

PUBH 6613, SECTION 320

Children and Youth With Special Health Care Needs
 Fall 2019

COURSE & CONTACT INFORMATION

Credits: 2 credits

Meeting Day(s), Time, and Place: This course is entirely web-based, delivered via Canvas at <http://canvas.umn.edu>

Contact Type	Contact Information	Role	When to Contact
Instructor	Zobeida Bonilla, PhD, MPH zbonilla@umn.edu Office phone: 612-626-1733 Fax: 612-624-0315	Primary instructor for this course	Contact your instructor with course-related questions via the Course Q&A/Announcements Forum on the Canvas site or email. Your instructor will be checking forums at least once a day and returning emails within 48 hours M-F. You can also contact the instructor directly via email. Please use email for private matters.
Teaching Assistant	N/A	N/A	N/A
Technical Support	Technical support options are available on the SPH website. https://z.umn.edu/sphquickhelp	Troubleshoots technical issues related to the course site or course content.	Technical issues with the course site, media, quizzes or assignments.

Please save this contact information to your computer or print it. That way, you can still contact us in the event that you have difficulty connecting to the Internet or accessing the syllabus.

Communication in Online Courses

Communication is especially important in an online course. The course site announcement forums/discussions and email will be used to communicate with students. You are responsible for reading all course-related emails sent to your University email account and contacting us in a timely manner with any questions you may have. We strongly recommend that you check your U of M email daily. My goal is to respond to emails within 24 to 36 hours during the week.

COURSE DESCRIPTION

The purpose of this course is to examine the principles, programs, policies, and practices associated with identifying and meeting the needs of children and youth with special health care needs (CYSHCN) in the United States. CYSHCN include a broad set of conditions, including chronic physical diseases, mental disorders, and developmental disabilities. We will examine the epidemiology of special health care needs using a broad, inclusive definition, historic and current legislation for programs and services for this population, and the current organization and delivery of health, education and social services at the local, state and national levels. There will be an emphasis on the importance of families in the lives of CYSHCN.

Acknowledgments

The contents of PubH 6613 have been developed with the contributions of numerous instructors. Dr. Zobeida Bonilla, the current instructor, has been involved with the majority of recent content and modifications. Former faculty/instructors include Dr. Joan Patterson, Dr. Peter Scal, and Dr. Liane Grayson who had roles in either the conceptual development or actual content of the current course, and are acknowledged for their contributions.

COURSE PREREQUISITES

This course is designed for graduate students interested in maternal and child health and the provision of services to children and youth with special health care needs. Other graduate level students in health-related disciplines, education, social work, and the social sciences with similar interests are welcome.

COURSE GOALS & OBJECTIVES

1. Describe and discuss the current definitions of CYSHCN and the how these definitions guide programmatic and policy efforts.
2. Describe and employ concepts and cross-cultural perspectives relevant to the design of programs and policies for CYSHCN.
3. Describe the epidemiology (incidence, prevalence, risk and protective factors) of childhood chronic health conditions (including chronic diseases, disabilities, and mental disorders), and methods for determining incidence and prevalence.
4. Identify and describe major federal and state programs designed to address the needs of CYSHCN.
5. Describe the role of communities in the provision of services to CYSHCN.
6. Identify the principles of family-centered, community-based care for CYSHCN.
7. Explain the role of public health in addressing the needs of CYSHCN.

MCH Competencies addressed in this course

There are 12 MCH Leadership competencies; this class covers some dimensions of #1, #2, #4, #5, #7, #8, and #11, and #12. For more information, visit the HRSA MCH Bureau for additional information on the [MCH Competencies](#).

Competency	Definitions (from HRSA MCH Competencies)
1. MCH Knowledge Base/Context	MCH is a specialty area within the larger field of public health, distinguished by the promotion of the health and well-being of all women, children, adolescents, fathers, and families, especially in disadvantaged and vulnerable populations, and a life cycle approach to theory and practice.
2. Self-Reflection	<i>Self-reflection</i> is the process of assessing the impact of personal values, beliefs, communication styles, cultural influences, and experiences on one's personal and professional leadership style. By engaging in self-reflection, MCH leaders: (1) Develop a deeper understanding of their personal and cultural biases, experiences, values, and beliefs and how these may influence future action and learning. (2) Identify personal strengths in both informal and organizational contexts. (3) Explore personal leadership styles and attributes in relation to the settings in which they work. (4) Strive for balance between private and professional lives to optimize well-being.
4. Critical Thinking	Complex challenges faced by MCH populations and the systems that serve them necessitate critical thinking. <i>Critical thinking</i> is the ability to identify an issue or problem, frame it as a specific question, consider it from multiple perspectives, evaluate relevant information, and develop a reasoned resolution. <i>Evidence-based decision-making</i> is the conscientious, explicit, and judicious use of current best evidence to guide practice, policy, and research. It is an advanced manifestation of critical thinking skills. <i>Implementation science</i> is also a vital component of critical thinking in order to promote the adoption and integration of evidence-based practices, interventions, and policies.
5. Communication	<i>Communication</i> is the verbal, nonverbal, and written sharing of information. The communication process consists of a sender who develops and presents the message and the receiver who works to understand the message. Communication involves both the message (what is being said) and the delivery method (how the message is presented). Health communication is vital for influencing behavior that can lead to improved health. Skillful communication is the ability to convey information to and receive information from others effectively. It includes essential components of attentive listening and clarity in writing or speaking for a variety of audiences. Other forms of communication, such as body language and tone, are equally important. An understanding of the impact of culture, language, literacy level, and disability on communication between MCH professionals and the individuals, families, and populations they serve is also important.
7. Cultural competency	Cultural competence is a developmental process that occurs along a continuum and evolves over an extended period. It broadly represents knowledge and skills necessary to communicate and interact effectively with people regardless of differences, helping to ensure that the needs of all people and communities are met in a respectful and responsive way in an effort to decrease health disparities and lead to health equity. Becoming culturally competent is an ongoing and fluid process.
8. Family-Professionals Partnerships	<i>Family-professional partnerships</i> at all levels of the system of care ensure the health and wellbeing of children, including those with special health care needs, and their families through respectful family-professional collaboration and shared decision making.
11. Working with communities and systems	Improving the health and well-being of children, youth, families, and communities is a complex process because so many intersecting factors influence the MCH population. Systems thinking recognizes complexity and examines the linkages and interactions among components— norms, laws, resources, infrastructure, and individual behaviors—that influence outcomes. Systems thinking addresses how these components interact at multiple levels, including individual organizations; the collective stakeholders; and the communities where the children, youth, and families reside. The achievement of MCH goals requires leadership within the community and among organizations to advance the collective impact of stakeholders that constitute the larger system.

Competency	Definitions (from HRSA MCH Competencies)
12. Policy	It is important for MCH leaders to possess policy skills, particularly in changing and competitive economic and political environments. MCH leaders understand the resources necessary to improve health and well-being for children, youth, families, and communities, and the need to be able to articulate those needs in the context of policy development and implementation. A <i>public policy</i> is a law, regulation, procedure, administrative action, or voluntary practice of government that affects groups or populations and influences resource allocation.

METHODS OF INSTRUCTION AND WORK EXPECTATIONS

Course Workload Expectations

Children and Youth With Special Health Care Needs is a 2-credit course. The University expects that for each credit, you will spend a minimum of three hours per week attending class or comparable online activity, reading, studying, completing assignments, etc. over the course of a 15-week term. Thus, this course requires approximately [2 * 45] hours of effort spread over the course of the term in order to earn an average grade.

This course is conducted entirely online with independent completion of readings and assignments. Active class participation is a central component of this course and is achieved through online forum discussions guided by key questions and/or case studies. The course is organized in weekly modules that contain a description of the weekly objectives, assignments, instructions for forum discussions, and expectations for each week. Students are expected to engage actively in class discussion and to complete assigned work by the indicated deadline.

Note: All assignments for the course completed individually (not in groups).

Technology

You will use the following technology tool in this course. Please make yourself familiar with it.

- **VoiceThread:** information is available on the Canvas course site.

Overview of Assignments (see the Canvas site for more detailed instructions)

Discussion Question Forums & Book Discussion

- For each question or case study in the forum, write your own response and then comment on at least one other student's posting. The deadline for posting your first response to the weekly readings and forum question is on Thursdays by 11:55 PM CST; responses are due the following Sunday by 11:55 pm.
- I invite you to draw from your background and expertise when responding to the weekly forum. Your diverse backgrounds are a tremendous asset, enrich the learning experience, and bring enormous strength to the weekly dialogue.
- Refer to the readings and/or share other resources.
- To receive FULL credit you need to write your own response and comment on at least one other student's posting. Postings to the forum received after the weekly forum deadline will receive partial credit (50% of total points for the week).

Application Assignments

- Assignment No. 1: State Data Brief file Using data from the National Survey of Children's Health
- Assignment No. 2: Newsletter Article for Advocates About the Importance of the EPSDT Program

Final project: Awareness Presentation using VoiceThread

- Prepare a brief VoiceThread presentation with the objective of increasing awareness among families and other caregivers of a policy or program that addresses the special health care needs of their children (e.g. early intervention programs, Medicaid, SSI, federal mandates, medical home).

Learning Community

School of Public Health courses ask students to discuss frameworks, theory, policy, and more, often in the context of past and current events and policy debates. Many of our courses also ask students to work in teams or discussion groups. We do not come to our courses with identical backgrounds and experiences and building on what we already know about collaborating, listening, and engaging is critical to successful professional, academic, and scientific engagement with topics.

In this course, students are expected to engage with each other in respectful and thoughtful ways.

In group discussion, this can mean:

- Respecting the identities and experiences of your classmates.
- Avoid broad statements and generalizations. Group discussions are another form of academic communication and responses to instructor questions in a group discussion are evaluated. Apply the same rigor to crafting discussion posts as you would for a paper.
- Consider your tone and language, especially when communicating in text format, as the lack of other cues can lead to misinterpretation.

Like other work in the course, all student to student communication is covered by the Student Conduct Code (<https://z.umn.edu/studentconduct>).

COURSE TEXT & READINGS

- Fadiman, A. (1998). *The spirit catches you and you fall down: a Hmong child, her American doctors, and the collision of two cultures*. New York: Farrar, Straus and Giroux
- Selected readings from the following e-books, which are available via the University Libraries' E-Reserves and will be linked from the course site:
 - Hollar D. (eds). (2013). *Handbook of Children with Special Health Care Needs*. Springer.
 - Batshaw, M. et al. (eds). (2019). *Children with Disabilities*, Brookes Publishing.
- Journal articles, which are available via the University Libraries' E-Reserves and will be linked from the course site.

Recommendation: It is good practice to use a citation manager to keep track of your readings. More information about citation managers is available at <https://www.lib.umn.edu/pim/citation>.

COURSE OUTLINE/WEEKLY SCHEDULE

This course has specific deadlines. All coursework must be submitted via the course site before the date and time specified on the site. Note: assignments are due by 11:55pm CST unless indicated otherwise indicated.

Week	Topic	Readings	Activities & Assignments
Week 1 Sept 3 - 8	Intro to the Course: Children and Youth With Special Needs (CYSHCN), Who Are They?	Required <ol style="list-style-type: none"> 1) Lollar DJ, Crews JE. Redefining the role of public health in disability. 2003. 2) McPherson M, et al. A new definition of children with special health care needs. 1998 3) Halfon N, Newacheck PW. Evolving notions of childhood chronic illness. JAMA 2010;665-666. 4) Ravindran N, Myers BJ. Cultural influences on perception of health, illness, and disability: A review and focus on autism. J Child Fam Stud 2012;21(2):311-9. 5) Who Are The Children with Special Health Care Needs? A summary profile from CAHMI Optional <ol style="list-style-type: none"> 1) Spears AP. The Healthy People 2010 outcomes for the care of children with special health care needs: an effective national policy for meeting mental health care needs? 2010. 2) Ghandour RM, et al. Healthy people 2010 leading health indicators: how children with special health care needs fared. 2013. 3) Furnham, A., Akande, D., & Baguma, P. (1999). Beliefs about health and illness in three countries: Britain, South Africa and Uganda. <i>Psychology, Health & Medicine</i>, 4, 189–201. 	<ul style="list-style-type: none"> ✓ Introductions (due Thurs 9/5) ✓ Discussion 1: Definitions & Public Attitudes (initial post due Thurs 9/5, responses due Sun 9/8) ✓ Choose a state forum (due by Sun 9/15) ✓ Start exploring VoiceThread and become familiar with this online tool for creating presentations, which you will use for your Final Project.
Week 2 Sept 9 - 15	Identifying and Monitoring Individuals and Populations of CYSHCN	Required <ol style="list-style-type: none"> 1) Horner-Johnson W., Newton K. (2012) Using Population-Based Survey Data to Monitor the Health of Children and Youth with Special Health Care Needs and Disabilities. In: Hollar D. (eds) Handbook of Children with Special Health Care Needs. E-book 2) Bethell CD et al.: What is the prevalence of children with special health care needs? Toward an understanding of variations in findings and methods across three national surveys. <i>Maternal Child Health J</i> 2008; 12:1-4. 3) van der Lee, J. H. Definitions and Measurement of Chronic Health Conditions in Childhood. 2007 4) Houtrow, A. J., Larson, K., Olson, L. M., Newacheck, P. W., & Halfon, N. (2014). Changing Trends of Childhood Disability, 2001-2011. <i>Pediatrics</i>. Optional <ol style="list-style-type: none"> 1) Diagnosis Prevalence List: Medical Home 2) Perrin, J.M., Bloom, S.R.; Gortmaker, S.L The increase of childhood chronic conditions in the United States. 2007 3) Boyle CA, Boulet S, Schieve LA, Cohen RA, Blumberg SJ, Yeargin-Allsopp M, et al. Trends in the prevalence of developmental disabilities in US children, 1997–2008. <i>Pediatrics</i> 127(6):1034–42. 2011.. 	<ul style="list-style-type: none"> ✓ Discussion 2: Prevalence, Policy, and Programs (initial post due Thurs 9/12, responses due Sun 9/15) ✓ Begin working on Assignment 1: State Data Brief (which is due Friday 9/27); explore sources of data to assess prevalence of disabilities among children and youth

<p>Week 3 Sept 16 - 22</p>	<p>Etiology of Chronic Illness and Disability</p>	<p>Required</p> <ol style="list-style-type: none"> 1) Rauch, S.A., & Lanphear, B.P., Prevention of disability in children: elevating the role of the environment. 2012. 2) Ben-Shlomo, Y., & Kuh, D., A life course approach to chronic disease epidemiology: conceptual models, empirical challenges and interdisciplinary perspectives. 2002. 3) Woodruff, T.J., Axelrad, D.A., Trends in environmentally related childhood illnesses. 2004. 4) Select one of the following chapters from the Part IV in e-book Children with Disabilities: <ul style="list-style-type: none"> Chapter 14: Developmental Disabilities Chapter 18: Autism Chapter 19: ADHD <p>Optional</p> <ol style="list-style-type: none"> 1) Health Effects Birth Defects and the Environment - CDC Tracking Network 2) Mekdeci B & Schettler T. (2004). Birth Defects Research and Resources 3) National Institutes of Health: Genetic Disorders 4) National Institute of Environmental Health Sciences: Environmental Health Topics 5) Rosa's Law (Public Law 111–256) 	<p>✓ Discussion 3: Trends (initial post due Thurs 9/19, responses due Sun 9/22)</p>
<p>Week 4 Sept 23 - 29</p>	<p>Systems of Care: Essential Components</p>	<p>Required</p> <ol style="list-style-type: none"> 1) AMCHP. (2017) Standards for Systems of Care for Children and Youth with Special Health Care Needs Version 2.0. 2) Kogan, M. D., Strickland, B. B., & Newacheck, P. W. (2009). Building systems of care: findings from the National Survey of Children With Special Health Care Needs. 3) Strickland, B. B., Jones, J. R., Newacheck, P. W., Bethell, C. D., Blumberg, S. J., & Kogan, M. D. (2015). Assessing Systems Quality in a Changing Health Care Environment: The 2009-10 National Survey of Children with Special Health Care Needs. 4) Lucile Packard Foundation for Children's Health. (2012). Six Models for Understanding How Families Experience the System of Care for Children with Special Health Care Needs. 5) Lichstein, J. et al. (2018). Access to the medical home among children with and without special health care needs. <i>Pediatrics</i>, 142(6) <p>Optional</p> <ol style="list-style-type: none"> 1) AAP Council on Children with Disabilities. Care coordination in the medical home: integrating health and related systems of care for children with special health care needs. <i>Pediatrics</i> 2005;116:1238-1244. 2) Litt JS, McCormick MC Preterm infants are less likely to have a family-centered medical home than term-born peers. <i>J Perinatol</i>. 2018 Jul 25. 3) Homer CJ, Klatka K, Romm D et al. A review of the evidence for the medical home for children with special health care needs. <i>Pediatrics</i>2008;122: e922 - e937. 4) Strickland B, McPherson M, Weissman G. et al. Access to the medical home: results of the national survey of children with special health care needs. <i>Pediatrics</i> 2004;113:1485-1492. 	<p>✓ Assignment 1: Share your State Data Brief (due Fri 9/27)</p> <p>✓ Become familiar with the National Standards for CYSHCN by visiting http://cyshcnstandards.amchp.org/app-national-standards/#/</p>

		<ol style="list-style-type: none"> 5) Palfrey, J. S., Sofis, L. A., Davidson, E. J., Liu, J., Freeman, L., Ganz, M. L., & Pediatric Alliance for Coordinated, C. (2004). The Pediatric Alliance for Coordinated Care: evaluation of a medical home model. <i>Pediatrics</i>, 113(5 Suppl), 1507-1516 Systems of Care for Children with Emotional and Behavioral Disorders as a Model 1) Systems of Care. Children's Bureau/ACYF, U.S. DHHS, 2008. Child Welfare Information Gateway. 2) Hodges, S. et al. (2007). Systems of Care Definition, Issue Brief #1: Lessons from Successful Systems 3) Stroul, B. (2002). Issue Brief—System of care: A Framework for System Reform in Children's Mental Health. Washington, DC: Georgetown University Child Development Center, National Technical Assistance Center for Children's Mental Health. 4) The MATRIX Minnesota System of Interagency Coordination for Children and Youth with Disabilities Ages 3-21. 	
<p>Week 5 Sept 30 – Oct 6</p>	<p>Policies and Principles for Serving CYSHCN and their Families: National Agendas</p>	<p>Required</p> <ol style="list-style-type: none"> 1) Petersen D. (2012) Policy: Its History, Intentions, and Consequences for Children with Special Health Care Needs. In: Hollar D. (eds) Handbook of Children with Special Health Care Needs. E-book 2) Brosco, J. P. (2012). NAVIGATING the future through the past: the enduring historical legacy of federal children's health programs in the United States. <i>American Journal of Public Health</i>, 102(10), 1848-1857. 3) From Child Health Data - Data Briefs and Reports, MCHB Core Quality Outcomes for CSHCN 4) Robin L Dodds, Dana V Yarbrough, Nubia Quick, Lessons Learned: Providing Peer Support to Culturally Diverse Families of Children with Disabilities or Special Health Care Needs, <i>Social Work</i>, Volume 63, Issue 3, July 2018, Pages 261–264 5) Kuo et al. Family-Centered Care: Current Applications and Future Directions in Pediatric Health Care. <i>Matern Child Health J</i>, 2012;16:297–305 6) Bellin, et al. Parent and Health Care Professional Perspectives on Family-centered Care for Children with Special Health Care Needs: Are We on the Same Page? <i>Health & Social Work</i>; 2011;36(4):281-290. <p>Optional</p> <ol style="list-style-type: none"> 1) Golden, J., & Brosco, J. P. (2012). The United States Children's Bureau and pediatric medicine: a retrospective analysis. <i>Pediatrics</i>, 130(6), 993-995. 2) Core MCH Outcomes - 2005/06 & 2009/10 NCCSHCN from Child Health Data - overview of key changes on core MCH outcomes from 2005/06 to 2009/10 3) Hitchcock, L. I., & Mulvihill, B. A. (2011). The early years of Title V: extending and improving care for children with special health care needs, 1935-1941. <i>Maternal and Child Health Journal</i>, 15(2), 139-147. 4) CYSHCN in Health People 2020: A Consumer's Perspective. 5) Kuo, Bird, Tilford. Associations of Family-Centered Care with Health Care Outcomes for Children with Special Health Care Needs. <i>Matern Child Health J</i> (2011) 15:794–805 	<p>✓ Discussion 4: Policies and Principles (initial post due Thurs 10/3, responses due Sun 10/6)</p>

		6) HP 2020 mapped to NSCH and NSCSHCN - Measures pertaining to HP 2020	
Week 6 Oct 7 - 13	Health Insurance and Financing	<p>Required</p> <ol style="list-style-type: none"> 1) Szilagyi, P. G. (2012). Health insurance and children with disabilities. 2) Winitzer, R. F., Bisgaier, J., Grogan, C., & Rhodes, K. (2012). "He only takes those type of patients on certain days": specialty care access for children with special health care needs. 3) Preskitt, et al., 2012. Underinsurance in Children with Special Health Care Needs: The Impact of Definition on Findings. <i>Maternal & Child Health Journal</i> 4) Lindley, L.C., & Mark, B. A. (2010). Children with special health care needs: Impact of health care expenditures on family financial burden. <i>J Child Fam Stud.</i> 19(1): 79–89 5) Musumeci, MB, & Chidambaram, P. (2019). Issue Brief Medicaid's Role for Children with Special Health Care Needs: A Look at Eligibility, Services, and Spending. KFF. <p>Optional</p> <ol style="list-style-type: none"> 1) Oswald, D. P., Bodurtha, J. N., Willis, J. H., & Moore, M. B. (2007). Underinsurance and key health outcomes for children with special health care needs. 2) Kempe, A., Beaty, B. L., Crane, L. A., Stokstad, J., Barrow, J., Belman, S., & Steiner, J. F. (2005). Changes in Access, Utilization, and Quality of Care After Enrollment Into a State Child Health Insurance Plan. 3) Hornberg L et al: Assuring adequate health insurance: results of the national survey of CSHCN. <i>Pediatrics</i> 2005;115:1233-1239 unavailable 4) Catalyst Center Tutorial, 2012 ---- Public Insurance Programs and CSHNC: A Tutorial on the Basics of Medicaid and The Children's Health Insurance Program (CHIP), (pdf, 56 pages) 5) Stabile & Allin, 2012. The Economic Costs of Childhood Disability. <i>The Future of Children</i> 6) Committee on Child Health, F. (2014). High-Deductible Health Plans 	<ul style="list-style-type: none"> ✓ No discussion, work on your Newsletter ✓ Outline final project (OPTIONAL – submit outline to instructor via email for feedback)
Week 7 Oct 14 - 20	Health and Medical Services	<p>Required</p> <ol style="list-style-type: none"> 1) Perrin, James. How can Quality Improvement Enhance the Lives of Children with Disabilities? <i>The Future of Children</i>, 2012 2) Campbell, S. M., et al. Defining Quality of Care. <i>Social Science and Medicine</i>, 51 (2000) 1611-1625 3) Scal, Peter. Transitions for Youth with Disabilities: Primary Care Physicians Approaches, <i>Pediatrics</i>, 2002 4) Kelly, et al. Implementing Transitions for Youth with Complex Medical Conditions Using the Medical Home Model, <i>Pediatrics</i>, 2002. 5) Lebrun-Harris, L.A., et al. (2018). Transition Planning Among US Youth With and Without Special Health Care Needs. <i>Pediatrics</i>, 141(4) <p>Optional</p> <ol style="list-style-type: none"> 1) Murphy N, Elias E, Council on Children with Disabilities, Sexuality of children and adolescents with developmental disabilities. <i>Pediatrics</i> 2006; 118:398-403. 2) Adolescent Health Transition Project 	<ul style="list-style-type: none"> ✓ Assignment 2: EPSDT Newsletter Article (post PDF by Thurs 10/17)

		3) National Center on Secondary Education and Transition (NCSET)	
Week 8 Oct 21 - 27	Services for CYSHCN in Education Settings	<p>Required</p> <ol style="list-style-type: none"> 1) Aron, L., & Loprest, P. (2012). Disability and the education system. 2) Houtrow, A., Jones, J., Ghandour, R., Strickland, B., & Newacheck, P. (2012). Participation of children with special health care needs in school and the community. 3) Bethell, C., Forrest, C. B., Stumbo, S., Gombojav, N., Carle, A., & Irwin, C. E. (2012). Factors promoting or potentially impeding school success: disparities and state variations for children with special health care needs. 4) Knauer, H., Baker, D. L., Hebbeler, K., & Davis-Alldritt, L. (2015). The Mismatch Between Children's Health Needs and School Resources. <i>The Journal of School Nursing</i>, 31(5), 326–333. <p>Optional</p> <ol style="list-style-type: none"> 1) Hurwitz KA. A review of special education law. <i>Pediatr Neurol</i> 2008;39:147-154. 2) Forrest, C.B. ; Bevans, K.B. ; School Outcomes of Children With Special Health Care Needs. 2011 3) Categories of Disability under IDEA 4) Disabilities That Qualify Infants, Toddlers, Children, and Youth for Services under the IDEA. 5) Atkins et al. Toward the integration of education and mental health in schools. <i>Adm Policy Mental Health</i>. 2010 6) Difference Between IEP vs IFSP - from PACER Center 7) Students with Disabilities and Section 504, from PACER Center 8) Overview of Early Intervention Services 9) Acronym Chart Associated with Students with Disabilities 	✓ Discussion 5: Services for children in educational settings (initial post due Thurs 10/24, responses due Sun 10/27)
Week 9 Oct 28 - Nov 3	Principles of Family-centered, Community-based Care	<p>Required</p> <ol style="list-style-type: none"> 1) The Spirits Catches You 2) Perrin, J., Romm, D., A Family-Centered Community-Based System of Services for Children and Youth With Special Health Care Needs. 2007 3) Garwick, A., Kohrman, C., Wolman, C., & Blum, R. (1998). Families' recommendations for improving services for children with chronic conditions. 4) Smith, A.M., & Grzywacz, J.G. (2014). Health and Well-being in Midlife Parents of Children with Special Health Needs. <i>Fam Syst Health</i>, 32(3): 303–312. <p>Optional</p> <ol style="list-style-type: none"> 1) Antonelly & Antonelli. Providing a Medical Home: The Cost of Care Coordination Services in a Community-Based, General Pediatric Practice. <i>Pediatrics</i> 2004;113:1522. 2) Brown et al. Single Parenting and Children with Chronic Illness: An Understudied Phenomenon. <i>J Pediatr Psychol</i>. 2008 May ; 33(4): 408–421. 3) Raina P et al: The health and well-being of caregivers of children with cerebral palsy. <i>Pediatrics</i> 2005; 115(6): e626-e636. 	✓ Book Discussion Part I: (initial post due Thurs 10/31, response due Sun 11/3)

		<p>4) Palfrey et al. Viewing Services for Children and Youth With Special Health Care Needs Through a Community Lens. <i>Pediatrics</i> 2010;126;S107</p> <p>5) Homer et al. A Review of the Evidence for the Medical Home for Children With Special Health Care Needs. <i>Pediatrics</i> 2008;122;e922</p> <p>6) Nazarian, et al. Identifying What Pediatric Residents Are Taught About Children and Youth with Special Healthcare Needs. <i>Pediatrics</i> 2010;126;S183</p>	
<p>Week 10 Nov 4 -10</p>	<p>Culturally competent approaches to the provision of services to CYSHCN</p>	<p>Required</p> <ol style="list-style-type: none"> 1) The Spirit Catches You, cont. 2) Telfair et al. Implementation of Culturally and Linguistically Competent Policies by State Title V Children with Special Health Care Needs (CSHCN) Programs. <i>Matern Child Health J</i> (2009) 13:677–686. 3) Kerfeld et al. Delayed or Forgone Care and Dissatisfaction with Care for Children with Special Health Care Needs: The Role of Perceived Cultural Competency of Health Care Providers. <i>Matern Child Health J</i> (2011) 15:487–496. <p>Optional</p> <ol style="list-style-type: none"> 1) Planning for Cultural and Linguistic Competence in State Title V Programs 2) Goode, T.D., et al. (2009). Family-centered, culturally, and linguistically competent care: essential components of the medical home. <i>Pediatrics Annals</i>, 38:9:505-512 	<p>✓ Book Discussion Part II: (due no later than Sunday 11/24)</p>
<p>Week 11 Nov 11 – 17</p>	<p>CSHCN and Global Health</p>	<p>Required</p> <ol style="list-style-type: none"> 1) Morgon, L.B., et al. Poverty and disability in low- and middle-income countries: A systematic review. <i>PLoS One</i>. 2017; 12(12) 2) Global Research on Developmental Disabilities Collaboration. Developmental disabilities among children younger than 5 years in 195 countries and territories, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016. <i>The Lancet</i>, 2018; 6(10) 3) Groce, E. (2018). bGloal Disability: An Emerging Issue. <i>The Lancet</i>, 6(7) <p>1) Global Health Briefing Book 2017, Global Health Council</p> <p>2) Cameron, DL, Nixon, S., Parnes, P., & Pidsadny, M. (2005). Children with disabilities in low-income countries. <i>Paediatr Child Health</i>, 10(5): 269–272.</p>	<p>No discussion; work on your final presentations</p>
<p>Week 12 Nov 18 - 24</p>	<p>CYSHCH: Cross-cutting issues and Future Directions</p>	<p>Required</p> <ol style="list-style-type: none"> 1) Implications of the Life Course Perspective on State Title V CYSHCN Programs and All CYSHCN. 2) American Academy of Pediatrics News: Addressing the Sexual Health Needs of Youth with Disabilities 3) Murphy N, Elias E, Council on Children with Disabilities, Sexuality of children and adolescents with developmental disabilities. <i>Pediatrics</i> 2006; 118:398-403. 	<p>✓ Discussion 6: Future Directions (due no later than Sunday 11/25)</p>

		<p>4) Gernsbacher, M. A., Raimond, A. R., Balinghasay, M. T., & Boston, J. S. (2016). "Special needs" is an ineffective euphemism. <i>Cognitive research: principles and implications</i>, 1(1), 29. doi:10.1186/s41235-016-0025-4</p> <p>5) Perri, M. Trends in Childhood Disability Inclusion. (2019). Strategic Insights https://www.progressiveae.com/trends-in-childhood-disability-inclusion/</p> <p>Optional</p> <p>1) Bethell CD, et al. Optimizing health and health care systems for children with special health care needs using the life course perspective. 2014.</p>	
Week 13 Nov 25 – Dec 1	No readings	Thanksgiving break	Thanksgiving break
Week 14 Dec 2-8	Final presentations	Final Presentations – no additional readings	<ul style="list-style-type: none"> ✓ Final Project: VoiceThread- post the link to your VoiceThread presentation in this forum (due Thur 12/5) ✓ Responses to Final Projects (due no later than Wed 12/11)
Week 15 Dec 9-11	Final presentations, cont.	Dec. 11 last day of instruction	<ul style="list-style-type: none"> ✓ Responses to final project due by Wed 12/11

SPH AND UNIVERSITY POLICIES & RESOURCES

The School of Public Health maintains up-to-date information about resources available to students, as well as formal course policies, on our website at www.sph.umn.edu/student-policies/. Students are expected to read and understand all policy information available at this link and are encouraged to make use of the resources available.

The University of Minnesota has official policies, including but not limited to the following:

- Grade definitions
- Scholastic dishonesty
- Makeup work for legitimate absences
- Student conduct code
- Sexual harassment, sexual assault, stalking and relationship violence
- Equity, diversity, equal employment opportunity, and affirmative action
- Disability services
- Academic freedom and responsibility

Resources available for students include:

- Confidential mental health services
- Disability accommodations
- Housing and financial instability resources
- Technology help
- Academic support

EVALUATION & GRADING

Assignment	Point Values
• 6 Forum Discussions (5 points each)	30
• Book discussion, Parts I & II (10 points each)	20
• Assignment 1: State Data Brief	25
• Assignment 2: Newsletter Article on the EPSDT Program	25
• Final Project & VoiceThread presentation	50
TOTAL POINTS	150

Grading Scale

The University uses plus and minus grading on a 4.000 cumulative grade point scale in accordance with the following, and you can expect the grade lines to be drawn as follows:

% In Class	Grade	GPA
93 - 100%	A	4.000
90 - 92%	A-	3.667
87 - 89%	B+	3.333
83 - 86%	B	3.000
80 - 82%	B-	2.667
77 - 79%	C+	2.333
73 - 76%	C	2.000
70 - 72%	C-	1.667
67 - 69%	D+	1.333
63 - 66%	D	1.000
< 62%	F	

- A = achievement that is outstanding relative to the level necessary to meet course requirements.
- B = achievement that is significantly above the level necessary to meet course requirements.
- C = achievement that meets the course requirements in every respect.
- D = achievement that is worthy of credit even though it fails to meet fully the course requirements.
- F = failure because work was either (1) completed but at a level of achievement that is not worthy of credit or (2) was not completed and there was no agreement between the instructor and the student that the student would be awarded an I (Incomplete).
- S = achievement that is satisfactory, which is equivalent to a C- or better
- N = achievement that is not satisfactory and signifies that the work was either 1) completed but at a level that is not worthy of credit, or 2) not completed and there was no agreement between the instructor and student that the student would receive an I (Incomplete).

Evaluation/Grading Policy	Evaluation/Grading Policy Description
<p>Scholastic Dishonesty, Plagiarism, Cheating, etc.</p>	<p>You are expected to do your own academic work and cite sources as necessary. Failing to do so is scholastic dishonesty. Scholastic dishonesty means plagiarizing; cheating on assignments or examinations; engaging in unauthorized collaboration on academic work; taking, acquiring, or using test materials without faculty permission; submitting false or incomplete records of academic achievement; acting alone or in cooperation with another to falsify records or to obtain dishonestly grades, honors, awards, or professional endorsement; altering, forging, or misusing a University academic record; or fabricating or falsifying data, research procedures, or data analysis (As defined in the Student Conduct Code). For additional information, please see https://z.umn.edu/dishonesty</p> <p>The Office for Student Conduct and Academic Integrity has compiled a useful list of Frequently Asked Questions pertaining to scholastic dishonesty: https://z.umn.edu/integrity.</p> <p>If you have additional questions, please clarify with your instructor. Your instructor can respond to your specific questions regarding what would constitute scholastic dishonesty in the context of a particular class-e.g., whether collaboration on assignments is permitted, requirements and methods for citing sources, if electronic aids are permitted or prohibited during an exam.</p> <p>Indiana University offers a clear description of plagiarism and an online quiz to check your understanding (http://z.umn.edu/iuplagiarism).</p>
<p>Late Assignments</p>	<p>Students who are “absent” from the forum during the presentations of the final projects will not have the opportunity to present at another time. Presentations posted after the deadline will receive partial credit. All late postings and submission of assignments after the due date will receive partial credit.</p>
<p>Attendance Requirements</p>	<p>This is an online course</p>
<p>Makeup Work for Legitimate Reasons</p>	<p>If you experience an extraordinary event that prevents you from completing coursework on time and you would like to make arrangements to make up your work, contact your instructor within 24 hours of the missed deadline if an event could not have been anticipated and at least 48 hours prior if it is anticipated. Per University policy, legitimate reasons for making up work may include:</p> <ul style="list-style-type: none"> • illness • serious accident or personal injury • hospitalization • death or serious illness within the family • bereavement • religious observances • subpoenas • jury duty • military service • participation in intercollegiate athletic events <p>Because this course is entirely online and all materials are available to students from the first day of the term, we expect students to plan accordingly if travels or access to internet will cause them to miss a deadline. Note that our deadlines are generally set for 11:55 p.m. CST, so traveling to a different time zone will require additional planning. Further, circumstances that qualify for making up missed work will be handled by the instructor on a case-by-case basis; they will always be considered but not always granted. For complete information, view the U of M's policy on Makeup Work for Legitimate Absences (http://z.umn.edu/sphmakeupwork).</p>
<p>Extra Credit</p>	<p>n/a</p>
<p>Saving & Submitting Coursework</p>	<p>Documents that students submit are considered final; students may not submit more than one version or draft of each assignment.</p>

Technical Issues with Course Materials	<p>You are expected to submit all coursework on time and it is your responsibility to ensure that your work is submitted properly before the deadline.</p> <p>If you experience technical difficulties while navigating through the course site or attempting to submit coursework:</p> <ul style="list-style-type: none">• Go to Quick Help: http://z.umn.edu/sphquickhelp.• Connect with the appropriate person or office within 30 minutes of the problem's occurrence.<ul style="list-style-type: none">○ Provide as much information as possible, so the tech team can best help you as soon as possible.○ You can expect a response within 1-2 business days to help resolve the problem.
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CEPH & MCH COMPETENCIES ADDRESSED IN THIS COURSE

Competency	Learning Objectives	Assessment Strategies
<p>4. Interpret results of data analysis for public health research, policy of practice</p> <p>MCH1 Use publically available data to appraise and/or prioritize important health issues for specific MCH populations, including place, race, and status disparities in health and wellness</p> <p>MCH3. Select appropriate evidence-based US (e.g., CDC) and global (e.g., WHO) guidelines, recommendations, programs and initiatives to promote newborn, child, adolescent, maternal, paternal reproductive, and women's health, including Title V programs.</p>	<ul style="list-style-type: none"> • Describe the epidemiology (incidence, prevalence, risk and protective factors) of childhood chronic health conditions (including chronic diseases, disabilities, and mental disorders), and methods for determining incidence and prevalence. • Identify and describe major federal and state programs designed to address the needs of CYSHCN. • Identify the principles of family-centered, community-based care for CYSHCN. • Explain the role of public health in addressing the needs of CYSHCN. 	<ul style="list-style-type: none"> • Assignment No. 1: State Data Brief • Assignment No. 2: Newsletter Article for Advocates About the Importance of the EPSDT Program • Final Project (VoiceThread presentation)
<p>19. Communicate audience-appropriate public health content, both in writing and through oral presentation</p> <p>MCH3. Select appropriate evidence-based US (e.g., CDC) and global (e.g., WHO) guidelines, recommendations, programs and initiatives to promote newborn, child, adolescent, maternal, paternal reproductive, and women's health, including Title V programs.</p>	<ul style="list-style-type: none"> • Describe and employ concepts and cross-cultural perspectives relevant to the design of programs and policies for CYSHCN. • Describe the epidemiology (incidence, prevalence, risk and protective factors) of childhood chronic health conditions (including chronic diseases, disabilities, and mental disorders), and methods for determining incidence and prevalence. • Identify and describe major federal and state programs designed to address the needs of CYSHCN. • Describe the role of communities in the provision of services to CYSHCN. • Identify the principles of family-centered, community-based care for CYSHCN. • Explain the role of public health in addressing the needs of CYSHCN. 	<ul style="list-style-type: none"> • Assignment No. 2: Newsletter Article for Advocates About the Importance of the • EPSDT Program • Final Project (VoiceThread presentation)

<p>22. Apply systems thinking tools to a public health issue</p>	<ul style="list-style-type: none"> • Describe and discuss the current definitions of CYSHCN and the how these definitions guide programmatic and policy efforts. • Describe and employ concepts and cross-cultural perspectives relevant to the design of programs and policies for CYSHCN. • Describe the epidemiology (incidence, prevalence, risk and protective factors) of childhood chronic health conditions (including chronic diseases, disabilities, and mental disorders), and methods for determining incidence and prevalence. • Identify and describe major federal and state programs designed to address the needs of CYSHCN. • Describe the role of communities in the provision of services to CYSHCN. • Identify the principles of family-centered, community-based care for CYSHCN. • Explain the role of public health in addressing the needs of CYSHCN. 	<ul style="list-style-type: none"> • Final Project (VoiceThread presentation)
<p>MCH5. Demonstrate family-centered philosophical constructs and use these constructs to critique practices, programs, or policies that affect MCH population groups, including children and youth with special health care needs (CYSHCN).</p> <p>MCH9. Describe ethical issues faced by MCH populations in different settings, including clinical care, community-based settings, research, or public health practice.</p> <p>MCH 13. Identify factors that facilitate or impede implementation of evidence-based programs in MCH or otherwise assist in MCH program implementation.</p>	<ul style="list-style-type: none"> • Describe and employ concepts and cross-cultural perspectives relevant to the design of programs and policies for CYSHCN. • Describe the role of communities in the provision of services to CYSHCN. • Identify the principles of family-centered, community-based care for CYSHCN. • Identify practices to support families of CYSHC in a culturally competent and linguistically appropriate manner 	<ul style="list-style-type: none"> • Book discussion • Forum discussions

<p>MCH6. Locate and use scientific literature sources to formulate an important MCH practice, research, or policy question, and/or to present a rationale for MCH policies and programs</p>	<ul style="list-style-type: none"> • Describe and discuss the current definitions of CYSHCN and the how these definitions guide programmatic and policy efforts. • Describe and employ concepts and cross-cultural perspectives relevant to the design of programs and policies for CYSHCN. • Describe the epidemiology (incidence, prevalence, risk and protective factors) of childhood chronic health conditions (including chronic diseases, disabilities, and mental disorders), and methods for determining incidence and prevalence. • Identify and describe major federal and state programs designed to address the needs of CYSHCN. • Explain the role of public health in addressing the needs of CYSHCN. 	<ul style="list-style-type: none"> • Assignment No. 1: State Data Brief • Assignment No. 2: Newsletter Article for Advocates About the Importance of the EPSDT Program • Final Project (VoiceThread presentation) • Forum discussions
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