disease prevention, and factors influencing the use of health services
- Understanding research methods in all basic public health sciences
- Applying the basic public health sciences including behavioral and social sciences, biostatistics, epidemiology, environmental public health, and prevention of chronic and infectious diseases and injuries
- Understanding of the historical development and structure of state, local, and federal public health agencies

Financial Planning and Management Skills

- Managing programs within budgetary constraints
- Developing strategies for determining priorities
- Monitoring programs
- Applying basic human relations skills to the management of organizations and the resolution of conflicts
- Managing personnel

F. Course Requirements:

- **Team Work** – This course is NOT lecture based. It uses **team-based learning**, which requires your active participation inside and outside of class. Students will be assigned to a small (5-7 people) team during the first class. You’ll work in that team throughout the semester. Today’s professionals often work in groups, teams, and coalitions. This class will help you develop the needed skills.

- **Readings** – You are expected to attend every class and come fully prepared – i.e., having read all assigned materials and completed all assignments.

- **News Articles** – Every week, each team is expected to identify a reasonably current news or magazine article in the in the popular press (e.g., New York Times, Wall Street Journal, Washington Post, Business Week, Wired, etc.) relevant to that week’s topic and readings. All team members are expected to have read and to be able to present and discuss the article in class.

- **Team Quizzes** – Most classes will begin with a team quiz testing your shared understanding of the assigned readings. Each team member is expected to contribute to the discussion and teams are responsible for implementing a system that ensures that everyone participates.

- **Other** – Typical in-class activities include team assignments, oral team reports and presentations, full class discussions, and individual or collective reflection. The instructor/TA may circulate among teams during team discussions.

- **D2L Online Discussion Board** – This course uses D2L’s online discussion board. Every student is expected to contribute to it weekly, with all comments posted before the deadlines. Comments should be responsive to the questions posed and demonstrate that you have read, understand, and canmeaningfully apply and extrapolate from the information you’ve gained. You are encouraged to introduce relevant readings that were not assigned and to share relevant knowledge and experience. Comments or replies to other postings (e.g., "I really liked chapter 4" or "I agree with what Dana wrote") are not sufficient and will receive a zero grade. Similarly, poor grammar, lack of etiquette, insensitivity, rudeness, etc., will adversely affect your grade.
G. Grading/Student Evaluation: \( \geq 90\% = A; \geq 80\% = B; \geq 70\% = C; \geq 60\% = D; <60\% = E \)
With *team-based learning*, a student’s final grade is based on his/her individual, team, and peer review grades. Individual and team grades will be awarded throughout the semester. Students who do not appear to be earning at least a “B” average for their individual performance by the middle of the term will be individually contacted by the instructor. The percentage contribution of (and in) each of the three categories to the course grade is shown below.

**Individual performance:**
- D2L discussion board and dropbox postings 35%
- In-class participation 15%

**Team performance**
- Quizzes 20%
- Participation (class discussions, projects, presentations, articles, etc.) 10%
- Final exam 10%

**Peer Review**
- Individual contribution to team functioning 10%

**TOTAL** 100%

H. Class Attendance/ Absence Policy:
Students are expected to attend every class and to notify the TA and instructor when they are unable to attend. There is no make-up work for the first absence, though students are required to complete and turn in any written at-home assignments due for that class. Subsequent absences must be cleared with the instructor and students will need to complete make-up papers. Paper grades will substituted for team quiz grades for every missed class after the first. Because important aspects of team-based learning and case study learning occur in class; multiple absences may result in a lowered grade or even an incomplete. Holidays or special events observed by organized religions will be honored for those students who show affiliation with that particular religion with the same make-up requirements mentioned above. Absences pre-approved by the UA Dean of Students or designee will be honored.

I. Participation and Expectations:
- Complete required readings and assignments prior to each class.
- Attend class and actively participate in class and online discussions.
- Think analytically
- Be open to new ideas
- Focus on the readings and issues that we are discussing.
- Avoid rambling or monopolizing discussions
- Be courteous in your critiques and disagreements. Refrain from rudeness and personal attacks
- Actively contribute to team activities in class, including team assignments and presentations

J. Discussion Board Instructions and Grading Rubric:
See attachment “A”

K. Peer Review:
The peer review portion of your grade will be determined by your teammates. Team members will anonymously evaluate each other’s contributions to team functioning at the end of the semester using a standard form to make written comments and award a numerical grade. We’ll do a practice review mid-semester that will not affect your peer review grade, but will give you some feedback on your team performance. You will be grading each other based on four criteria – preparation, contribution, respect for others’ ideas, and flexibility.
- Preparation - Where they prepared when they came to class?
- Contribution - Did they contribute productively to group discussion and work?
- Respect for others’ ideas - Did they encourage others to contribute to their ideas?
- Flexibility - Were they flexible when disagreements occurred?

### L. Course Schedule and Required Readings:

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<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>Required Readings (Thru Week 6)</th>
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<tbody>
<tr>
<td>8/21</td>
<td>Course intro, team assignments/meetings</td>
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<tr>
<td>8/28</td>
<td>Introduction to public health and working in teams</td>
<td>Novick L, Morrow C, Mays G; Public Health Administration: Principles for Population Based Management; “Chapters 1 (Defining Public Health: Historical and Contemporary Developments) &amp; 2 (A Framework for Public Health Administration and Practice), pp 1-68 \nBaldwin T, Bommer, W, Rubin S; “Chapter 8: Team Effectiveness and Diversity”; Developing Management Skills: What Great Managers Know and Do; McGraw-Hill Irwin 2008 – Background on teams . . . benefits, challenges, lifecycle, tools, resources, etc. (35p) \nDavison S; Creating Working Norms and Agreements; pp. 1-3 <em>(Bring to class)</em></td>
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<tr>
<td>9/4</td>
<td>Organization of the public health system</td>
<td>Novick L, Morrow C, Mays G; Public Health Administration: Principles for Population Based Management; “Chapter 3 (Organization of the Public Health Delivery System), pp 69-110 \nGebbie C; Building a Constituency for Public Health Case Study, 10p</td>
</tr>
<tr>
<td>9/11</td>
<td>Public health law and ethics</td>
<td>Novick L, Morrow C, Mays G; Public Health Administration: Principles for Population Based Management; Chapters 4 (Public Health Law) &amp; 5 (Ethics in Public Health Practice and Management), pp 127-160 \nBayer &amp; Fairchild: The Genesis of Public Health Ethics – Provides a brief history of bioethics and public health ethics. Compares and contrasts public health ethics to bioethics and discusses some of the challenges inherent in developing an ethics for public health (21p) \nGostin &amp; Powers: Social Justice– Applies the concept of social justice to public health and discusses how the framework of social justice informs the ethics of public health (8p) \nAlderman J, Dollar K, Kozlowski L; Understanding the origins of anger, contempt, and disgust in public health policy disputes: Applying moral psychology to harm reduction debates – Describes different moral perspectives, the emotions elicited by their perceived violation, and relates both to public health and political debates (16p) \nFor the Public’s Health: Revising Law and Policy to Meet New Challenges; Report Brief, June 2011; Institute of Medicine of the National Academies; <a href="http://www.iom.edu/lawandhealth">www.iom.edu/lawandhealth</a></td>
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<tr>
<td>Date</td>
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| 9/18  | Policy and public health | - Novick L, Morrow C, Mays G; Public Health Administration: Principles for Population Based Management; Chapter 6 (Legislative Relations in Public Health), pp 161-187 (26p)  
- Oliver T; The Politics of Public Health Policy; Annual Review of Public Health 2006; 27:195-225 (31p) – The article discusses the political dimensions of health policy and articulates a role for the political analysis of public health issues.  
- Rosenstock; Attacks on Science: The Risks to Evidence-Based Policy – Describes how scientific data can be politicized in the policy process (5p)  
- Freudenberg N, Galea S; The Impact of Corporate Practices on Health: Implications for Health Policy; Journal of Public Health Policy (2008) 29 – Asserts that corporate practices play a substantial role in shaping health and health behavior (13p)  
- Root Causes – The Five Whys (2p) |
- Ario J, Jacobs L; In The Wake Of The Supreme Court Decision, Many Stakeholders Still Support The Affordable Care Act; Health Affairs; August 2012 31:8 (12p)  
- Rosenbaum S; The Patient Protection and Affordable Care Act: Implications for Public health Policy and Practice; Public Health Reports / January–February 2011 / Volume 126 (6p)  
- Gawande A; Getting There from Here: How should Obama reform health care?; The New Yorker; January 26, 2009 – Provides some international comparisons and recommends an incremental approach to health care reform, building on what is already there (9p)  
- Gawande A; The Cost Conundrum: What a Texas town can teach us about health care; The New Yorker; June 1, 2009 (16p)  
- Health Care Costs 101; California Health Care Almanac; April 2011; | http://www.chcf.org/~media/Files/H/HealthCareCosts10.pdf – A chartbook providing information on US health care spending (p1-11)  
- Schultz and Torres, Ten Things You Didn’t Know Were In The Affordable Care Act, Kaiser Health News (2p) |
| 10/2  | Overview of management work: Managing programs and people | - Pfeffer J, Sutton R; Trust the Evidence, Not Your Instincts; The New York Times; September 3, 2011 (2p)  
- Novick L, Morrow C, Mays G; Public Health Administration: Principles for Population Based Management; “Chapters 9 (Human Resources Management – pp 261-279) and 19 (Community-Based Prevention – pp 545-563) |
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<th>Date</th>
<th>Topic</th>
<th>Reading Material</th>
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| 10/9 | Public health finance and budgeting | - Longest B; Logic Models as Aids in Managing Health Programs; Journal of Nursing Administration; Vol. 35, No. 12, December 2005 – Discusses three core management activities and how “logic models, depictions of what programs are intended to accomplish and how they will go about it”, can help program managers. (6p)  
- The Core Competencies for Public Health Professionals ([Look at the Explanation on the first page and the Sections titled – “Policy Development/Program Planning Skills” and “Financial Planning and Management Skills”]); Council on Linkages Between Academia and Public Health Practice; Adopted 3/3/10; Accessed 8/14/11; [http://www.phf.org/link/corecompetencies.htm](http://www.phf.org/link/corecompetencies.htm)  
- Novick L, Morrow C, Mays G; Public Health Administration: Principles for Population Based Management; Chapter 7 (Financing the Public’s Health), pp 189-224 – Explores the history and current trends for financing public health services and some of the business tools needed to deliver public health effectively in the 21st century  
- Colby S and Rubin A; Costs are Cool: The Strategic Value of Economic Clarity; The Bridgespan Group; 2003 – Discusses why and how budgets become distorted and the strategic importance of understanding total costs (17p)  
- A Career Manager & the Budget Process A&B – In this case study, we’ll look at budgeting at the department level and explore its power as a management tool (44p) |
| 10/16 | Leading & managing | - Novick L, Morrow C, Mays G; Public Health Administration: Principles for Population Based Management; Chapter 10 (Leadership for Public Health), pp 281-295 – An overview of leadership theory relevant to public health  
- Drucker P; Managing Oneself; Harvard Business Review; January 2005 (10 p)  
- Goleman D; Leadership that Gets Results; Harvard Business Review; March-April 2000 (15 p) |
| 10/23 | Community assessment | - A Handbook for Participatory Community assessments, Experiences from Alameda County – This monograph provides a full description of the community assessment process from a real-world perspective. (p1-97)  
- Using Secondary Data to Assess Community Health – These slides, developed by Dr. Merrill Eisenberg, provide information on secondary data that can contribute valuable data to community assessments. These data resources are organized around four components of community assessment – problems, resources, |
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<th>Date</th>
<th>Week</th>
<th>Topic</th>
<th>References</th>
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| 10/30   | 11    | Assessment and strategic planning          | • Novick L, Morrow C, Mays G; Public Health Administration: Principles for Population Based Management; Chapter 15 (Assessment and Strategic Planning in Public Health), pp 435-438 (stop before Chapter Review)  
• Steiner J, Gross G, Ruffolo M, Murray, J; Strategic Planning in Non-Profits: Profit from It; Administration in Social Work; Vol 18(2) 1994 – Provides a good basic description of strategic planning and its major elements in the nonprofit sector (22p)  
• Lardon C, Soule S, Kernak D, Lupie H; Using Strategic Planning and Organizational Development Principles for Health Promotion in an Alaska Native Community; Journal of Prevention & Intervention in the Community, 39:65–76, 2011 – Illustrates some of the difficulties applying western constructs (e.g., strategic planning) in other cultures (13p)  
• Case Study, 2V/ACT: Planning for Change and Determining Relevance – This youth involvement project provides a real world example of the use of strategic planning in an organizational context (30p) |
| 11/6    | 12    | Program design                             | • McKay E; Using the Logic Model for Program Planning; WJ Kellogg Foundation/Mosaica (11p)  
• Helitzer D, Willging C, Hathorn G Benally J; Using Logic Models in a Community-Based Agricultural Injury Prevention Project; Public Health Reports / 2009 Supplement 1 / Volume 124 – Looks at the use of a logic model in the design of a community-based program (11p)  
• Shelbyville Teen Pregnancies Case Study (2p) |
| 11/13   | 13    | Program evaluation and quality             | • Novick L, Morrow C, Mays G; Public Health Administration: Principles for Population Based Management; Chapter 18 (Evaluation of Public Health Interventions) – 495-529  
• Riley W, Brewer R; Review and Analysis of Quality Improvement Techniques in Police Departments: Application for Public Health; Journal of Public Health Management Practice, 2009, 15(2), 139–149 – A look at quality improvement methods in police departments and how lessons learned may be applied to public health (11p)  
• Carey J; Medical Guesswork: From Heart Surgery to Prostate Care, The Health Industry Knows Little about which Common Treatments Really Work; Business Week, May 29, 2006 – Discusses a core issue in ensuring and improving health care quality; the lack of good evidence of effectiveness (15p)  
• Welch G; Testing What We Think We Know; The New York Times; Op-Ed; August 19, 2012 – A very recent Op-Ed plea for more funding for comparative effectiveness research (2p) |
Gawande A; Big Med: Restaurant chains have managed to combine quality control, cost control, and innovation. Can health care?; The New Yorker, August 13, 2012 – Describes the quality, cost control, and innovation achieved in a large restaurant chain (Cheesecake Factory), contrasts that with the current state of our U.S. health care system, and provides examples of health care moving toward a “Cheesecake Factory” future (17p)

Electronic Hallway: The Overcrowded Clinic – Will give you an opportunity to analyze workflow and management issues at an overcrowded clinic (9p)

Leadership reflections

See discussion board for assignment

No face-to-face class

11/20
Week 14

Deresiewicz W; Solitude and Leadership: If you want others to follow, learn to be alone with your thoughts; American Scholar, 00030937, Spring 2010, Vol. 79, Issue 2 (10p)

Eagly A and Carli L; Women and the Labyrinth of Leadership; Harvard Business Review; September 2007 (11p)


11/27
Week 15

Avery B, Bashir S; The Road to Advocacy-Searching for the Rainbow; American Journal of Public Health; August 2003, Vol 93, No. 8 – Profiles two courageous women who became advocates for causes (4p)


Building Community Power by Building Grassroots Leaders: Sacramento Valley Organizing Community (SVOC); The Electronic Hallway; 2009 (Case Study) (8p)

Cwikel J; After Epidemiologic Research: What Next? Community Action for Health Promotion; Public Health Reviews 1994 22 375-394 – presents four case studies of efforts to move from epidemiological evidence to policy change (22p)

Greathouse L, Hahn E, Chizimuzo T, Warnick T, Riker C; Passing a Smoke-Free Law in a Pro-Tobacco Culture: A Multiple Streams Approach; Policy, Politics, & Nursing Practice; Vol. 6 No. 3, August 2005, 211-220 – a case study describing the policy development and political decision-making process in the enactment of Lexington, Kentucky’s smoke-free law (9p)

APHA Legislative Advocacy Handbook: A Guide for Effective Public Health Advocacy; Work-Place Rules and Guidelines for Public Health Advocates; American Public Health Association (5p) – Discusses the differences between advocacy and lobbying and the rules governing advocacy activities

Survival Skills for Advocates; Part 1, Chapter 30, Section 2 Advocacy; The Community Tool Box (6p): http://ctb.ku.edu/en/tablecontents/sub_section_main_1198.aspx

Tips for Writing a Letter to the Editor; Washington Environmental Council (1p) http://www.wecprotects.org/make-a-difference/take-action/lte-tips accessed 11/28/09
Required Statements:

**M. Communications:** You are responsible for reading emails sent to your UA account from your professor and the announcements that are placed on the course website. Information about readings, news events, your grades, assignments and other course related topics will be communicated to you with these electronic methods. The official policy can be found at: [http://www.registrar.arizona.edu/emailpolicy.htm](http://www.registrar.arizona.edu/emailpolicy.htm)

**N. Disability Accommodation:** If you anticipate issues related to the format or requirements of this course, please meet with me. I would like us to discuss ways to ensure your full participation in the course. If you determine that formal, disability-related accommodations are necessary, it is very important that you be registered with Disability Resources (621-3268; drc.arizona.edu) and notify me of your eligibility for reasonable accommodations. We can then plan how best to coordinate your accommodations. The official policy can be found at: [http://catalog.arizona.edu/2012%2D13/policies/disability.htm](http://catalog.arizona.edu/2012%2D13/policies/disability.htm)

**O. Academic Integrity:** All UA students are responsible for upholding the University of Arizona Code of Academic Integrity, available through the office of the Dean of Students and online: The official policy found at: [http://deanofstudents.arizona.edu/codeofacademicintegrity](http://deanofstudents.arizona.edu/codeofacademicintegrity)

**P. Classroom Behavior:** (Statement of expected behavior and respectful exchange of ideas)
The Dean of Students has set up expected standards for student behaviors and has defined and identified what is disruptive and threatening behavior. This information is available at: [http://deanofstudents.arizona.edu/disruptiveandthreateningstudentguidelines](http://deanofstudents.arizona.edu/disruptiveandthreateningstudentguidelines)

Students are expected to be familiar with the UA Policy on Disruptive and Threatening Student Behavior in an Instructional Setting found at: [http://policy.arizona.edu/disruptive-behavior-instructional](http://policy.arizona.edu/disruptive-behavior-instructional) and the Policy on Threatening Behavior by Students found at: [http://deanofstudents.arizona.edu/sites/deanofstudents.arizona.edu/files/Disruptive_threat_bklt_2012.pdf](http://deanofstudents.arizona.edu/sites/deanofstudents.arizona.edu/files/Disruptive_threat_bklt_2012.pdf)

**Q. Grievance Policy:** Should a student feel he or she has been treated unfairly, there are a number of resources available. With few exceptions, students should first attempt to resolve difficulties informally by bringing those concerns directly to the person responsible for the action, or with the student's graduate advisor, Assistant Dean for Student and Alumni Affairs, department head, or the immediate supervisor of the person responsible for the action. If the problem cannot be resolved informally, the student may file a formal grievance using the Graduate College Grievance Policy found at: [http://grad.arizona.edu/academics/policies/academic-policies/grievance-policy](http://grad.arizona.edu/academics/policies/academic-policies/grievance-policy)

**R. Grade Appeal Policy:** [http://catalog.arizona.edu/2012-13/policies/gradappeal.htm](http://catalog.arizona.edu/2012-13/policies/gradappeal.htm)
S. Syllabus Changes: Information contained in the course syllabus, other than the grade and absence policies, may be subject to change with reasonable advance notice, as deemed appropriate.

T. Telephone and Computer Use: **Computers only for class work.** Cell phones on silent or vibrate mode.

U. Plagiarism: *What counts as plagiarism?*
  - Copying and pasting information from a web site or another source, and then revising it so that it sounds like your original idea.
  - Doing an assignment/essay/take home test with a friend and then handing in separate assignments that contain the same ideas, language, phrases, etc.
  - Quoting a passage without quotation marks or citations, so that it looks like your own.
  - Paraphrasing a passage without citing it, so that it looks like your own.
  - Hiring someone to do your work for you or purchasing a paper through any on- or off-line source.
Attachment A

Discussion Board Instructions and Grading Rubric

D2L Discussion Board

In this course, you are expected to participate and interact with your classmates both in-class and online. A significant portion (35%) of your final grade will be based on your participation in weekly, online, D2L discussions. In addition to your own original responses, you are required to comment on the postings of at least two of your classmates each week. Your postings may be brief, but need to substantively contribute to the topic under discussion and reflect the quality of discourse characteristic of a professional level seminar. All of your postings should be well-informed, respectful, and original.

• A well-informed posting requires that you have: (1) completed all readings and viewed all media; (2) conducted any necessary independent research; (3) carefully reviewed and considered the discussion question(s) before posting your own comments; and (4) carefully read other students’ postings before commenting on them.

• A well-informed posting responds to the question(s) asked, demonstrates understanding of the questions(s), materials, and (when commenting) other responses; discusses relevant issues; and introduces cited information from additional credible sources where required or appropriate. Wikipedia and similar sources will not be counted as references. Use instead peer-reviewed journals; books; national newspapers or magazines; national, state or local public health agencies; national non-governmental public health agencies and foundations; etc.

• Respectful means that you avoid rude, condescending, disparaging, or obscene communication.

• Original means that you are: (1) expressing your own ideas in your own words, (2) appropriately crediting original sources when you are not, and (3) adhering to the University Code of Academic Integrity.

The following rubric will be used for grading:

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<tr>
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<th>Excellent (4 pts)</th>
<th>Good (3 pts)</th>
<th>Fair (2 pts)</th>
<th>Poor (1 pts)</th>
<th>None (0 pts)</th>
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<tbody>
<tr>
<td>Content</td>
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<td>Ideas/Organization</td>
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<td>Conventions</td>
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<td>TOTAL ( a+b+c / 12)</td>
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• Content – Content demonstrates understanding of materials and responds to question(s) asked
• Ideas/Organization – Thoughts, ideas and recommendations are clear, interesting, persuasive, and wherever possible – based on available scientific evidence. Content is organized in a manner that allows reader to easily follow and understand
• Conventions – Adheres to writing conventions (i.e., spelling, punctuation, capitalization, grammar, and paragraphing)