

UNIVERSITY OF MARY
Syllabus/Learning Guide
Credit Hours: 3

Prefix/Course No. NUR 402
Course Title: Community as Partner

Course Description: This course focuses on the partnership between nursing and the community in promoting health. It explores content areas basic to the practice of community and public health nursing; models of community assessment, data analysis, formulation of a community nursing diagnosis; and the planning, implementation and evaluation of a health promotion program. The diverse roles, strategies and interventions that community and public health nurses utilize to promote population health are analyzed.

Program Mission Statement: The Nursing Division prepares nurses to provide safe, quality, patient-centered healthcare to the people in the region and beyond without regard to race, religion, cultural background, or gender. By fostering a Christian, Catholic, and Benedictine learning environment, the Division supports the University mission to prepare leaders in the service of truth and to be competent in spirituality and ethics, communication, critical thinking, and global stewardship. Academic preparation and nursing practice opportunities in a variety of health-care settings along the continuum of care will prepare students to achieve competence in the areas of professionalism, environmental contexts, valuing, and scholarship.

Faith and Reason Statement:

In accordance with the mission of the University of Mary and the Division of Nursing to prepare leaders in the service of truth, we honor the free exchange of ideas. During your program, many ethical and diverse topics will be explored. In the Benedictine Tradition, respect for all persons is vital to advance dialogue between faith and reason.

Servant Leadership Experience:

Servant leadership experiences are based on character building relationships integrated with a solid understanding of what it is to be a servant leader with Jesus Christ as model and the Benedictine values of community, hospitality, moderation, prayer, respect for persons, and service. These values are foundational in character building, ethical decision making, and the integration of the intellectual, spiritual, emotional, and physical aspects of life.

Relationship of Course to Servant Leadership:

This course is designed for the masters prepared nurse to become an effective advocate in partnering with various communities, many of them disadvantaged, to promote health. It will assist the nurse to act as a role model and Servant Leader and effectively assist persons from all walks of life to promote and improve health care in their community and to self advocate.

Benedictine Experience:

Although communal life inspired by the Rule of St. Benedict stores a vast treasury of Benedictine values, six of these are of particular importance for our life here at the University of Mary . . . Father James P. Shea, President, University of Mary

Community – Striving together for the common good and growing in relationship with God, one another, and self
[Rule of Benedict 33 – “Let all things be common to all.”]

Hospitality – Receiving others as Christ with warmth and attentiveness
[Rule of Benedict 53 – “Let all be received as Christ.”]

Moderation – Honoring all of God’s creation and living simply with balance and gratitude
[Rule of Benedict 31 – “Regard all things as sacred and do everything with moderation.”]

Prayer- Attending to the mystery and sacredness of life, abiding in the divine presence, listening and responding to God
[Rule of Benedict 4 – “Listen intently to holy readings. Give yourself frequently to prayer.”]

Respect for Persons – Recognizing the image of God in each person and honoring each one in their giftedness and limitations
[Rule of Benedict 4 – “Honor everyone and never do to another what you do *not want done to yourself.*”]

Service – *Meeting the needs of others in the example of Jesus the servant leader*
[Rule of Benedict 35 – “The members should serve one another.”]

Relationship of the course to the Benedictine values:

It is an expectation that graduate nursing students demonstrate professional conduct in all interactions. Please refer to the Professional Conduct and Behavioral Standards outlined in the Graduate Nursing Handbook.

The Benedictine values of *Community*, *Respect for Persons*, and *Service* are threaded throughout this course. *Community* is demonstrated as the course addresses partnering with communities to promote health care, and particularly to underprivileged and vulnerable populations. *Respect for Persons* is evident as the course addresses obtaining input from all involved in the community and assisting persons to self advocate. *Service* is apparent as the nurse assesses the community, discovers what the needs of the community are, and assists the community members to attain the desired outcome.

Competence Experience:

Course Outcomes	Baccalaureate Essentials in Nursing Competencies	BSN Program Outcomes	University of Mary Undergraduate Competencies	QSEN Competencies	ANA Standards of Practice	Benedictine Values	ADN to MSN: NA Program Outcomes	Master's Essentials in Nursing Competencies	University of Mary Graduate Outcomes	Method of Assessment
Relates the historical foundation of the eight essential elements of primary health care to present day community and public health nursing.	Essential: V, VII	1,2,3	Communication, Critical thinking, Global Stewardship	3,4	1,2,3,4,5,5a, 7, 15	Community, service	1, 5, 8	Essential: I, IV	Professional competence	Discussion, Quizzes
Applies principles of epidemiology and demography to community and public health nursing.	Essential: III	1,2,3, 4,6	Critical Thinking, Global Stewardship, Communication	Patient Centered Care, Teamwork and Collaboration, Quality Improvement, Infomatics	1,2,3,4,5,5a, 7,15	Community, Service,	1, 2, 3, 5, 6, 8, 9	Essential: V, VIII	Professional competence, Environmental contexts, Scholarship	Discussion Quizzes Public Health Policy Paper
Explores social determinants of health including the ethical implications for community and public health.	Essential: II, IV, V, VIII	1,2,3,4,6	Critical Thinking, Global Stewardship, Communication	Patient Centered Care, Teamwork and Collaboration, Quality Improvement, Infomatics	1,2,3,4,5,5a, 7, 15	Respect for Persons, Community, Service, Hospitality	1, 3, 4, 5, 8, 9	Essential: III, VI	Valuing, Professional competence, Environmental contexts, Scholarship	Discussion Quizzes Community Assessment
Describes nursing's obligation to contribute to development	Essential: II, III, VI, VII	1,2,3,4,6	Critical Thinking, Global Stewardship, Communication	Patient Centered Care, Teamwork and	1,2,3,4,5,5a, 5b 7, 11, 15	Respect for Persons, Community, Service, Hospitality	1, 2, 3, 4, 5, 6, 8, 9	Essential: VI, VII	Environmental contexts, Professional competence	Discussion Quizzes Public Health Policy Paper

of healthy public policy within a network of social, professional and political community stakeholders.				Collaboration, Quality Improvement, Infomatics						
Illustrates the process of community assessment, planning, and intervention.	Essential: III, IV, VII, VIII, IX	1,2,3,4,6	Critical Thinking, Global Stewardship, Communication	Patient Centered Care, Teamwork and Collaboration, Quality Improvement, Infomatics	1,2,3,4,5,5a,5b, 7,11,15	Respect for Persons, Community, Service, Hospitality	1, 3, 4, 5, 7, 8	Essential: II, III, IV, VIII, IX	Environmental contexts, Scholarship, Valuing	Discussion Quizzes Community Assessment

The University of Mary graduate programs offer its students preparation in the following four areas of competence:

COMMUNICATION

Graduates demonstrate excellence in all facets of communication including the publication and presentation of scholarship.

Graduates differentiate themselves via an ability to fortify technical acumen with robust communication skills. They become leaders who actively listen to those with whom they work and collaborate; who dialogue when they introduce ideas, clarify meaning, and strategize towards solutions; and who write with disciplined purpose to effectively disseminate and contribute to new or existing information. Graduates' communication skills enable them to excel through effective interaction with colleagues across all levels and environments.

SCHOLARSHIP

Graduates access, analyze, evaluate, and process information from a variety of sources to generate new ideals which guide decision making to influence meaningful change.

Graduates foster a culture conducive to scholarship in which they use research principles to answer relevant questions which lay the foundation from existing knowledge and from those foundations generate relevant and innovative ideas and new knowledge. Our graduates are leaders in the synthesis of research to inform best practices.

PROFESSIONAL DISTINCTION

Graduates are values-based and evidence-driven professionals who are servant leaders committed to excellence in their professions and communities.

Graduates grow in excellence, focusing professional skills and technical proficiency towards a higher commitment to service. They interact collaboratively and effectively within environments comprised of individuals who have diverse educational backgrounds, cultures, and professional talents. Their leadership is founded in both values-based and evidence-driven practice and recognizes its role in contemporary society as one of distinct contribution and gift of self.

MORAL COURAGE

Grounded in faith and reason, graduates clarify and defend moral personal and social values to uphold the pathway for justice in multiple contexts.

Graduates evaluate the human, cultural, religious, and social conditions and history in which decisions are made and habits are formed. With courage they take responsibility to make and follow the course of action which helps build a profession of integrity and a civilization of virtue and dignity rooted in ethical principles that serve the authentic good of all persons.

For students to acquire proficiency in these competences, continual assessment of learning in an atmosphere of openness and free inquiry is promoted.

Baccalaureate Essentials

- I: Liberal Education for the Baccalaureate Generalist Nursing Practice
- II: Basic Organizational and Systems Leadership for Quality Care and Patient Safety
- III: Scholarship for Evidence Based Practice
- IV: Information Management and Application of Patient Care Technology
- V: Healthcare Policy, Finance, and Regulatory Environments
- VI: Interprofessional Communication and Collaboration for Improving Patient Health Outcomes
- VII: Clinical Prevention and Population Health for Optimizing Health
- VIII: Professionalism and Professional Values
- IX: Baccalaureate Generalist Nursing Practice

BSN Program Outcomes

1. Create healing environments by developing and maintaining respectful, caring, professional relationships based upon an understanding of person-environment interactions and the individual human experience of health, illness, and healing.
2. Provide safe, quality, cost-effective care to patients, families, and populations.
3. Collaborate with patients, families, and communities as part of nursing and inter/intraprofessional healthcare teams.
4. Integrate informatics and communication systems to improve patient care outcomes.
5. Engage in lifelong learning through the application of evidence-based knowledge from nursing and the arts and sciences as the basis for nursing practice.
6. Integrate professional nursing standards, the code of ethics, principles of servant-leadership, Benedictine values, and a liberal arts education into practice to advance the nursing profession.

The University of Mary Core Competencies Undergraduate programs:

When students graduate, they are competent in four areas essential for them to function in careers and lead meaningful lives.

Spirituality and Ethics: Draw upon spiritual, philosophical, religious and Benedictine traditions to express and act upon a principled set of values.

Communication: Read, write, listen and speak effectively to gain and share meaning in a diverse world.

Critical Thinking: Analyze, synthesize, and evaluate ideas and information from multiple perspectives to make decisions and solve problems.

Global Stewardship: Respect and be critically aware of oneself and the diverse world to protect and strengthen natural, cultural and social environments.

THE BENEDICTINE VALUES:

Respect for persons: We recognize individual differences. Each person has a right to grow in wholeness. Students incorporate ethical, spiritual and cultural interventions in caring for persons/families in health promotion/disease, injury prevention activities.

Community: We put time and effort into supporting one another. Students identify appropriate services and community resources and technology to facilitate health promotion and safety. Collaboration and partnerships are strongly emphasized in this course.

Service: We serve our entire community. Students participate with other members of the care team and neighborhood groups to meet the needs of clients and members of the community.

Prayer: We reserve time to pray, reflect and celebrate together. Classes begin with a prayer or a reflection.

Hospitality: We offer a space for people to encounter each other as friends.

Moderation: We strive for balance that avoids excess.

AMERICAN NURSES ASSOCIATION STANDARDS OF PRACTICE:

STANDARD 1. ASSESSMENT

The registered nurse collects comprehensive data pertinent to the patient's health or the situation.

STANDARD 2. DIAGNOSIS

The registered nurse analyzes the assessment data to determine the diagnoses or issues.

STANDARD 3. OUTCOMES IDENTIFICATION

The registered nurse identifies expected outcomes for a plan individualized to the patient or the situation.

STANDARD 4. PLANNING

The registered nurse develops a plan that prescribes strategies and alternatives to attain expected outcomes.

STANDARD 5. IMPLEMENTATION

The registered nurse implements the identified plan.

STANDARD 5A: COORDINATION OF CARE

The registered nurse coordinates care delivery.

STANDARD 5B: HEALTH TEACHING AND HEALTH PROMOTION

The registered nurse employs strategies to promote health and a safe environment.

STANDARD 5C: CONSULTATION

The advanced practice registered nurse and the nursing role specialist provide consultation to influence the identified plan, enhance the abilities of others and effect change.

STANDARD 5D: PRESCRIPTIVE AUTHORITY AND TREATMENT

The advanced practice registered nurse uses prescriptive authority, procedures, referrals, treatments, and therapies in accordance with state and federal laws and regulations.

STANDARD 6. EVALUATION

The registered nurse evaluates progress towards attainment of outcomes.

STANDARD 7. QUALITY OF PRACTICE

The registered nurse systematically evaluates the quality and effectiveness of nursing practice.

STANDARD 8. EDUCATION

The registered nurse attains knowledge and competency that reflects current nursing practice.

STANDARD 9. PROFESSIONAL PRACTICE EVALUATION

The registered nurse evaluates one's own nursing practice in relation to professional practice standards and guidelines, relevant statutes, rules, and regulations.

STANDARD 10. COLLEGIALITY

The registered nurse interacts with and contributes to the professional development of peers and colleagues.

STANDARD 11. COLLABORATION

The registered nurse collaborates with patient, family and others in the conduct of nursing practice.

STANDARD 12. ETHICS

The registered nurse integrates ethical provisions in all areas of practice.

STANDARD 13. RESEARCH

The registered nurse integrates research findings into practice.

STANDARD 14. RESOURCE UTILIZATION

The registered nurse considers factors related to safety, effectiveness, cost, and impact on practice in the planning and delivery of nursing services.

STANDARD 15. LEADERSHIP

The registered nurse provides leadership in the professional practice setting and in the profession.

Quality and Safety Education for Nurses (QSEN) Competencies:

Q1 Patient-Centered Care

"Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient's preferences, values, and needs."

Q2 Teamwork and Collaboration

"Function effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care."

Q3 Evidence-Based Practice

"Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care."

Q4 Quality Improvement

"Use data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of health care systems."

Q5 Safety

"Minimizes risk of harm to patients and providers through both system effectiveness and individual performance."

Q6 Informatics

"Use information and technology to communicate, manage knowledge, mitigate error, and support decision making."

Master's Essentials

I: Background for Practice from Sciences and Humanities

II: Organizational and Systems Leadership

III: Quality Improvement and Safety

IV: Translating and Integrating Scholarship into Practice

V: Informatics and Healthcare Technologies

VI Health Policy and Advocacy

VII: Interprofessional Collaboration for Improving Patient and Population Health Outcomes

VIII: Clinical Prevention and Population Health for Improving Health

IX: Master's Level Nursing Practice

Nurse Administrator Program Outcomes

1. Designs processes to achieve quality, cost-effective and ethical health outcomes
2. Appreciates the complexity of human resource management in today's healthcare
3. Evaluate quality and safety measures
4. Designs a plan of change using principles of servant leadership
5. Collaborates with others to improve the quality of professional nursing practice and health care policy
6. Utilizes evidence based practice for performance improvement
7. Possesses requisite knowledge to pursue doctoral education
8. Uses information technology to improve processes
9. Demonstrates effective principles of change while providing client centered care

Major Assignments:

Individual assignment expectations are found with each respective assignment guideline at the end of the syllabus/learner guide.

Assignments	% of Grade
Weekly Discussion Participation Due Date: Weekly	10%
Quizzes (total of 3) Quiz 1 (Open Week 4, covers chapters 1-10) Quiz 2 (Open Week 7, covers chapters 11-15) Quiz 3 (Open Week 10, covers chapters 16-21)	25%
Written Papers Epidemiology and Web of Causation Paper Due Date: Week 2 Public Health Policy Paper Due Date: Week 5	30%
Peer Evaluation of Public Health Policy Paper	5%
Community Assessment Paper and Presentation Due Date: Paper Week 8 Presentation Week 10 Will result in one grade for both components of the assignment. Grades will be posted after presentations in Week 10.	30%

Methods for Evaluation and Grading

Plusses and minuses will be given depending on where the grade falls within the range. The minimum percentages and corresponding points needed to achieve various letter grades are shown below.

Grading Scale

94-100	=A
92-93	=A-
90-91	=B+
86-89	=B
84-85	=B-
82-83	=C+
75-81	=C
71-74	=D
<70	=F

Students are encouraged to review the Undergraduate and Graduate Catalog as well as the Undergraduate and Graduate Program Handbook for policies regarding successful academic progression. **For example, the Graduate Nursing Handbook indicates a letter grade of less than B- is not passing.**

Required Texts and Resource Materials

Anderson, E. & McFarlane, J. (2015). *Community as partner: Theory and practice in nursing, 7th Edition*. Philadelphia: Lippincott, Williams & Wilkins.

American Psychological Association. (2009). *Publication manual of the American Psychological Association (6th Ed.)*. Washington, DC: American Psychological Association.

Expectations

Since this is a 3 semester credit course offered over 10 weeks, you can expect to spend approximately **4.5** hours per week with in class (online or face to face) and another **9** hours per week studying outside of class time. Students taking this course on site will be instructed on a weekly basis regarding the areas of the class not covered during face to face class time that the student will need to address online.

Attendance Policy

Facilitators are required to maintain reports of student attendance and to report absences for each course. At the request of the course facilitator, students may be administratively dropped from the course if they do not attend the initial two weeks of class and have not been in contact with the course facilitator by the close of the second week (last day to drop a course without a grade). Students who do not enter the classroom for two consecutive weeks during the remaining class term without an approved excused absence, may also be administratively withdrawn from the class.

The policy of class attendance is at the discretion of instructors who will explain their written policy during the first week of class. Students are responsible to be familiar with the policy of their instructors. In the case of unexcused absences, students are responsible for work assigned, quizzes, tests or announcements made while absent. For accelerated courses, opportunity to make-up work involving discussion with a peer cohort may not be possible. At the request of the instructor and with approval of the Vice President for Academic Affairs, students may be administratively dropped from classes due to excessive absences.

Students are expected to participate each week as indicated. If students must be absent, they must first discuss the nature of the absence with your instructor to have the absence excused. Even when the absences are excused, students are still responsible for the work due. If you know that you will be absent ahead of time, let the instructors know, and make arrangements to get the work done ahead of time. Consult the course schedule to see what is due the following class.

Assignment & Exam Policy/ies

Late Work

Assignments are due on the date designated by the instructor. Late Assignments will result in a deduction of **5 percent per late day**. The instructor realizes that due to extenuating circumstances, some assignments may have to be turned in later than the deadline. **It is the student's responsibility to contact the instructor before the due date about the need to submit late assignments and devise a plan for submission.**

Extra Credit

Extra credit is not available in this course.

Statement on Academic Honesty:

Students who cheat perpetrate an intellectual fraud which betrays their own potential, cheapens the honest achievements of others, and undermines the integrity of the university community. Plagiarism is a form of cheating. Students who violate academic honesty fall under the Academic Integrity Policy and are subject to the sanctions under that policy including removal from their programs of study or dismissal from the University.

Policy:

- The instructor will initiate action against a student found cheating while enrolled in a course within seven (7) days of discovery of the infraction. The instructor will formally notify the student and record the action.
- The instructor may apply any of the following sanctions to students found to have cheated during the term of the course.
 - The student will receive a zero for the work in question.
 - The student will be given another opportunity to demonstrate knowledge or skills.
 - The student will be expelled from class with a failing grade.
 - The instructor may recommend additional sanctions to the student's Program Director, the student's Division Chair or Dean, or the University Director of Graduate Studies.

Channel for Communication Relating to this Course for ADN to MSN Nurse Administrator Students:

Instructor > Graduate Nurse Administrator Program Coordinator > Chair of Graduate Nursing Education > Dean of the School of Health Sciences

Channel for Communication Relating to this Course for RN to BSN Students:

Instructor > RN to BSN Program Coordinator > Chair Nursing Division > Dean of the School of Health Sciences

Statement Regarding Reasonable Accommodations:

The University of Mary, in compliance with the Americans with Disabilities Act and in the spirit of our mission, offers support for students who provide required documentation. Students with disabilities who need accommodations should apply to the Office of Student Accessibility Services. For further information, contact Betsy Hermanson, Director of Student Accessibility Services in the Student Success Center, located in the lower level of Welder Library, at (701) 355-8264 or ejhermanson@umary.edu

Discussion Rubric

Each week of class begins on Monday and runs through Sunday. Modules will be open for student viewing, in preparation for the upcoming week, at 6am (central) the Saturday preceding the upcoming week. Discussion will conclude each week on Sunday. The last week of every course will conclude on Friday.

For the purposes of class discussion, students are encouraged to make note that initial discussion posts are due on **Wednesday** of each week. Faculty will be assessing discussion quality and engagement according to the rubric criterion outlined below. Intentionally, this rubric does not establish a minimum number of required total posts. Rather, the quality of contributions to the discussion and the degree of ongoing engagement will determine the degree of participation. Those criterion can be reached in a variety of ways. It may be multiple contributing posts to a variety of peers or it may be one or two contributions on subsequent days of the week that evidence an incorporation of ideas from multiple peers' posts.

Criterion	Exemplary	Proficient	Emerging	Unsatisfactory
Completeness of Initial Post <ul style="list-style-type: none"> Addresses all components of the posted question. 	Criterion expectation is fully met. 1 pt.		Criterion not met 0 pts.	
Quality of Initial Post <ul style="list-style-type: none"> Evidences analysis and synthesis to create a strong, substantive post that states the case. Shows use of sound argumentation and scholarly prose that evidences mastery of concepts and key points from readings and other scholarly sources. Demonstrates evidence of critical thinking. Exhibits excellent use and citation of scholarly references external to the course. Thoughtfulness and comprehensive understanding of the discussion topic is evident. Explores new lines of argument or different perspective which foster further discussion. 	The contribution displays an adeptness with criterion expectations and models graduate level work. 3 pts.	Expectations met 2 pts.	The specified expectation needs to be strengthened 1 pt.	Criterion not met 0 pts.
Timeliness <ul style="list-style-type: none"> Initial discussion post is made no later than assigned deadline on Wednesday. 	Criterion expectation is fully met. 1 pt.		Criterion not met 0 pts.	
Quality of Contribution to Class Discussion <ul style="list-style-type: none"> Thoughtfully evaluates and responds to classmates' postings using sound argumentation, scholarly prose, and tactfulness; the response is comprehensive and challenging. These responses serve to deepen the conversation. Contributes additional, substantive, thoughtful, and analytical, yet succinct responses to other classmates' postings. Strengths and weakness of classmates' discussion content are identified. Responses integrate course material and are supported by scholarly reference external to the course. Responses show evidence of critical thinking. 	The contribution displays an adeptness with criterion expectations and models graduate level work. 2 pts.	Expectations met 1 pt.	The specified expectation needs to be strengthened 0.5 pt.	Criterion not met 0 pts.
Degree of Participation in Class Discussion and Engagement <ul style="list-style-type: none"> Builds on ideas from other classmates through frequent and ongoing cross talk and interaction. Responses to other learners include substantive feedback that extends the discussion by raising questions and sharing additional resource information. Responds to feedback from other learners and/or faculty. Takes part in discussion in an ongoing basis over the course of the week as evidenced by contributions to discussion. 	The contribution displays an adeptness with criterion expectations and models graduate level work. 2 pts.	Expectations met 1 pt.	The specified expectation needs to be strengthened 0.5 pt.	Criterion not met 0 pts.
Mechanics/Formatting <ul style="list-style-type: none"> Postings are without spelling, grammar, punctuation, or syntactical errors that distract the reader from the content. Word choice is consistently accurate and appropriate. Excellent use and proper APA citation of evidence based references that are used in the discussion. 	Criterion expectation is fully met. 1 pt.	Criterion is partially met 0.5 pts	Criterion not met 0 pts.	

Dev. July 2016

Epidemiology and Web of Causation Paper Guidelines

For this assignment each student will select a health issue that affects a large number of people; some examples are asthma, diabetes, domestic violence, or cardiovascular disease. Students will provide the epidemiologic, demographic, and statistical measures of this health issue. Risk factors and preventative strategies will be discussed. Students are encouraged to utilize Chapter 3 of their textbook to help guide this work. The paper should include a figure that illustrates a web of causation connecting different factors that result in this health condition. (See example of a web of causation for myocardial infarction pictured below the grading rubric). The paper will conclude with identifying opportunities for community health nurse intervention. Students are referred to the rubric for a more detailed description of expectations.

There are many sources within the online course to assist with epidemiologic data. A list of hyperlinks to commonly used types of data sources for epidemiology information, including data collection systems and organizations with numerous reports are below.

- [Department of Health and Human Services \(DHHS\)](#)
 - [Agency for Healthcare Research and Quality \(AHRQ\)](#)
 - [Agency for Toxic Substances and Disease Registry \(ATSDR\)](#)
 - [Health Resources and Services Administration \(HRSA\)](#)
 - [Indian Health Service \(IHS\)](#)
 - [Office of Public Health and Science](#)
 - [Office of Disease Prevention and Health Promotion](#)
 - [National Health Information Center](#)
 - [Healthfinder](#)
 - [Office of Global Health Affairs](#)
 - [Office of Minority Health](#)
 - [Office of National AIDS Policy](#)
 - [Office of Population Affairs \(OPA\)](#)
 - [Centers for Disease Control and Prevention](#)
 - [Chronic Disease Prevention](#)
 - [Division of HIV/AIDS Prevention](#)
 - [CDC Wonder Information Site](#)
 - [National Institute for Occupational Safety and Health \(NIOSH\)](#)
 - [Food and Drug Administration](#)
 - [National Institutes of Health](#)
 - [OD - Office of the Director](#)
 - [Office of AIDS Research](#)
 - [Office of Research on Women's Health](#)
 - [NCI - National Cancer Institute](#)
 - [Division of Cancer Epidemiology and Genetics \(DCEG\)](#)
 - [NEI - National Eye Institute](#)
 - [NHLBI - National Heart, Lung, and Blood Institute](#)
 - [NHGRI - National Human Genome Research Institute](#)
 - [NIA - National Institute on Aging](#)
 - [NIAAA - National Institute on Alcohol Abuse and Alcoholism](#)
 - [NIAID - National Institute of Allergy and Infectious Diseases](#)
 - [NIAMS - National Institute of Arthritis and Musculoskeletal and Skin Diseases](#)
 - [NIBIB - National Institute of Biomedical Imaging and Bioengineering](#)
 - [NICHD - National Institute of Child Health and Human Development](#)
 - [NIDCD - National Institute on Deafness and Other Communication Disorders](#)
 - [NIDCR - National Institute of Dental and Craniofacial Research](#)
 - [NIDDK - National Institute of Diabetes and Digestive and Kidney Diseases](#)
 - [NIDA - National Institute on Drug Abuse](#)
 - [NIEHS - National Institute of Environmental Health Sciences](#)

- [Epidemiology Branch](#)
 - [NIGMS - National Institute of General Medical Sciences](#)
 - [NIMH - National Institute of Mental Health](#)
 - [NINDS - National Institute of Neurological Disorders and Stroke](#)
 - [NINR - National Institute of Nursing Research](#)
 - [NLM - National Library of Medicine](#)
 - [CSR - Center for Scientific Review](#) (formerly Division of Research Grants)
 - [FIC - John E. Fogarty International Center](#)
 - [NCCAM - National Center for Complementary and Alternative Medicine](#)
 - [NCMHD - National Center on Minority Health and Health Disparities](#)
 - [NCRR - National Center for Research Resources](#)
 - [CC - Clinical Center](#)
 - [Substance Abuse & Mental Health Services Administration \(SAMHSA\)](#)
- [United States Census Bureau](#)
- [Environmental Protection Agency](#)
- [DOE Comprehensive Epidemiologic Data Resource \(CEDR\)](#) (*Lawrence Berkeley Labs*)
- [National Academy of Sciences](#)
- [Department of Defense HIV/AIDS Prevention Program \(DHAPP\)](#)
- [Naval Health Research Center, Behavioral Science and Epidemiology](#)
- [California Department of Health Services](#)
- [Alaska Health & Social Services, Section of Epidemiology](#)
- [Florida Bureau of Epidemiology](#)
- [Maryland Epidemiology and Disease Control Program](#)
- [New York State Department of Health](#)
- [North Carolina Department of Health and Human Services, Epidemiology Section](#)
- [San Francisco Department of Public Health](#)
- [South Carolina State Department of Health and Environmental Control](#)

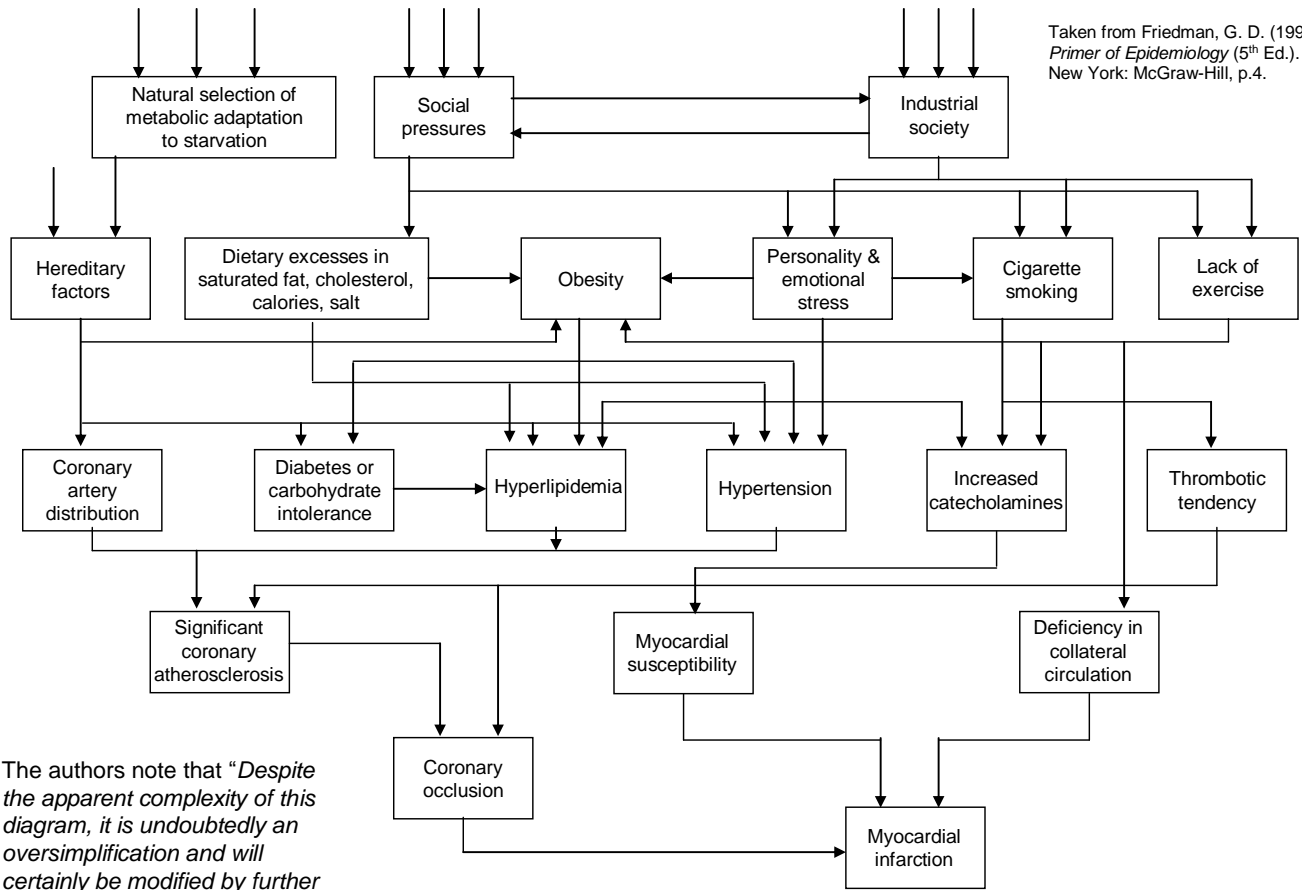
Web of Causation Paper Grading Rubric

Criterion					Comments:
Introduction 10 points	The introduction is inviting, states the main topic and previews the structure of the paper. 10 points	The introduction clearly states the main topic and previews the structure of the paper; could be improved to be more inviting to the reader. 7 points	The introduction states the main topic, but does not adequately preview the structure of the paper nor is it particularly inviting to the reader. 4 points	There is no clear introduction of the main topic or structure of the paper. 0 points	
Epidemiologic Factors 30 points	A comprehensive narrative of the epidemiologic and demographic specifics of the selected health issue is provided. This narrative will include, as appropriate to selected health issue, the disease pattern, distribution of disease, characteristics of population affected with disease, morbidity and mortality, incidence, prevalence, etc. 30 points	Criterion is partially met. 20 points	Criterion is inadequately met. 10 points	Criterion is not addressed. 0 points	
Web of Causation 20 points	Web is presented as a figure within the paper and referred to in narrative as required by APA writing style. Web is logical, easy to follow, identifies direct causes of condition, identifies factors contributing to those causes, and identifies factors influencing each of the factors down to the most primary level possible. 20 points	Criterion is partially met. 15 points	Criterion is inadequately met. 10 points	Criterion is not addressed. 0 points	
Community Nurse Role 10 points	Clearly identifies role of community health nurse at multiple levels within the web of causation 10 points	Criterion is partially met. 7 points	Criterion is inadequately met. 4 points	Criterion is not addressed. 0 points	
Conclusion 10 points	The conclusion is strong and leaves the reader with a feeling that they understand what the writer is "getting at." 10 points	The conclusion is recognizable and ties up almost all the loose ends. 7 points	The conclusion is recognizable, but does not tie up several loose ends. 4 points	There is no clear conclusion, the paper just ends. 0 points	

Sources 5 points	All sources used for quotes and facts are credible and cited correctly both in-text and in the reference page. All sources in the reference page are used in manuscript narrative 5 points	All sources used for quotes and facts are credible and most are cited correctly. All sources in the reference page are used in manuscript narrative. 3 points	Most sources used for quotes and facts are credible and cited correctly. All sources in the reference page are used in manuscript narrative. 2 points	Many sources used for quotes and facts are less than credible (suspect) and/or are not cited correctly. Not all sources in the reference page are used in manuscript narrative. 0 points	
Sentence Structure, Flow, Rhythm & Length, Pacing 5 points	All sentences are well-constructed with varied structure. All sentences sound natural and are easy-on-the-ear when read aloud. Each sentence is clear and has an obvious emphasis. Every paragraph has sentences that vary in length. The pacing is well-controlled. The writer knows when to slow down and elaborate, and when to pick up the pace and move on. 5 points	Most sentences are well-constructed with varied structure. Almost all sentences sound natural and are easy-on-the-ear when read aloud, but 1 or 2 are stiff and awkward or difficult to understand. Almost all paragraphs have sentences that vary in length. The pacing is generally well-controlled while it is noted that the writer occasionally does not elaborate enough or is repetitive. 3 points	Most sentences are well-constructed but have a similar structure. Some sentences vary in length. Most sentences sound natural and are easy-on-the-ear when read aloud, but several are stiff and awkward or are difficult to understand. The pacing is occasionally well-controlled but the writer sometimes repeats the same point over and over, or spends too much time on details that don't matter. 2 points	Sentences lack structure and appear incomplete or rambling. The sentences are difficult to read aloud because they sound awkward, are distractingly repetitive, or difficult to understand. Sentences rarely vary in length. The pacing often feels awkward to the reader. The writer elaborates when there is little need, and then leaves out necessary supporting information. 0 points	
Grammar & Spelling 5 points	Writer makes no errors in grammar or spelling that distracts the reader from the content. 5 points	Writer makes 1-2 errors in grammar or spelling that distract the reader from the content. 3 points	Writer makes 3-4 errors in grammar or spelling that distract the reader from the content. 2 points	Writer makes more than 4 errors in grammar or spelling that distracts the reader from the content. 0 points	
Writing Style, Transitions 5 points	Writing is clear, concise, utilizing an organized progression. APA is used accurately throughout paper, including but limited to a title page, running head, page headers, page numbering, level headings, citations and reference page. A variety of thoughtful transitions are used. They clearly show how ideas are connected. TurnitinScore <20% 5 points	Writing could be increased in clarity, conciseness and/or organization. Use of headers could be improved upon. APA is mostly used accurately throughout paper, including citations but needs improvement. Transitions clearly show how ideas are connected; variety of transitions could be improved. TurnitinScore <21-25% 3 points	Needs major improvement in these areas. Some transitions work well; but connections between other ideas are fuzzy. TurnitinScore <26-30% 2 points	The transitions between ideas are unclear or nonexistent. TurnitinScore >30% 0 points	
Total Points:	_____	_____	_____	_____	_____/100

Example of Web of Causation

Web of Causation for Myocardial Infarction (Heart Attacks)



Taken from Friedman, G. D. (1994). *Primer of Epidemiology* (5th Ed.). New York: McGraw-Hill, p.4.

The authors note that “Despite the apparent complexity of this diagram, it is undoubtedly an oversimplification and will certainly be modified by further study.” (p. 5).

Public Health Policy Paper

According to the Centers for Disease Control and Prevention (CDC), the health of our nation can be influenced by public health policies, such as a tobacco control policy.....policies that encourage increased physical activity and school nutrition....and policies in many other sectors (CDC, 2013). Enacted policies are often a result of major national initiatives, such as Healthy People 2020 and typically have implications for resource allocation.

In this assignment students will study Chapter 8 of their textbook and identify and utilize a minimum of three outside resources for preparation of this paper. The goal of this assignment will be twofold. First, students will explain healthy public policy through current examples identified at the local, state, and national level. Second, students will describe nursing's role in influencing healthy public policy.

[National Health Policy Forum](#)
[Centers for Disease Control and Prevention](#)
[National Public Health Performance Standards](#)
[American Public Health Association](#)

The following outline is provided to assist the student in their approach to this assignment.

1. Introduction – the introduction should define policy, differentiate public health policy from other types of policy and set the stage regarding the remainder of the paper
2. Spheres of Public Health Policy – compare and contrast public health policy work at varying levels of city/county, state, and national levels.
3. Stakeholders and Current Public Health Issues – describe who influences public health policy and give examples of current issues in public policy and who is contributing to the conversation, consider exploring meeting agendas or public records of city/county health agencies, investigate policy agendas of professional organizations or national groups, look at plans of public health governing bodies, search current publications in health policy journals, etc.
4. Significance to Nursing – illustrate the public health policy making process and the actions/role of a community health nurse through selection of a specific public health problem (e.g., No potable water supply in a segment of your rural country; no emergency plan for the evacuation of older community residents during an anticipated weather disaster, such as flooding; no paved bike paths in your community; or a public policy issue of your choice.) What actions can you as a community health nurse take to enact healthy public policy **for the selected problem**? List a plan of action according to the five steps in the policy-making process. This process is discussed in Chapter 8 of your textbook.

Steps of the Nursing Process and Policy-Making Process		
	The Nursing Process	The Policy Making Process
Step 1	Assessment	Problem recognition and definition
Step 2	Diagnosis	Policy formulation
Step 3	Planning	Policy adoption
Step 4	Implementation	Budgeting and Policy Implementation
Step 5	Evaluation	Policy evaluation

5. Conclusion

Peer Evaluation

Upon submitting their assignment, each student will be required to complete a peer evaluation of one other student's Public Policy Paper. The peer will be automatically assigned in Canvas once the student has submitted their paper. The peer evaluator will use the public policy paper grading rubric to assess the paper assigned to them. The paper and the peer evaluation will be evaluated and graded by faculty. The grading rubric for both the paper and the peer evaluation are following.

Public Policy Paper Grading Rubric

Criterion				
Introduction 10 points	The introduction is inviting, states the main topic and previews the structure of the paper. 10 points	The introduction clearly states the main topic and previews the structure of the paper; could be improved to be more inviting to the reader. 7 points	The introduction states the main topic, but does not adequately preview the structure of the paper nor is it particularly inviting to the reader. 4 points	There is no clear introduction of the main topic or structure of the paper. 0 points
Spheres of Public Health Policy 30 points	A comprehensive narrative of the spheres of public health policy including comparisons and contrasts between public health policy work at varying levels of city/county, state, and national levels. 30 points	Criterion is partially met. 20 points	Criterion is inadequately met. 10 points	Criterion is no addressed. 0 points
Stakeholders and Current Public Health Issues 20 points	A comprehensive description of stakeholders and current public health issues is written. This description includes: <ul style="list-style-type: none"> • those who influence public health policy • examples of current issues in public policy • those who are contributing to the conversation. Sources for this description are outlined and may include: <ul style="list-style-type: none"> • meeting agendas or public records of city/county health agencies, • policy agendas of professional organizations or national groups, • plans from public health governing bodies, • current publications in health policy journals, etc. 20 points	Criterion is partially met. 15 points	Criterion is inadequately met. 10 points	Criterion is no addressed. 0 points
Significance to Nursing 10 points	Comprehensive description of the public health policy making process and the actions/role of a community health nurse. A specific public health problem is described. Actions that the community health nurse may take to enact healthy public policy for the selected problem are outlined. A plan of action according to the five steps in the policy-making process is also outlined. 10 points	Criterion is partially met. 7 points	Criterion is inadequately met. 4 points	Criterion is no addressed. 0 points
Conclusion 10 points	The conclusion is strong and leaves the reader with a feeling that they understand what the writer is "getting at." 10 points	The conclusion is recognizable and ties up almost all the loose ends. 7 points	The conclusion is recognizable, but does not tie up several loose ends. 4 points	There is no clear conclusion, the paper just ends. 0 points

Sources 5 points	All sources used for quotes and facts are credible and cited correctly both in-text and in the reference page. All sources in the reference page are used in manuscript narrative 5 points	All sources used for quotes and facts are credible and most are cited correctly. All sources in the reference page are used in manuscript narrative. 3 points	Most sources used for quotes and facts are credible and cited correctly. All sources in the reference page are used in manuscript narrative. 2 points	Many sources used for quotes and facts are less than credible (suspect) and/or are not cited correctly. Not all sources in the reference page are used in manuscript narrative. 0 points
Sentence Structure, Flow, Rhythm & Length, Pacing 5 points	All sentences are well-constructed with varied structure. All sentences sound natural and are easy-on-the-ear when read aloud. Each sentence is clear and has an obvious emphasis. Every paragraph has sentences that vary in length. The pacing is well-controlled. The writer knows when to slow down and elaborate, and when to pick up the pace and move on. 5 points	Most sentences are well-constructed with varied structure. Almost all sentences sound natural and are easy-on-the-ear when read aloud, but 1 or 2 are stiff and awkward or difficult to understand. Almost all paragraphs have sentences that vary in length. The pacing is generally well-controlled while it is noted that the writer occasionally does not elaborate enough or is repetitive. 3 points	Most sentences are well-constructed but have a similar structure. Some sentences vary in length. Most sentences sound natural and are easy-on-the-ear when read aloud, but several are stiff and awkward or are difficult to understand. The pacing is occasionally well-controlled but the writer sometimes repeats the same point over and over, or spends too much time on details that don't matter. 2 points	Sentences lack structure and appear incomplete or rambling. The sentences are difficult to read aloud because they sound awkward, are distractingly repetitive, or difficult to understand. Sentences rarely vary in length. The pacing often feels awkward to the reader. The writer elaborates when there is little need, and then leaves out necessary supporting information. 0 points
Grammar & Spelling 5 points	Writer makes no errors in grammar or spelling that distracts the reader from the content. 5 points	Writer makes 1-2 errors in grammar or spelling that distract the reader from the content. 3 points	Writer makes 3-4 errors in grammar or spelling that distract the reader from the content. 2 points	Writer makes more than 4 errors in grammar or spelling that distracts the reader from the content. 0 points

<p>Writing Style, Transitions 5 points</p>	<p>Writing is clear, concise, utilizing an organized progression. APA is used accurately throughout paper, including but limited to a title page, running head, page headers, page numbering, level headings, citations and reference page. A variety of thoughtful transitions are used. They clearly show how ideas are connected. TurnItIn <20%</p> <p>5 points</p>	<p>Writing could be increased in clarity, conciseness and/or organization. Use of headers could be improved upon. APA is mostly used accurately throughout paper, including citations but needs improvement. Transitions clearly show how ideas are connected; variety of transitions could be improved. TurnItIn <21-25%</p> <p>3 points</p>	<p>Needs major improvement in these areas. Some transitions work well; but connections between other ideas are fuzzy. TurnItIn <26-30%</p> <p>2 points</p>	<p>The transitions between ideas are unclear or nonexistent. TurnItIn >30%</p> <p>0 points</p>
<p>Total Points:</p>	<p>_____</p>	<p>_____</p>	<p>_____</p>	<p>_____</p>

Public Health Policy Peer Evaluation

Peer review is a teaching strategy meant to foster higher levels of student engagement and learning through application of critical thinking and problem solving. These skills emerge through development of constructive criticism to a peer's contributions. The activity of peer review offers an opportunity for students to provide a formative evaluation of the scholarly work of their classmate(s). Peer review emphasizes the students' responsibility for their own learning as well as that of their peers. Peer review requires reflection and can lead to self-assessment. With a shift from passive to active learner, it is theorized that a higher level of thought occurs.

Feedback is a critical component of the learning process. Through peer review, students can gain experience with the professional activity of offering feedback. Sites that may assist with how to provide feedback can be found here:

[The University of Wisconsin Writing Center](#)
[Peerfeedback.net](#) – Select the “Launch Tutorial” button

For this assignment, students will be automatically assigned (through CANVAS) a peer once they have submitted their own assignment. To complete the peer evaluation, the student should complete and submit the grading rubric used for the Clinical Reasoning Presentation for their evaluation of their peer. An electronic copy of this rubric is available within the description for this assignment within the online platform.

Faculty will evaluate the peer review submitted based on the rubric shown below.

Public Health Policy Peer Evaluation Grading Rubric

Criterion	Fully Met	Adequately Met	Inadequately Met	Not Met	
The peer reviewer addressed all of the criteria outlined on the Public Policy Paper Grading Rubric to provide feedback to the student peer.	The criterion was fully met (5 points)	The criterion was adequately met (4.5 points)	The criterion was inadequately met (4 points)	The criterion was not met (0 points)	
The feedback was professional in nature; it was complete and contained thoughtful, discerning comments to provide detail about the paper.	The criterion was fully met (5 points)	The criterion was adequately met (4.5 points)	The criterion was inadequately met (4 points)	The criterion was not met (0 points)	
The feedback provided insights for the peer(s) to improve future writing.	The criterion was fully met (5 points)	The criterion was adequately met (4.5 points)	The criterion was inadequately met (4 points)	The criterion was not met (0 points)	
The feedback was provided on or before the assignment deadline that was posted on the course calendar.	The criterion was fully met (5 points)	The criterion was adequately met (4.5 points)	The criterion was inadequately met (4 points)	The criterion was not met (0 points)	
Total Points:	_____	_____	_____	_____	_____/20

Community Assessment Assignment Guidelines

To be successful, students should begin study of and work on this assignment early in the course. This assignment will be comprised of two parts: a paper and a presentation. These two components of the assignment will result in one final grade.

- The first part of the assignment will be a comprehensive community assessment. The community assessment will be submitted as a formal paper at the conclusion of **Week 8**.
- The second part of the assignment will be a presentation of the community assessment that has the added elements of a community diagnosis with recommendations for a community program. The presentation will include an implementation and outcome measurement plan for the recommended community program. During Week 10, students will share a formal presentation of their community assessment, community diagnosis, and recommendations for a community program with implementation and outcome measurement plans. The presentation should be between 12-15 minutes with 5 minutes for Q+A following.

Community assessment and program planning is not performed by individual people. Rather, this work is typically done incrementally and among a team of individuals. For this assignment, students will work in groups of no more than four people. To begin this assignment, each student/student group must select a community to assess. Note: The larger the community you select the more complex the assessment will be.

Students should study the material below in preparation of completing this assignment.

Required:

- Anderson, E. & McFarlane, J. (2015). Community as partner: Theory and practice in nursing, 6th Edition. Philadelphia: Lippincott, Williams & Wilkins.
 - Pages 172-278 of course textbook

Recommended Examples:

- [University of Kansas Community Toolbox](#)
- [Example of Real Life Community Assessment](#)
 - These examples do not necessarily follow the format you will follow for your paper. Your paper will likely not be as extensive as these examples.

Suggested steps for progression of Community Assessment Assignment

Week 2	Form groups and select the community to be assessed. This group formation and community selection will occur within a course discussion. One group member should post all group members and the community selected for this assignment on the related discussion board.
Weeks 2-3	Collect vital statistic, demographic data, etc. for community. Use resources available from the internet; from city, county, and state records; and other sources for demographic data and any other pertinent information. Two priority community needs from the leading health indicators of Healthy People 2020 must be part of this assignment.
Week 5	Community member interview questions will be created and discussed online. During week 5 class discussion groups will post and discussion the community member interview questions they have planned.
Weeks 5-7	Gather data according to the community assessment wheel and conduct a windshield survey
Week 6	Conduct interviews with members of the community and ask for their assessment of the community they live in. Community members may include the mayor, city council members, police/fire persons, clergy, etc. in any combination to receive varying points of view on the community.
Week 8	Upon accessing sources of data, conducting interviews, and completing the community assessment; prepare and submit a final written community assessment paper.
Week 9	Determine Community Diagnosis and ideas for a recommended Community Program with suggested program outcomes measurements.
Week 10	Deliver Community Assessment, Diagnosis, Program and Outcomes Measurement Presentation Your presentation must include the two priority needs from the leading health indicators of Healthy People 2020 identified in your paper and a recommendation for a community program to address this need. The presentation should outline a plan to measure outcomes of the recommended community program.

The assignment guidelines on the following page will assist the student/student group with preparation of the written paper and the oral presentation for this community assessment assignment. Students should follow APA writing guidelines to include but not be limited to title page, running head, page numbers, level headings, citations and reference page.

Community Assessment Paper (Due Date: Week 8)

1. Introduction
2. Community Assessment (Use the Windshield Survey [Table 11.1, page 174] to guide your assessment of each component of the community assessment. Supplement your impressions with information from the census, police records, school statistics, Chamber of Commerce data, health department reports, and so on to confirm or refute your conclusions. Tables, graphs, and maps are helpful and aid in your analysis.)
 - a. Community core
 - i. History
 - ii. Demographics
 - iii. Ethnicity
 - iv. Values and Beliefs
 - v. Socioeconomic
 - vi. (Culture; education; safety) ?
 - b. Community Subsystems
 - c. Community Perceptions
3. Describe your community using the community Assessment Wheel. (See page 176 11.3).
 - a. Identify some basic demographic information about the community. Use actual statistics.
 - b. Does it differ with your own view of that community?
 - c. Using data from your "diverse community" develop a diagnosis that begins with "At risk for..."
 1. Include a clearly stated potential problem
 2. List the possible etiologies (the "related to statements")
 3. Include the data (and sources) that points to these "related to statements."
4. Based on your knowledge of the diverse community, develop a plan for a problem you found in your assessment.
 1. What is the goal?
 2. Name two objectives (outcomes) to reach the goal.
 3. What actions do they require?
 4. How will resources for the program be procured and allocated?
 5. How will you evaluate the actions?
5. Describe an evaluation plan for your intervention
 1. Which program evaluation type (process, impact, outcome) will you use?
 2. What method will you use? Provide rationale.
 3. Who will be involved in the evaluation? And who will provide oversight of the overall program?
 4. How will you collect data that are sensitive to your target audience?
 5. How credible will your evaluation be? Describe your rationale.
 6. Comment on challenges you anticipate encountering.
 7. What provisions for quality assurance are planned?
 8. How will the program be sustainable?
 9. Have there been any anecdotal findings in this work?
4. Conclusion
5. Use and integrity of sources
6. APA format utilized
7. Clarity, grammar and structure of paper

Community Assessment Grading Rubric

Criterion				
Introduction 3 points	The introduction is inviting, states the main topic and previews the structure of the paper. 3 points	The introduction clearly states the main topic and previews the structure of the paper; could be improved to be more inviting to the reader. 2 points	The introduction states the main topic, but does not adequately preview the structure of the paper nor is it particularly inviting to the reader. 1 points	There is no clear introduction of the main topic or structure of the paper. 0 points
Community Assessment 15 points	Community Assessment is comprehensive including a description of these components: <ul style="list-style-type: none"> • Community core <ul style="list-style-type: none"> ○ History ○ Demographics ○ Ethnicity ○ Values and Beliefs ○ Socioeconomic ○ Culture; education; safety • Community Subsystems • Community Perceptions <p>Supplementary information is included from some of these sources:</p> <ul style="list-style-type: none"> • census, • police records, • school statistics, • Chamber of Commerce • health department reports • other 15 points	Criterion is partially met. 10 points	Criterion is inadequately met. 5 points	Criterion is no addressed. 0 points
Community Assessment Wheel 10 points	Community description is comprehensive and uses the Community Assessment Wheel from the text. The following are included: <ul style="list-style-type: none"> • Identification of demographic information about the community using actual statistics • A diagnosis is developed using the data and it begins with "At risk for..." A clearly stated potential problem is included • Possible etiologies are listed, i.e., the "related to statements" • Data and sources are included that point to these "related to statements" 10 points	Criterion is partially met. 7 points	Criterion is inadequately met. 5 points	Criterion is no addressed. 0 points
Implementation Plan 15 points	A comprehensive plan is developed for a problem found in the assessment. The following are included: <ul style="list-style-type: none"> • The goal(s) are outlined • Two objectives or outcomes to reach the goal are identified • Actions required are outlined • How oversight will take place and who will provide oversight is discussed • Provision for Quality Assurance is discussed • Sustainability of implementation plan is discussed • Procurement and Allocation of Resources is discussed 15 points	Criterion is partially met. 10 points	Criterion is inadequately met. 4 points	Criterion is no addressed. 0 points

Evaluation Plan 15 points	A comprehensive evaluation plan for the intervention is completed with the following criteria: <ul style="list-style-type: none"> • Program evaluation type (process, impact, outcome) to be used is included • Method to be used and rationale is included • Involved persons for completing the evaluation is included • How data will be collected is discussed • Credibility of evaluation is described as well as rationale • Anticipated challenges are described • Anecdotal findings are discussed 15 points	Criterion is partially met. 10 points	Criterion is inadequately met. 5 points	Criterion is no addressed. 0 points
Conclusion 2 points	The conclusion is strong and leaves the reader with a feeling that they understand what the writer is "getting at." 2 points	The conclusion is recognizable and ties up almost all the loose ends. 1 points	The conclusion is recognizable, but does not tie up several loose ends. 0.5 points	There is no clear conclusion, the paper just ends. 0 points
Sources 5 points	All sources used for quotes and facts are credible and cited correctly both in-text and in the reference page. All sources in the reference page are used in manuscript narrative 5 points	All sources used for quotes and facts are credible and most are cited correctly. All sources in the reference page are used in manuscript narrative. 3 points	Most sources used for quotes and facts are credible and cited correctly. All sources in the reference page are used in manuscript narrative. 2 points	Many sources used for quotes and facts are less than credible (suspect) and/or are not cited correctly. Not all sources in the reference page are used in manuscript narrative. 0 points
Sentence Structure, Flow, Rhythm & Length, Pacing Grammar & Spelling 5 points	All sentences are well-constructed with varied structure. All sentences sound natural and are easy-on-the-ear when read aloud. Each sentence is clear and has an obvious emphasis. Every paragraph has sentences that vary in length. The pacing is well-controlled. The writer knows when to slow down and elaborate, and when to pick up the pace and move on. Writing is clear, concise, utilizing an organized progression. A variety of thoughtful transitions are used. They clearly show how ideas are connected. Writer makes no errors in grammar or spelling that distracts the reader from the content. 5 points	Most sentences are well-constructed with varied structure. Almost all sentences sound natural and are easy-on-the-ear when read aloud, but 1 or 2 are stiff and awkward or difficult to understand. Almost all paragraphs have sentences that vary in length. The pacing is generally well-controlled while it is noted that the writer occasionally does not elaborate enough or is repetitive. Writing could be increased in clarity, conciseness and/or organization. Transitions clearly show how ideas are connected; variety of transitions could be improved. Writer makes 1-2 errors in grammar or spelling that distract the reader from the content. 3 points	Most sentences are well-constructed but have a similar structure. Some sentences vary in length. Most sentences sound natural and are easy-on-the-ear when read aloud, but several are stiff and awkward or are difficult to understand. The pacing is occasionally well-controlled but the writer sometimes repeats the same point over and over, or spends too much time on details that don't matter. Some transitions work well; but connections between other ideas are fuzzy. Writer makes 3-4 errors in grammar or spelling that distract the reader from the content. 2 points	Sentences lack structure and appear incomplete or rambling. The sentences are difficult to read aloud because they sound awkward, are distractingly repetitive, or difficult to understand. Sentences rarely vary in length. The pacing often feels awkward to the reader. The writer elaborates when there is little need, and then leaves out necessary supporting information. The transitions between ideas are unclear or nonexistent. Writer makes more than 4 errors in grammar or spelling that distracts the reader from the content. 0 points

APA Format 5 points	APA is used accurately throughout paper, including but limited to a title page, running head, page headers, page numbering, level headings, citations and reference page. 5 points	Use of headers could be improved upon. APA is mostly used accurately throughout paper, including citations but needs improvement. 3 points	Needs major improvement in these areas. 2 points	APA formatting is none existent. 0 points
Presentation	Clear with logical flow of thought. Content follows outline of major sections of community assessment. Competent use of audiovisuals and professional appearance of presentation slides. Presentation adheres to time requirements. Presenters are dressed for success. 15 points	Mostly and logical flow of thoughts. The majority of community assessment sections are included in presentation. Slides are well done. 10 points	Limited flow of thought. Presentation lacks relevant content and/or is less than professional. 5 points	Not met. 0 points.
Peer Participation/Assignment Workload Breakdown	This score will be obtained taken as an average from group member's evaluation of group members performance/engagement/timeliness in assignment preparation Average of team member scores 33-35 points. 10 points	Average of team member scores 31.5-32.9 points 7 points	Average of team member scores 29.1-31.4 points 4 points	Average of team member scores <29 points
Total Points:	_____	_____	_____	_____