

AMERICAN UNIVERSITY OF ARMENIA

College of Health Sciences



STUDENT INFORMATION MANUAL

MASTER OF PUBLIC HEALTH (MPH) PROGRAM

2011-2013

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American University of Armenia

*College of Health Sciences
Master of Public Health Program
September 2011*

Dear Students:

We welcome you to the 2011-2013 Master of Public Health (MPH) program! You represent our seventh MPH cohort and join a distinguished line of health care professionals who since 1995 have chosen to seek this coveted graduate degree.

We believe that AUA and this program are different from other universities and programs you may have attended. The diverse backgrounds of the faculty and their different teaching methodologies, coupled with the western style curriculum, are designed to challenge you to:

- think critically and reason analytically;
- present compelling and cogent arguments for interpretation of presented information, situations, and scenarios;
- excel as an individual *and* as a member of a team;
- acquire the tools and experiences necessary to assume key roles in the development of public health and health care delivery systems; and
- adapt to new and innovative teaching strategies and technologies;

You have been selected from among a highly competitive pool of applicants and, as such, face the high expectations of our faculty. We have confidence that you will meet and exceed these expectations. However, we also predict it will take a great deal of effort on your part – both individually and collectively – to achieve the goals you have set for yourselves and those we have established for you.

The following documents are intended to supplement information in the AUA Catalog and other official university publications. They describe and provide considerable detail about the organization, administration, and philosophy of the MPH Program. We ask you to read and study this document in the coming days and ask any questions that you may have. Other supplemental information will be conveyed to you in the coming months and can be added to this binder.

We look forward to sharing an exciting academic experience with you!

A handwritten signature in black ink that reads "Robert A. Bagramian".

Robert Bagramian, DDS, PhD
Dean, CHS

Table of Contents

A GUIDING PARADIGM FOR THE MPH PROGRAM	1
LEARNING OBJECTIVES AND COMPETENCIES.....	3
MASTER OF PUBLIC HEALTH PROGRAM	10
CURRICULUM.....	13
CURRICULUM MATRIX FOR THE MPH PROGRAM.....	15
ROLES AND RESPONSIBILITIES OF MPH STUDENTS.....	22
MPH PROGRAM FACULTY AND STAFF CONTACT INFORMATION	23
GRADING WITHIN THE MPH PROGRAM	24
CENTER FOR HEALTH SERVICES RESEARCH AND DEVELOPMENT	26
APPENDIX A.....	28
ACADEMIC CALENDAR 2011 – 2012	68

A Guiding Paradigm for the MPH Program

The Institute of Medicine in America has defined the core functions of Public Health as *assessment, assurance, and policy/program development*. The Johns Hopkins University Bloomberg School of Public Health and the American University of Armenia College of Health Sciences recognize *communication* as the fourth major function. These four functions are vital to managing the health of a population.

It is the goal of the AUA MPH program to provide all students with a firm understanding of the disciplines underpinning these functions. All core program requirements serve to provide the knowledge and skill base for professional practice in the diverse field of Public Health. The guiding framework for approaching all public health issues developed at Johns Hopkins and used at the American University of Armenia has been coined the “Problem Solving Paradigm.” It is this paradigm that forms the basis of the course “Problem Solving in Public Health.” This six-step paradigm provides the principles around which the required curriculum is organized and sequenced.

The steps of the paradigm are the following:

1. **Define the problem:** To define a Public Health problem, one must be able to acquire an understanding of why a particular issue is of concern for a particular population. One must also be able to see a problem from its many perspectives to determine from which vantage point (and from what depth) a problem is best approached. To do this, one must be able to describe the characteristics of the populations and exposures involved. One must also be able to understand the issue in a historical context. Defining a Public Health problem is an iterative process – and is often the most challenging part the paradigm as the other steps will undoubtedly influence the way one sees and defines a problem. Additional challenges and opportunities are evident when groups – and not just individuals – engage in this process.
2. **Measure the magnitude:** Once a Public Health problem is defined, it is imperative to measure its parameters. Thus, the need for biostatistics, vital statistics, and demography, as well as the skills to store, process, manipulate, and report data.
3. **Understand the key determinants:** Once a public health problem is defined and quantified, it must be decided whether the issue(s) should be addressed. It then becomes important to understand the key determinants of the problem:
 - a. biologic etiology: host → agent → vector
 - b. environmental influences
 - c. socio-cultural and behavioral practices of the at risk population

This step involves both an understanding of the natural history of the disease process and the identification of risk-factors and at-risk populations.

4. **Develop intervention/prevention strategies:** With a clear understanding of the determinants of the Public Health problem, a number of alternate interventions can be proposed at the cellular/microbial, individual, family, community, and/or population level.

5. **Set policy/priorities:** Once the broad range of alternatives are identified and their relative merits considered, policy must be set bringing into play a variety of communication, leadership, and management skills, as well as ethical and financial assessments.
6. **Implement and evaluate:** Having set policy, it must be implemented and evaluated, again invoking many of the same quantitative and analytic skills used in the problem definition and measurement phases.

In addition to the core Public Health skills and knowledge that are integral to the MPH curriculum, students will gain communication skills necessary to affect change. These skills are acquired from the preparation and participation in such activities as written papers, oral persuasive speaking exercises, team activities, scientific presentations, budget preparation, and grant/proposal preparation.

Students will use individual and group assignments as well as self-directed study to develop areas of concentration. There is a responsibility to attend classes, comply with academic guidelines and standards, and complete assignments.

In the last term of the MPH Program all students will present their “Culminating Project“ (Thesis), which has been developed over the two-year program. The project integrates the core public health knowledge and skills, the knowledge and skills that have been acquired as students seek breadth and depth in their chosen area, and professional practice skills. This will culminate in the submission of a scholarly paper and a public presentation.

As is evident, the Problem Solving Paradigm that serves as the common theme throughout the MPH curriculum is both iterative and cyclic. The paradigm will serve as a framework for organizing and connecting sometimes seemingly disparate disciplines and perspectives. In the end, all share the goal of improving the health of a population.

Working Document

Learning Objectives and Competencies

MPH Program

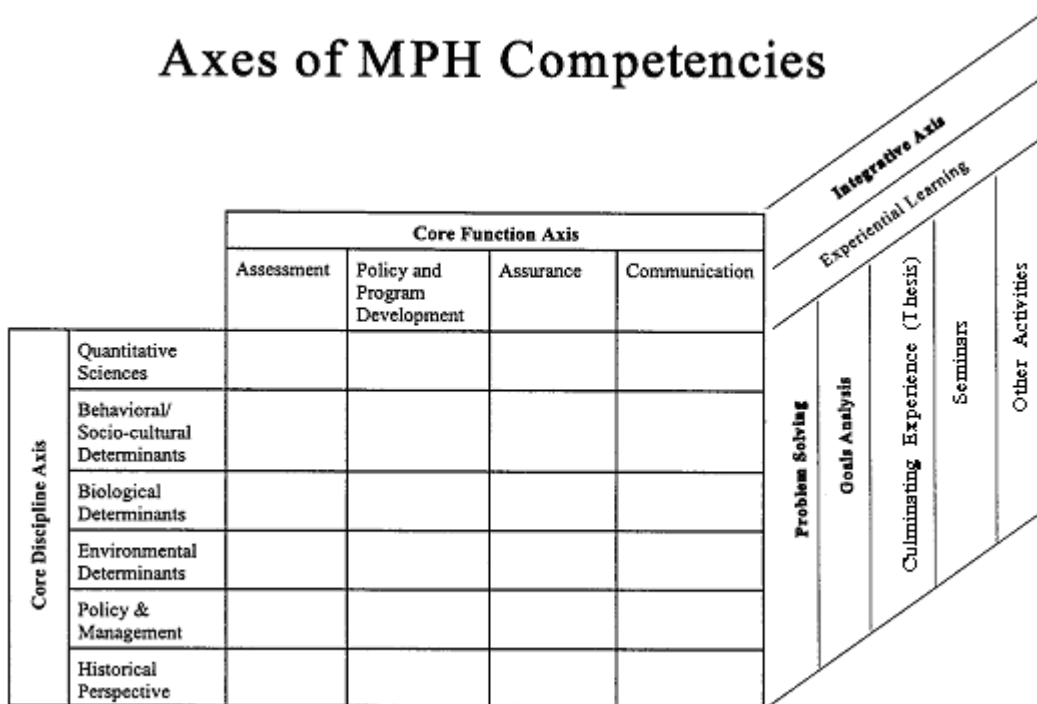
This section describes a multi-dimensional view of MPH competencies used in the development of the MPH program. This organization facilitates the conceptualization of the course content in ways, which assure requisite knowledge, and skills are addressed across the breadth of the core curriculum within a context, which promotes the rapid integration of these skills into professional practice behaviors. This organizational framework also guides the future development and evaluation of the program. Currently, the learning objectives and competencies for the MPH program are organized along the following 3 axes:

Core Function Axis: describes the core functions of professional practice as defined by the Institute of Medicine in American and as enhanced by Johns Hopkins Bloomberg School of Public Health: assessment, policy and program development, assurance, and communication. These functions are embodied within the program's problem solving paradigm. This integrative paradigm, described in detail elsewhere in this manual, serves as an organizing principle for the structure and sequencing of the core (discipline-based) curriculum in the form of a professional practice paradigm which progresses through each of these core functions.

Core Discipline Axis: encapsulates the discipline base underpinning the specific knowledge and skills to be conveyed by each of the core discipline requirements (courses or combination of courses). Within each discipline area, a set of competencies define the level of mastery expected of all MPH graduates, regardless of the student's intended focus of study. These competencies are also used by the MPH faculty in determining the suitability of courses for the MPH curriculum.

Integrative Axis: defines the competencies and objectives, which transcend disciplinary boundaries and demonstrate synthesis, analysis, and integration of multiple cognitive, attitudinal, and behavioral domains. This axis is characterized by activities which are inherently integrative in nature, requiring students to simultaneously draw upon and selectively and critically utilize the array of knowledge and skills in their possession. This axis is most closely associated with the behavioral outcomes MPH graduates are expected to manifest in their professional practice activities.

Axes of MPH Competencies



FUNCTIONAL AXIS

1. Assess the health needs of a defined population.

Competency
Characterize the major national and international public health problems
Describe risk factors for major causes of morbidity and mortality
Define and apply the leading conceptualizations of health and health indicators to the population
Identify, define, and measure a public health problem using both quantitative and qualitative measures
Utilize demographic and epidemiologic assessment techniques to characterize the distribution and burden of disease on a population
Use and critically evaluate health information systems
Understand the key biological, environmental, behavioral, cultural, and/or economic determinants of a given public health problem
Determine appropriate use of data and statistical methods for problem identification and measurement

2. Develop, analyze, and implement targeted health policies and programs.

Competency
Identify the scope of public health issues and policies applicable to defined populations and to vulnerable subgroups of those populations
Describe and critique the government's role in health policy development and implementation
Analyze and evaluate the process of public policy-making and how it affects the design, implementation and performance of health policies
Identify policies and services appropriate to promote and maintain health or prevent injury and disease, for communities, families, and individuals
Articulate the fiscal, administrative, legal, social, and political implications of a strategy developed to solve a health problem
Relate how advocacy, biases, politics, and information influence policy-making and program implementation
Make relevant scientific, ethical, health and human rights, economic, administrative and/or political decisions based in light of available data
Develop a plan to implement a policy that addresses organizational design and management; leadership; communication; financial planning and management; ethics, values, and human rights; and human resources management

3. Assure the appropriateness and effectiveness of a given public health intervention.

Competency
Design a program evaluation that is methodologically sound
Develop processes to monitor and evaluate programs for their effectiveness, quality, and freedom from unintended harms
Apply principles important in managing and improving health services organizations
Apply key concepts of human resource management to achieving the strategic objectives of health service organizations
Demonstrate facility with appropriate database management and reporting systems for evaluation and monitoring of interventions

4. Communicate public health messages to targeted audiences.

Competency
Use basic word processing, statistical/graphical, spreadsheets, and relational database software to convey the results of quantitative and qualitative analyses
Prepare and deliver effective oral and written presentations
Present demographic, statistical, programmatic, and technical information accurately and effectively for professional and lay audiences
Develop and use team-building skills that facilitate work team performance
Organize and participate in groups to address specific public health issues
Solicit input from individuals, organizations, government agencies, and communities to assure comprehensiveness of information
Demonstrate effective advocacy for programs and resources that further the health of the public

CORE DISCIPLINE AXIS

1. Behavioral Sciences

Competency
Integrate the psychologic and sociologic conceptualization of health, health behavior and illness
Describe the concepts of stress, coping and social support, their inter-relationships and assess their impact on health, health behavior and illness
Analyze and predict the influence of major social structural divisions such as gender, socioeconomic status, and ethnicity on health, health behavior and the treatment of illness
Compare theories and principles of behavior change. Analyze their applicability to different types of health behavior problems.
Formulate behavioral, communication, educational, and advocacy strategies for improving the health of communities and individuals
Evaluate processes and outcomes of social and behavioral interventions on the health of communities and individuals

2. Biological Sciences (Disease Biology)

Competency
Differentiate the biology, pathophysiology, modes of transmission and methods of prevention and control of the most important infectious diseases.
Describe the pathophysiology and etiology of genetic and environmentally-induced diseases of public health importance
Compare host responses to major environmental exposures (physical, chemical, biological)
Describe biologic host responses to vaccines, chemoprophylactic, and pharmacologic methods of prevention and treatment of diseases of public health importance
Select ecologic principles directly relevant to major public health diseases
Select and apply biological principles to developing disease prevention, control, or management programs.

3. Environmental Health Sciences

Competency
Identify, describe and differentiate the various environments that produce opportunities for exposures to environmental toxicants
Appraise target populations at risk for such environmental exposures, with emphasis on identification of susceptible groups
Characterize environmental factors (agents, vectors, and conditions) that influence transfer to the host and the agents' toxicokinetics, with emphasis on route of entry
Analyze the interaction of environmental toxicants with biological systems, with emphasis on their toxicodynamics
Prepare a simple risk assessment/risk management analysis based on the problem-solving paradigm

4. Management Sciences

Competency
Describe the organization and structure of a health service system
Evaluate basic models of health delivery systems
Assess major approaches to managing and improving health services organizations (including approaches to process improvement, strategic planning, organizational design)
Apply performance improvement concepts and tools in revising a specific process within an organizational setting
Apply key concepts of human resource management to achieving the strategic objectives of health service organizations
Prepare a basic budget

5. Quantitative Sciences*

Competency
Identify, retrieve, and organize available data relevant to disciplines of public health
Select appropriate data and statistical methods to address a public health question
Compare and contrast basic study designs used in public health
Interpret descriptive and inferential statistics in data analysis
Evaluate the integrity and comparability of data and identify gaps in data sources
Plan a surveillance system for a disease/condition of public health importance
Critique the quantitative methods used in published literature
Explain findings presented in the public health literature

* includes biostatistics, epidemiology, information systems, and computing

6. Historical Perspective

Competency
Critically analyze basic assumptions and conceptual frameworks used to analyze health issues
View contemporary problems in historical perspective
Conduct historical research relevant to contemporary problems affecting the public's health
Communicate about historical issues through rhetoric, debate and prose
Examine and critically assess recent scholarship on the social history of health care.

INTEGRATIVE AXIS

Demonstrate integration of new knowledge and skills with previous training and experience by critical and selective application within a personally and professionally relevant context.

Competency
Critically apply the problem solving framework to a public health problem
Conduct a needs analysis of personal/professional skills and competencies and design a curriculum to meet those needs
Develop habits which foster life-long learning and collegial exchange
Justify/defend facility with core MPH competencies by the critical application of an appropriate professional practice framework
Orally and in writing, present and defend a proposed response to a public health problem in a public (professional or lay) setting

Students develop breadth/depth in areas of personal interest through the selection of topics for individual and group assignments and self-directed study.

College of Health Sciences Master of Public Health Program

The Master of Public Health (MPH) program within the College of Health Sciences is affiliated with the Johns Hopkins University Bloomberg School of Public Health and represents an integrated effort to develop expertise in managing health programs, assessing the health needs of the people, and translating that knowledge into improved health by designing, implementing, and evaluating programs to meet those needs.

The primary goal of the program is to train and develop health professionals in the disciplines of public health and management of health care facilities. Currently, the MPH program is a two-year graduate program. Upon satisfactory completion of the first year, there is an opportunity for students to leave the program with a Certificate in Public Health (CPH). However, recommendations are for students to complete the full two-years of concentrated course work and acquire the MPH degree.

In 1995, the Center for Health Services Research and Development (CHSR) was established to respond to the research and development needs in the multi-disciplinary field of Public Health, and provides hands-on training for students and graduates. Staff within the CHSR often serve as Teaching Associates and work with the students on many practical aspects of the research process.

The MPH curriculum provides a conceptual and theoretical grounding in the core disciplines of public health. The second year consists of advanced studies in core disciplines and provides the students an opportunity to apply their knowledge and skills to problems of importance in a supervised setting. *The following description of courses are subject to modification as the program continues to adapt to the dynamic field of public health education. Changes may occur in response to faculty advisory executive committee recommendations or through peer review processes.*

The first year curriculum is sequenced around a guiding professional practice paradigm which integrates core competencies and knowledge within a framework of professional practice. The curriculum is divided into three modules, each consisting of several courses:

Module I: Public Health Problem Solving

General Principles of Public Health Problem Solving
Social & Behavioral Sciences in Public Health
Data Management Systems
Inferential Biostatistics

Module II: Techniques of Problem Investigation

Epidemiology
Problem Investigation in Environmental Health
Economics & Finance
Comparative Health Systems

Module III: Program Planning, Implementation & Evaluation

Program Planning
Health Services Management
Program Development and Evaluation
MPH Thesis Project Planning (this is an on-going activity arranged through the MPH Program)

[NOTE: You can take the required Environmental course (for 2 units) of your choice either in Winter or Spring term of 2012 or during the second year of studies in the MPH Program. More details will be provided as they become available.]

The courses during the second year will concentrate on advanced methods and preparation of the integrating experience:

Module IV: Advanced Methodology - A

Qualitative Research Methods
Survey Research Methods
Biostatistics: Modeling & Sampling

Module V: Advanced Methodology - B

Intermediate Epidemiology
Graduate Research Seminar-I
Master's Project Implementation - I

Module VI: Synthesis

Training of Trainers
Graduate Research Seminar - II
Master's Project Implementation- II

The **Masters Project** (or “**Integrating Experience Project**”) is an integrating experience, an opportunity for students to pursue a public health issue of professional relevance in a supervised, supportive setting that incorporates the core tools of public health in the identification or solution of a “real-world” problem or situation.

MPH students are required to complete an integrating experience project as part of their core requirements. The objective of this requirement is to provide the students with an opportunity to demonstrate their ability to integrate and apply core MPH competencies within a personally and professionally relevant context.

The integrating experience project is a two-year process which begins with skills and knowledge learned in the Problem Solving course. The Problem Solving course provides the basic conceptual model for the organization and sequencing of the MPH core curriculum as well as a generic framework for professional practice activities. During the Problem Solving course, students are encouraged to think about and begin planning their culminating project.

Possible frameworks for the project include:

- Problem Solving Analysis
- Research Grant Application
- Community Service Grant Application
- Program Implementation Plan
- Program Evaluation Plan
- Professional Publication

During the Winter and Spring Terms of 2012, additional detailed documentation will be conveyed to you to supplement the information in this manual. Group and individual meetings will be arranged so that you can begin planning your project. During the Spring Term of 2012, students will be required to submit a preliminary project plan to the MPH Program Coordinator or the Associate Dean of the CHS for review.

It is important that you keep up with the individual deadlines to allow sufficient time for a thorough literature review, instrument acquisition and development, IRB submission and approval, pilot testing, data collection, analysis, and preparation of the final paper. Throughout much of this process, courses are ongoing and require consistent attendance and substantial effort to complete.

Reflective of the diverse constituent professions of public health, the program uses a variety of teaching approaches, emphasizes active learning in both individual and group settings, and evaluates students in terms of knowledge and skills and their ability to synthesize, integrate, and apply this knowledge and skill in a practical setting.

Curriculum **Academic Year 2011-2012**

This schedule is for planning purposes only and is subject to change.

Classes will be held mostly in Room 213W from 15:30 to 19:30, Monday-Friday except for designated university holidays or as otherwise announced for a specific course.

Fall Term [18 units]

- PH302 General Principles of Public Health Problem Solving (5)
Thompson
- PH320 Data Management Systems (1)
Crape
- PH310 Social & Behavioral Sciences in Public Health (5)
Hekimian/Harutyunyan
- PH321 Inferential Biostatistics (7)
Diener-West/Yenokyan

Winter Term [19 Units]

- PH322 Epidemiology (5)
Armenian/Crape
- PH330 Health Economics & Finance (6)
Atherly
- PH331 Comparative Health Systems (3)
Petrosyan
- PH332 Program Planning (5)
Tuli

Spring Term [18 Units]

- PH340 Health Services Management (5)
TBA

PH311 Problem Investigation in Environmental Health (5)
Von Braun

PH350 Project Development and Evaluation (6)
Petrosyan

PH390 MPH Project Planning (2) [Pass/Fail only]
Petrosyan/Crape

(Will run throughout the year; specific meeting dates TBA)

Curriculum Matrix for the MPH Program

FUNCTIONAL AXIS

1. Assess the health needs of a defined population.

Competency
Characterize the major national and international public health problems
Describe risk factors for major causes of morbidity and mortality
Define and apply the leading conceptualizations of health and health indicators to the population
Identify, define, and measure a public health problem using both quantitative and qualitative measures
Utilize demographic and epidemiologic assessment techniques to characterize the distribution and burden of disease on a population
Use and critically evaluate health information systems
Understand the key biological, environmental, behavioral, cultural, and/or economic determinants of a given public health problem
Determine appropriate use of data and statistical methods for problem identification and measurement

Courses covering the learning outcome:

PH302	General Principles of Public Health Problem Solving (5)
PH320	Data Management Systems (1)
PH321	Inferential Biostatistics (7)
PH322	Epidemiology (5)
PH310	Social & Behavioral Sciences in Public Health (5)
PH311	Problem Investigation in Environmental Health (5)
PH330	Health Economics & Finance (6)
PH 351	Qualitative Research Methods (4)
PH352	Survey Research Methods (4)
PH323	Biostatistics: Modeling & Sampling (4)
PH324	Intermediate Epidemiology (4)
PH390	MPH Project Planning (2)
PH 391	Master's Project Implementation – I (7)
PH392	Master's Project Implementation- II (7)

2. Develop, analyze, and implement targeted health policies and programs.

Competency
Identify the scope of public health issues and policies applicable to defined populations and to vulnerable subgroups of those populations
Describe and critique the government's role in health policy development and implementation
Analyze and evaluate the process of public policy-making and how it affects the design, implementation and performance of health policies
Identify policies and services appropriate to promote and maintain health or prevent injury and disease, for communities, families, and individuals
Articulate the fiscal, administrative, legal, social, and political implications of a strategy developed to solve a health problem
Relate how advocacy, biases, politics, and information influence policy-making and program implementation
Make relevant scientific, ethical, health and human rights, economic, administrative and/or political decisions based in light of available data
Develop a plan to implement a policy that addresses organizational design and management; leadership; communication; financial planning and management; ethics, values, and human rights; and human resources management

Courses covering the learning outcome:

PH302	General Principles of Public Health Problem Solving (5)
PH330	Health Economics & Finance (6)
PH331	Comparative Health Systems (3)
PH332	Program Planning (5)
PH340	Health Services Management (5)
PH390	MPH Project Planning (2)

3. Assure the appropriateness and effectiveness of a given public health intervention.

Competency
Design a program evaluation that is methodologically sound
Develop processes to monitor and evaluate programs for their effectiveness, quality, and freedom from unintended harms
Apply principles important in managing and improving health services organizations
Apply key concepts of human resource management to achieving the strategic objectives of health service organizations
Demonstrate facility with appropriate database management and reporting systems for evaluation and monitoring of interventions

Courses covering the learning outcome:

PH302	General Principles of Public Health Problem Solving (5)
PH350	Project Development and Evaluation (6)
PH340	Health Services Management (5)
PH 351	Qualitative Research Methods (4)
PH352	Survey Research Methods (4)

4. Communicate public health messages to targeted audiences.

Competency
Use basic word processing, statistical/graphical, spreadsheets, and relational database software to convey the results of quantitative and qualitative analyses
Prepare and deliver effective oral and written presentations
Present demographic, statistical, programmatic, and technical information accurately and effectively for professional and lay audiences
Develop and use team-building skills that facilitate work team performance
Organize and participate in groups to address specific public health issues
Solicit input from individuals, organizations, government agencies, and communities to assure comprehensiveness of information
Demonstrate effective advocacy for programs and resources that further the health of the public

Courses covering the learning outcome:

PH302	General Principles of Public Health Problem Solving (5)
PH350	Project Development and Evaluation (6)
PH390	MPH Project Planning (2)
PH360	Training of Trainers (4)
PH 381	Graduate Research Seminar – I (2)
PH 391	Master’s Project Implementation – I (7)
PH382	Graduate Research Seminar – II (2)
PH392	Master’s Project Implementation- II (7)

CORE DISCIPLINE AXIS

1. Behavioral Sciences

Competency
Integrate the psychologic and sociologic conceptualization of health, health behavior and illness
Describe the concepts of stress, coping and social support, their inter-relationships and assess their impact on health, health behavior and illness
Analyze and predict the influence of major social structural divisions such as gender, socioeconomic status, and ethnicity on health, health behavior and the treatment of illness
Compare theories and principles of behavior change. Analyze their applicability to different types of health behavior problems.
Formulate behavioral, communication, educational, and advocacy strategies for improving the health of communities and individuals
Evaluate processes and outcomes of social and behavioral interventions on the health of communities and individuals

Courses covering the discipline:

PH310 Social & Behavioral Sciences in Public Health (5)
PH350 Project Development and Evaluation (6)

2. Biological Sciences (Disease Biology)

Competency
Differentiate the biology, pathophysiology, modes of transmission and methods of prevention and control of the most important infectious diseases.
Describe the pathophysiology and etiology of genetic and environmentally-induced diseases of public health importance
Compare host responses to major environmental exposures (physical, chemical, biological)
Describe biologic host responses to vaccines, chemoprophylactic, and pharmacologic methods of prevention and treatment of diseases of public health importance
Select ecologic principles directly relevant to major public health diseases
Select and apply biological principles to developing disease prevention, control, or management programs.

Courses covering the discipline:

PH311 Problem Investigation in Environmental Health (5)
PH322 Epidemiology (5)
PH324 Intermediate Epidemiology (4)

3. Environmental Health Sciences

Competency
Identify, describe and differentiate the various environments that produce opportunities for exposures to environmental toxicants
Appraise target populations at risk for such environmental exposures, with emphasis on identification of susceptible groups
Characterize environmental factors (agents, vectors, and conditions) that influence transfer to the host and the agents □ toxicokinetics, with emphasis on route of entry
Analyze the interaction of environmental toxicants with biological systems, with emphasis on their toxicodynamics
Prepare a simple risk assessment/risk management analysis based on the problem-solving paradigm

Courses covering the discipline:

- PH311 Problem Investigation in Environmental Health (5)
PH302 General Principles of Public Health Problem Solving (5)

4. Management Sciences

Competency
Describe the organization and structure of a health service system
Evaluate basic models of health delivery systems
Assess major approaches to managing and improving health services organizations (including approaches to process improvement, strategic planning, organizational design)
Apply performance improvement concepts and tools in revising a specific process within an organizational setting
Apply key concepts of human resource management to achieving the strategic objectives of health service organizations
Prepare a basic budget

Courses covering the discipline:

- PH330 Health Economics & Finance (6)
PH331 Comparative Health Systems (3)
PH332 Program Planning (5)
PH340 Health Services Management (5)

5. Quantitative Sciences *

Competency
Identify, retrieve, and organize available data relevant to disciplines of public health
Select appropriate data and statistical methods to address a public health question
Compare and contrast basic study designs used in public health
Interpret descriptive and inferential statistics in data analysis
Evaluate the integrity and comparability of data and identify gaps in data sources
Plan a surveillance system for a disease/condition of public health importance
Critique the quantitative methods used in published literature
Explain findings presented in the public health literature

* includes biostatistics, epidemiology, information systems, and computing

Courses covering the discipline:

PH320	Data Management Systems (1)
PH321	Inferential Biostatistics (7)
PH322	Epidemiology (5)
PH323	Biostatistics: Modeling & Sampling (4)
PH324	Intermediate Epidemiology (4)
PH352	Survey Research Methods (4)

6. Historical Perspective

Competency
Critically analyze basic assumptions and conceptual frameworks used to analyze health issues
View contemporary problems in historical perspective
Conduct historical research relevant to contemporary problems affecting the public's health
Communicate about historical issues through rhetoric, debate and prose
Examine and critically assess recent scholarship on the social history of health care.

Courses covering the discipline:

PH302	General Principles of Public Health Problem Solving (5)
PH381	Graduate Research Seminar-I (2)
PH382	Graduate Research Seminar – II (2)

INTEGRATIVE AXIS

1. Demonstrate integration of new knowledge and skills with previous training and experience by critical and selective application within a personally and professionally relevant context.

Competency
Critically apply the problem solving framework to a public health problem
Conduct a needs analysis of personal/professional skills and competencies and design a curriculum to meet those needs
Develop habits which foster life-long learning and collegial exchange
Justify/defend facility with core MPH competencies by the critical application of an appropriate professional practice framework
Orally and in writing, present and defend a proposed response to a public health problem in a public (professional or lay) setting

Students develop breadth/depth in areas of personal interest through the selection of topics for individual and group assignments and self-directed study.

Courses covering the learning outcome:

- PH302 General Principles of Public Health Problem Solving (5)
- PH360 Training of Trainers (4)
- PH381 Graduate Research Seminar-I (2)
- PH382 Master’s Project Implementation – I (7)
- PH391 Graduate Research Seminar – II (2)
- PH392 Master’s Project Implementation- II (7)

Roles and Responsibilities of MPH Students

Over and above the expectations made of all students at AUA, it is the responsibility of each student in the MPH Program to meet the following expectations:

1. Share responsibility with the rest of the class to uphold the law and respect the rights of others. This includes living honorably, holding other members of the community to the same high standard of conduct, and taking action when necessary to safeguard the interest of the University and its community.
2. Read and comply with all rules and regulations of the University as stated in the AUA Catalog, AUA Student Handbook, and other official documents.
3. Take responsibility to assure understanding of the academic policies and procedures regarding the MPH curriculum and graduation requirements, registration and advising processes, and grading policies.
4. Accept responsibility for the maintenance of the academic integrity of the institution and for preserving an environment conducive to the safe pursuit of the program's educational, research, and professional practice missions.
5. Attend all classes unless previously excused. In addition, each student is expected to be on time for the start of class, submit assignments by due dates, prepare papers and reports in a scholarly manner, and participate in classroom discussions and activities. In an unusual situation such as an emergency when this is not possible, timely communication with the course instructor, the MPH Program Coordinator, or the Associate Dean as soon as possible is required.
6. Adhere to a high standard of academic ethics which includes individual performance on homework, examinations, written reports, and assignments. Exceptions are when projects are assigned to teams and when quoted sources receive proper citation (referencing). Cheating or copying work from other people or materials are unacceptable behaviors and constitute serious offenses which could result in dismissal from the program. Carefully read the AUA Student Handbook, particularly the section on the Student Code of Ethics.
7. Engage in constructive dialogue with faculty and administration in resolving problems.
8. Identify and develop professional career goals and interests. If they are compatible with course objectives, include relevant or related subject material when selecting projects or study areas.
9. Anticipate and discuss major issues or questions concerning the academic program and pertinent non-academic concerns. Heed reminder notices and other academic advisement information.
10. Follow through on obligations to understand administrative policies and procedures affecting payment of tuition and fees, academic eligibility for scholarship, and other financial aspects of the course. Observe registration and payment deadlines; complete and submit appropriate forms.

For more information see the AUA Student Handbook (<http://www.aua.am/students/Handbook.pdf>).

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Grading Within the MPH Program

The MPH curriculum is broad-based and multi-disciplinary. In addition to the resident faculty, the visiting professors or lecturers come from universities located throughout the United States. The academic preparation and professional experiences of the faculty are not the same. Therefore, they will use different styles and approaches to education and the evaluation of their courses. It is important that MPH students are aware of the variability and interpretation of scores and evaluation instruments used for each course.

Each faculty member, at the start of his/her course, will clearly define the evaluation criteria for the course. Evaluations can consist of written assignments, term papers, problem sets, in-class exercises, presentations, and examinations, and other modalities. Due to the team-oriented nature of public health practice, participation is often an explicitly graded component.

What may not be clear is that the expected performance indicators necessary to receive a specific letter grade may differ among faculty. Some instructors may take away credit when a student is consistently late for class or does not turn in assignments on time. In some courses a numerical score of 75 may indicate acceptable or superior accomplishment; but in others, this numerical score may indicate poor or unacceptable performance. The faculty will explain to the students their grading criteria and the typical distribution of grades. They will provide an interpretation of their expectations and scores for a particular assignment. Students must be alert to the grading differences among the faculty. Ultimately, it is the student who is responsible for performing to the best of his or her ability on every assignment: The faculty do not give grades, the student *earn* them.

Please remember that it is very important that should a student not understand the assignment of a grade on a particular item, he or she should direct inquiries to the faculty member or the course Teaching Assistant as soon as possible. The intent of grading exercises is not only to assess abilities, but to provide constructive information for improvement in subsequent evaluations.

Resolving Grade Disputes

Should a student believe he or she has been unfairly graded on an assignment or a course, this concern must first be raised with the course faculty. The AUA Student Handbook, page 5, specifies “Within 3 days of being notified of any specific grade (exam, assignment or course grade), a student may appeal the grade by discussing the matter with the instructor who issued the grade. Within 3 days of an instructor’s response, or if the instructor has not responded, the student may appeal the matter in writing to the dean. The dean shall confer with the instructor and the student. The dean shall then render a final decision in writing on the appeal within 5 days from receiving the appeal. A grade may only be changed based on discovery of a mathematical error or for misapplication of a grading standard previously announced in the syllabus.”

If the appealing student truly feels an injustice has occurred and lower grading is a result of biased assessment the grievance may be filed with the Ethics and Grievance Committee of the Faculty Senate at AUA.

This process is NOT to be abused to seek a higher letter grade for any reason other than rectifying an incorrect or biased assessment.

For more details see the AUA Catalog (<http://www.aua.am/catalog/x.html>) and AUA Student Handbook (<http://www.aua.am/students/Handbook.pdf>).

College of Health Sciences Center for Health Services Research and Development

Applied learning is central to the MPH Program. Students are encouraged to gain practical experience in applying their newly acquired knowledge and skills over the course of their two years of study. A number of opportunities for supervised/mentored applications are available through the Center for Health Services Research and Development (CHSR). Students are strongly encouraged to apply for temporary research positions, which periodically will be advertised. In general, these are paid opportunities, but should be considered an adjunct to your formal educational experience.

The CHSR is an applied research center located within the College of Health Sciences at the American University of Armenia (AUA). The center was established in 1995 to respond to the research and development needs in the multi-disciplinary field of Public Health in Armenia. Included within the CHSR are the following clinical facilities: 1) AUA Health Clinic on the 6th floor of the University Main Building, and 2) the Garo Meghriyan Institute for Preventive Ophthalmology located at the AUA Center.

The staff within the CHSR offers their expertise as a resource to support and facilitate the existing public health infrastructure. The guiding principles of the center are to:

- Provide supervised field training for students enrolled in the AUA Master of Public Health Program;
- Serve as a venue for linkages between the Ministry of Health, donor agencies, and the expertise of the program's faculty;
- Respond to requests for technical assistance from local Armenian ministries and research institutes;
- Support programmatic development of health services in conjunction with the Ministries of Health of the region;
- Respond to the requests for technical assistance from international organizations working on health projects in Armenia and the region.

Among some of the organizations with whom the CHSR has worked are the following:

- American International Red Cross
- American International Health Alliance
- AmeriCares
- Armenian Health Alliance
- Armenian International Dental Association
- Armenian Medical International committee
- Armenian National Center for AIDS Control and Prevention
- Armenian National Institute of Health
- Armenian Social Transition Project (PADCO/Abt)
- Catholic Relief Society
- FAMRI Center of Excellence in Translational Research at Johns Hopkins University
- Georgetown University Institute for Reproductive Health

- Institute for Global Tobacco Control, Johns Hopkins University
- Jinishian Memorial Program
- Lions Club International Foundation
- Management Sciences for Health
- Nork Marash Medical Center
- Open Society Institute
- Population Communications Service, Johns Hopkins University
- Primary Care Center, Gyumri
- Primary Health Care Reform Project
- Project Harmony
- Project NOVA
- United Methodist Committee on Relief (UMCOR)
- UNICEF
- University of Pennsylvania
- University of Texas, Medical Branch
- USAID
- Wellstart International
- World Bank
- World Health Organization and others.

The reputation of CHSR has led to an increase of research projects and staff. The two Institutional Review Boards (IRB) of AUA registered with the US Department of Health and Human Services. In addition, the university filed and completed the process for a Federalwide Assurances of Protection for Human Subjects. As a result the CHSR may now compete for US federally funded projects, and it is anticipated there will be an increase in the number and scope of research studies. Currently, there are numerous proposals in different stages of development within the Center.

For further details visit the CHSR website at <http://www.auachsr.com/> and/or review the CHS Newsletters.

Appendix 1 lists inventories of the CHSR projects, including several which were initiated before the formal launch of the center. [This listing does not include projects completed as part of academic (classroom) exercises nor does it include student integrating experience projects. Copies of student integrating experience projects (MPH Projects) are available for public review at the MPH Program Office or the CHSR website at http://www.auachsr.com/index.php?cat_id=132 .]

APPENDIX A

*A comprehensive listing of the works of the
Center for Health Services
Research and Development
American University of Armenia*

Reports

1. Hekimian K. *Infant Feeding Practices in Armenia, A Study on Breastfeeding, Formula Use and feeding During Episodes of Diarrhea*, Yerevan, American University of Armenia, Center for Health Services Research, October 31, 1993 {funded by USAID/Armenia}
2. Hekimian K. *Maternal and Child Health Family Planning And Breastfeeding in Armenia: A Background Review, Assessment, And Planning For Wellstart Technical Assistance*, Yerevan, American University of Armenia, Center for Health Services Research, May 30, 1994 {funded by USAID/Armenia}
3. Kurkjian R, Hekimian K, Aslanian G, Grigorian K, Adamian M. *Drinking Water Quality in Yerevan*, Yerevan: American University of Armenia, Center for Health Services Research, 1995 {funded by USAID/Armenia}
4. Hekimian K. *Armenia Communication Campaign to Promote Breastfeeding: A Qualitative Evaluation*, Yerevan: American University of Armenia, Center for Health Services Research, November 1995 - January 1996 {funded by Wellstart International}
5. American University of Armenia, Center for Health Services Research, *Knowledge and Attitude of STDs, AIDS and Condom Use, A Study of University Students in Yerevan*, Yerevan: American University of Armenia, Center for Health Services Research, August, 1996
6. Hekimian K. *Family Planning Promotion*, Yerevan; American University of Armenia, College of Business and Management, Fall, 1996
7. Technical Assistance of Hekimian K and Danielian L, American University of Armenia, Center for Health Services Research and Center for Policy Analysis in Comart E. *Social Assessment Report: The Educational and Health sectors in Armenia*, Yerevan: December 15, 1996
8. Dorian A. *The Health Situation in Nagorno-Karabagh: A Comprehensive Review of the Health Sector, Goals, Objectives, Constraints, Government Plans and Policies, and Recommendation 1997-2000*, Yerevan: American University of Armenia, Center for Health Services Research, April 1997 [published in Armenian and English]

9. McPherson R. *Caretakers Knowledge, Treatment Practices and Care-Seeking Practices for Acute Respiratory Infection and Diarrheal Disease in Children Aged 0-5 in Armenia, Report on National Survey, Yerevan, Armenia: American University of Armenia, Center for Health Services Research, June 1997 [published in English and Armenian] {funded by UNICEF/Armenia}*

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- American University of Armenia, Center for Health Services Research. *The 1996-1997 National AIDS Bulletin I. Armenian National Center for AIDS Control And Prevention, Yerevan, Armenia: American University of Armenia, Center for Health Services Research, July 1997*

- American University of Armenia, Center for Health Services Research, *Health Education Program for Pregnant Women, Needs Assessment Phase, Yerevan: American University of Armenia, Center for Health Services Research, 1997*

13. American University of Armenia, Center for Health Services Research, *Health Education Program for Pregnant Women, Yerevan: American University of Armenia, Center for Health Services Research, 1997*

14. McPherson J. Focus on Breast and Cervical Cancer Sponsored by United Methodist Committee on Relief (compilation of round table presentations), Yerevan , October 23, 1997

15. American University of Armenia, Center for Health Services Research. *Effectiveness of a Healthy Education Program For Pregnant Women in Yerevan: Final Report For Jinishian Memorial Program -Armenia: American University of Armenia, Center for Health Services Research, November 1997 {funded by Jinishian Memorial Fund/Armenia}*

16. American University of Armenia, Center for Health Services Research. *Caretakers' Responses to UNICEF Educational Booklets "If Your Child Has Caught Cold" and "If Your Child Has Diarrhea", A Focus Group Report, Yerevan, Armenia: American University of Armenia, Center for Health Services Research, March 1998 {funded by UNICEF/Armenia}*

17. American University of Armenia, Center for Health Services Research. *Final Phase of the Evaluation of A Healthy Education Program For Pregnant Women in Yerevan, A Report for Jinishian Memorial Program -Armenia*: American University of Armenia, Center for Health Services Research, April 1998 {funded by Jinishian Memorial Fund/Armenia }
18. McPherson R, Danielian L. *Communication Situation Analysis in Armenia*, Yerevan: American University of Armenia, Center for Health Services Research and Center for Policy Analysis, June 1998 {funded by UNICEF/Armenia }
19. Kaligian A. *Assessment of Knowledge, Attitudes, and Behaviors of Post-Myocardial Infarction Patients in Nagorno-Karabagh*, Yerevan: American University of Armenia, Center for Health Services Research, September 25, 1998 [published in English and Armenian]
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21. McPherson J, McPherson R. *An assessment of the Impact of the "Facts for Life" Booklet on Armenian Caretakers, Report on a Qualitative and Quantitative Evaluation, Yerevan, Armenia*: American University of Armenia, Center for Health Services Research, January 1999 {funded by UNICEF/Armenia }
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23. American University of Armenia, Center for Health Services Research. *Health Education for Pregnant Women: Needs Assessment Phase Focus Group Report. Yerevan, Armenia*: American University of Armenia, Center for Health Services Research, [YEAR] {funded by Jinishian Memorial Program in collaboration with the Ministry of Health of Armenia }
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27. Demirchian A, Mirzoyan L, Thompson ME, *Synthesis of the Existing Data on Hepatitis B in Armenia*, Yerevan, Armenia: American University of Armenia, Center for Health Services Research, March, 2000 {funded by Armenia Immunization 2000 (AI2K) and Ani & Narod Memorial Fund (ANMF)}
28. Khachatryan N, Thompson ME, Adamyan M, *Summer Camps Visual Impairment Project: Final report to Unites Methodist Relief Society*, Yerevan, Armenia, American University of Armenia, Center for Health Services Research, September 2000 {funded by UMCOR/Armenia}
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30. American University of Armenia, Center for Health Services Research. *An Assessment of the "Green Path" Campaign: Baseline Reproductive Health Survey, Armenia, Spring 2000*. Yerevan: American University of Armenia, Center for Health Services Research, October 2000. {Funded by Johns Hopkins University Population Communication Services/USAID}
31. McPherson R, Koroukian S, Oksuzyan S, Yeritsyan N. *A Survey of Adherence to International Hospitals Standards at Nork Marash Medical Center, Technical Report*, Yerevan: American University of Armenia, Center for Health Services Research, November 2000 [published in Armenian and English]
32. McPherson R, Koroukian S, Oksuzyan A, Yeritsyan A. *A Survey of Adherence to International Hospitals Standards at Nork Marash Medical Center, Summary Report*, Yerevan: American University of Armenia, Center for Health Services Research, November 2000 [published in Armenian and English]
33. American University of Armenia, Center for Health Services Research, *National Report on the Follow-up to the UNICEF World Summit for Children 1990-2000*. December 2000 [published in English and Russian] {funded by UNICEF/Armenia}
34. Thompson ME, Harutyunyan T, Ghukasyan G. *Feasibility Study: The strategic Introduction of the Standard Days Methods of Family Planning in Armenia, Formative Research Final Report*, Yerevan, Armenia: American University of Armenia, Center for Health Services Research, February 2001 {funded by Georgetown University Institute for Reproductive Health/USAID}

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37. American University of Armenia, Center for Health Services Research and Development, *Feasibility Study for a Patient Follow-up Center at Nork Marash Medical Center*. American University of Armenia, Center for Health Services Research and Development, June 2001 [published in English and Armenian]
38. American University of Armenia, Center for Health Services Research and Development, *Report on Data Collection and Analysis at Nork Marash Medical Center*. July 2001 [published in English and Armenian]
39. Oksuzyan A, Demirchyan A, Thompson ME. *The Evaluation of Medical Records Documentation and Surgical Summary Database at Nork Marash Medical Center*. American University of Armenia, Center for Health Services Research and Development, Nork Marash Medical Center, October 2001 [published in English and Armenian]
40. Khachatryan N, Danielyan Y, Thompson ME. *Armavir Health Fair Project 2002: Final Report to American International Health Alliance Armavir Marz–University of Texas Medical Branch Partnership*. American University of Armenia, Center for Health services Research and Development, August 2002 [published in English and Armenian]
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51. Oksuzyan A, Demirchyan A, Abrahamyan L, Thompson ME. *Evaluation of Nurse-Assessed Work Environment and Job Satisfaction at Nork Marash Medical Center*. Center for Health Services Research and Development & Nork Marash Medical Center, Yerevan, 2003. [published in English and Armenian]
52. Oksuzyan A, Demirchyan A, Thompson ME. *Performance Needs Assessment: Factors Affecting Provider Performance at Nork Marash Medical Center*. Center for Health Services Research and Development & Nork Marash Medical Center, Yerevan, 2003. [published in English and Armenian]
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54. American University of Armenia, Center for Health Services Research and Development, *Humanitarian Assistance Project, Nagorno Karabagh. Health Sector Assessment, Part One: Health Facilities*. Prepared for the United States Agency for International Development, FAR/AUA Contract # 111-1-00-02-00064-00, Task Order 2. Yerevan, Armenia, December 2003
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66. Petrosyan V, Thompson M, Dorian A, Ohanyan M. Education for Health Providers in Rural Karabagh. Rural Development in Armenia 2nd Annual Conference. Yerevan, Armenia, July 10, 2008. [oral presentation]
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73. Petrosyan V. Introduction to Program Evaluation. 3rd National Meeting of the Coalition for Tobacco Free Armenia: Strategic Planning for Tobacco Control in Armenia. Yerevan, Armenia, November 13, 2008. [oral presentation]
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- Armenia 2005-2007. 3rd National Meeting of the Coalition for Tobacco Free Armenia: Strategic Planning for Tobacco Control in Armenia. Yerevan, Armenia, November 13, 2008. [oral presentation]
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 80. Petrosyan V., Udumyan R., Piligian G., Zelveian P. Systemic Hypertension & Risk of Obstructive Sleep Apnea Syndrome: A Case- Control Study in Yerevan, Armenia. AcademyHealth Annual Research Meeting. Chicago, IL, USA, June 28-30, 2009. [poster]
 81. Petrosyan V. and Anderson G. Hospital Expenses in the United States: State Level Analysis. AcademyHealth Annual Research Meeting. Chicago, IL, USA, June 28-30, 2009. [poster]
 82. Lynch CA, Crape B, Tadevosyan M, Lyman T, Chekijian S. Road Traffic Injury: Hot Spots in Yerevan, Armenia. American College of Emergency Physicians Annual Research Forum. Boston, MA, USA, October 5, 2009. [poster]
 83. Perikhanyan A, Abrahamyan L. Percutaneous Coronary Intervention with Drug Eluting Stents versus Coronary Artery Bypass Grafting in Armenia: A Cost-Effectiveness study. Euro-Caucasus Conference of Cardiology. Yerevan, Armenia, October 29-30. [oral presentation]
 84. Aghabekyan S, Thompson M, Abrahamyan L. Patient Satisfaction and Medication Noncompliance following Percutaneous Coronary Intervention in Armenia. Euro-Caucasus Conference of Cardiology. Yerevan, Armenia, October 29-30. [oral presentation]

- presentation]
85. Petrosyan V. College of Health Sciences at the American University of Armenia. Health Promotion Seminar for Caucasus Universities. Tbilisi, Georgia, November 2-3, 2009. [oral presentation]
 86. Movsisyan N., Sahakyan K., Petrosyan V., Monitoring of Tobacco Control Policy Implementation in Armenia via a Population Based Survey. American Public Health Association 137th Annual Meeting & Exposition. Philadelphia, PA, USA, November 7-11, 2009. [poster]
 87. Movsisyan N., Ross H., Thompson M., Smoke-Free Worksites in Armenia: a Long Way to Go. American Public Health Association 137th Annual Meeting & Exposition. Philadelphia, PA, USA, November 7-11, 2009. [poster]
 88. Demirchyan A, Petrosyan V, Thompson ME. Social Determinants of Perceived Fair/Poor Health in Adults, Armenia, 2006. 17th EUPHA Annual Meeting (second joint European Public Health Conference). Lodz, Poland, November 25-28, 2009. [oral presentation]
 89. Grigoryan R, Thompson M, Crape B, Arzoumanian K. High Patient Satisfaction Does Not Always Mean High Quality of Care: Qualitative Research in Armenia. 17th EUPHA Annual Meeting (second joint European Public Health Conference). Lodz, Poland, November 25-28, 2009. [poster]
 90. Markosyan K, Lang DL, DiClemente RJ, Salazar LF, Hardin J, Darbinyan N, Jacob JB, Khurshudyan M., Mnatsakanyan N., Khachatryan M. Efficacy of a Brief HIV Prevention Intervention for Female Sex Workers in Yerevan. Conference "HIV/AIDS Actual Issues" dedicated to the 20th anniversary of the founding of the National Center for AIDS Prevention. Yerevan, Armenia, December 8, 2009. [oral presentation]
 91. Stillman F, Movsisyan N, Petrosyan V, Petrosyan D, Harutyunyan H, Hepp L, Avila-Tang E, Donaldson E, Torrey C, Yuan J. Secondhand Smoke Exposure in Hospitals and Universities in Armenia. Society for Research on Nicotine and Tobacco (SRNT) Annual Meeting. Baltimore, MD, USA, February 24-27, 2010. [poster]
 92. Petrosyan D., Armenian H., Arzoumanian K. Investigation of Risk Factors for Postpartum Depression Development among Reproductive Age Women Living in Yerevan Who Have 1-3 Month Old Child: a case control study. Penn-ICOWHI 18th International Congress on Women's Health Issues: Cities and Women's Health Global Perspectives. Philadelphia, Pennsylvania, USA. April 7-10, 2010. [oral presentation]
 93. Grigoryan R, Thompson M, Crape B, Arzoumanian K. High women satisfaction with health care services does not mean high quality of care. Penn-ICOWHI 18th International Congress on Women's Health Issues: Cities and Women's Health Global Perspectives.

- Philadelphia, Pennsylvania, USA. April 7-10, 2010. [poster]
94. Khachatryan L, Kagan S, Scharpf R. Diabetes Mellitus Type 2 and Prolonged Exposure to Estrogen as Risk Factors for Development of Breast Cancer in Women of Age 35-70 in Yerevan A Case-Control Study. Penn-ICOWHI 18th International Congress on Women's Health Issues: Cities and Women's Health Global Perspectives. Philadelphia, Pennsylvania, USA. April 7-10, 2010. [poster]
 95. Nahapetyan A (now Giloyan), Yenokyan G, Amirkhanyan L. Relationship between patients' knowledge about postoperative risk factors after coronary artery bypass surgery and adherence to medication and lifestyle changes in Armenia. World Congress of Cardiology Scientific Sessions 2010. Beijing, China. June 16-19, 2010. [oral presentation]
 96. Grigoryan R, Petrosyan V, Crape B, Truzyan N, Martirosyan H. Consequences of Payment Mechanisms on Tuberculosis Control. 32nd Annual Meeting of the Society for Medical Decision Making (SMDM): "Evidence, Economics, and Ethics: The Future of Health Technology Assessment." Toronto, Ontario, Canada, October 24-27, 2010. [poster]
 97. Movsisyan N, Petrosyan V, Stillman F, Petrosyan D, Harutyunyan A. Informing Smoke-free Policy Implementation in a Cancer Care Setting in Armenia. Third European Public Health Conference. Amsterdam, the Netherlands, November 10-13, 2010. [oral presentation]
 98. Grigoryan R, Armenian H, Crape B, Martirosyan H, Petrosyan V, Truzyan N. Analysis of Public Health Services in Armenia. Third European Public Health Conference. Amsterdam, the Netherlands, November 10-13, 2010. [oral presentation]
 99. Petrosyan V, Grigoryan R, Truzyan N, Martirosyan H, Crape B. Improving TB Control System in Armenia. Third joint European Public Health Conference. Amsterdam, the Netherlands, November 10-13, 2010. [moderated poster presentation with brief oral presentation]
 100. Truzyan N, Grigoryan R, Avetisyan T, Crape B, Petrosyan V, Saribekyan K. Protecting the Right of Women to Affordable and Quality Health Care in Armenia: Evaluation of the Obstetric Care State Certificate Program. Third European Public Health Conference. Amsterdam, the Netherlands, November 10-13, 2010. [moderated poster presentation with brief oral presentation]
 101. Udumyan R, Petrosyan V, Piligian G, Zelveian P. A Case-Control Study on Systemic Hypertension and Risk of Obstructive Sleep Apnea Syndrome Conducted in Yerevan, Armenia. Third European Public Health Conference. Amsterdam, the Netherlands, November 10-13, 2010. [moderated poster presentation with brief oral presentation]
 102. Petrosyan D, Movsisyan N, Petrosyan V, Harutyunyan A, Hepp L, Avika-Tang E,

- Donaldson E, Stillman F. Smoke-free Hospitals: Determinants of Success. 5th European Conference Tobacco or Health 2011, March 28-30, 2011. [oral presentation]
103. Harutyunyan A, Movsisyan N, Petrosyan V, Petrosyan D, Hepp L, Avika-Tang E, Donaldson E, Stillman F. Developing a Model for Smoke-free Universities. 5th European Conference Tobacco or Health 2011, March 28-30, 2011. [oral presentation]
104. 2-day Symposium: Implementing Smoke-free Worksites in Central/Eastern Europe and Central Asia; Organizers: Narine Movsisyan, Diana Petrosyan, Arus Harutyunyan and Frances Stillman; Chair and co-chair: Frances Stillman and Narine Movsisyan; Panelists: Petrosyan D, Harutyunyan A, Usmanova G, Andreeva T, Krstev S, Bakuridze G. 5th European Conference Tobacco or Health 2011, March 28-30, 2011.
105. Harutyunyan A, Petrosyan D, Movsisyan N, Petrosyan V, Stillman F, Hepp L, Avila-Tang E, Donaldson E. Encouraging Smoke-free Homes in Yerevan, Armenia: a Clinical Trial. XIII Annual Meeting of the SRNT-Europe 2011. Antalya, Turkey, September 8-11, 2011 [oral presentation].
106. Petrosyan D, Harutyunyan A, Movsisyan N, Petrosyan V, Hepp L, Avila-Tang E, Donaldson E, Stillman F. Smoke-free Healthcare Facilities: Lessons Learned from Armenia. XIII Annual Meeting of the SRNT-Europe 2011. Antalya, Turkey, September 8-11, 2011 [oral presentation].
107. Tadevosyan M, Petrosyan V, Harutyunyan A. Influence of Financing and Payment Mechanisms on Medical Decision Making: Vaginal Delivery vs. Cesarean Section. 33rd Annual Meeting of the Society for Medical Decision Making (SMDM): " From Evidence to Decision Making: Role of Behavioral Economics in Medicine." Chicago, Illinois, USA, October 22-26, 2011. [poster]
108. Truzyan N, Crape B, Petrosyan V, Grigoryan R. Perceptions and Realities of Food Fortification in Preventing Anemia. 33rd Annual Meeting of the Society for Medical Decision Making (SMDM): " From Evidence to Decision Making: Role of Behavioral Economics in Medicine." Chicago, Illinois, USA, October 22-26, 2011. [poster]
109. Petrosyan V, Grigoryan R, Crape B, Truzyan N, Martirosyan H, Armenian H. Analysis of Health Surveillance Systems in Armenia, 2009-2010. 4th European Public Health Conference. Copenhagen, Denmark, November 10-13, 2011. [moderated poster presentation with brief oral presentation]
110. Harutyunyan A, Petrosyan D, Movsisyan N, Petrosyan V, Stillman F, Hepp L, Evila-Tang E, Donaldson E. Smoke-free Universities in Yerevan, Armenia, 2009. 4th European Public Health Conference. Copenhagen, Denmark, November 10-13, 2011. [moderated poster presentation with brief oral presentation]
111. Demirchyan A, Petrosyan V, Thompson M. Predictors of Poor Self-rated Health in Armenia, 2006. 4th European Public Health Conference. Copenhagen, Denmark,

November 10-13, 2011. [moderated poster presentation with brief oral presentation]

112. Markosyan K, Lang D, DiClemente R, Darbinyan N. Investigating HIV-risk Behaviors of Female Sex Workers in Armenia: Inconsistent Refusal of Unprotected Sex and Its Correlates. 4th European Public Health Conference. Copenhagen, Denmark, November 10-13, 2011. [moderated poster presentation with brief oral presentation]

This listing does not include projects completed as part of academic (classroom) exercises nor does it include student thesis projects. Copies of student theses are available for public review at the http://auachsr.com/index.php?cat_id=132 or the MPH Program Office.

Many of the CHSR reports listed above are available on line at www.auachsr.com as PDF files and may be freely used for academic purposes as long as proper credit/citation is given to AUA CHSR for its original work.

ACADEMIC CALENDAR 2011 – 2012

Fall Quarter 2011

Armenian Independence Day**	2011 09 21
Classes begin	2011 09 26
Add/Drop Deadline (10 week courses)	2011 10 07
U.S. Thanksgiving**	2011 11 24
Classes end	2011 12 02
Final Examinations	2011 12 03-09
Administrative End of Quarter - Grade Submission Deadline	2011 12 14
Christmas **	2011 12 25
New Year**	2011 12 31-01 05 2012
Armenian Christmas**	2012 01 06

Winter Quarter 2012

Classes begin	2012 01 09
End of Drop/Add Period (10 week courses)	2012 01 20
Army Day**	2012 01 28
International Women's Day**	2012 08 03
Classes end	2012 03 16
Final Examinations	2012 03 17-22
Administrative End of Winter Quarter - Grade Submission Deadline	2012 03 23

Spring Quarter 2012

Classes begin	2012 04 02
Good Friday**	2012 04 06
Easter Sunday**	2012 04 08
Classes begin	2012 04 04
End of Drop/Add Period (10 week courses)	2012 04 18
Armenian Genocide Commemoration Day**	2012 04 24
Labor Day**	2012 05 01
Victory and Peace Day**	2012 05 09
Republic Day**	2012 05 28
Last Day of Classes	2012 06 08
Final Examinations	2012 06 09-15
Administrative End of Spring Quarter - Grade Submission Deadline	2012 06 18
Graduation	2012 06 24

Summer Session 2012

	2012 07 09 - 09 07
American Independence Day **	2012 07 04
Armenian Constitution Day**	2012 07 05
Administrative End of Spring Quarter - Grade Submission Deadline	2012 09 12

**The university will be closed on the dates indicated.
The dates on the Academic Calendar are subject to change

**Master of Public Health Program (MPH)
Fall 2011 Quarter
Course Schedule**

Time	Monday	Tuesday	Wednesday	Thursday	Friday
15:30 - 19:30	PH302 General Principles of PH Problem Solving Thompson Sep 26 – Oct 14	PH302 General Principles of PH Problem Solving Thompson Sep 26 – Oct 14	PH302 General Principles of PH Problem Solving Thompson Sep 26 – Oct 14	PH302 General Principles of PH Problem Solving Thompson Sep 26 – Oct 14	PH302 General Principles of PH Problem Solving Thompson Sep 26 – Oct 14
	PH320 Data Management Systems Crape Oct 17 – 21	PH320 Data Management Systems Crape Oct 17 – 21	PH320 Data Management Systems Crape Oct 17 – 21	PH320 Data Management Systems Crape Oct 17 – 21	PH320 Data Management Systems Crape Oct 17 – 21
	PH310 Social & Behavioral Sciences in PH Hekimian/Harutyunyan Oct 24 – Nov 11	PH310 Social & Behavioral Sciences in PH Hekimian/Harutyunyan Oct 24 – Nov 11	PH310 Social & Behavioral Sciences in PH Hekimian/Harutyunyan Oct 24 – Nov 11	PH310 Social & Behavioral Sciences in PH Hekimian/Harutyunyan Oct 24 – Nov 11	PH310 Social & Behavioral Sciences in PH Hekimian/Harutyunyan Oct 24 – Nov 11
	PH321 Inferential Biostatistics Diener-West/Yenokyan Nov 14 – Dec 9	PH321 Inferential Biostatistics Diener-West/Yenokyan Nov 14 – Dec 9	PH321 Inferential Biostatistics Diener-West/Yenokyan Nov 14 – Dec 9	PH321 Inferential Biostatistics Diener-West/Yenokyan Nov 14 – Dec 9	PH321 Inferential Biostatistics Diener-West/Yenokyan Nov 14 – Dec 9

Note 1: All courses are **required**.

Note 2: Classes begin on **09/26** and end on **12/14**.

Note 3: All classes are held in **Room 213W**

Note 4: All classes start at **15:30** and end at **19:30**.

**Master of Public Health Program (MPH)
Winter 2012 Quarter
Course Schedule**

Time	Monday	Tuesday	Wednesday	Thursday	Friday
15:30 - 19:30	PH322 Epidemiology Crape/Armenian January 9 – 27	PH322 Epidemiology Crape/Armenian January 9 – 27	PH322 Epidemiology Crape/Armenian January 9 – 27	PH322 Epidemiology Crape/Armenian January 9 – 27	PH322 Epidemiology Crape/Armenian January 9 – 27
	PH330 Health Economics and Finance Atherly January 30 – February 17	PH330 Health Economics and Finance Atherly January 30 – February 17	PH330 Health Economics and Finance Atherly January 30 – February 17	PH330 Health Economics and Finance Atherly January 30 – February 17	PH330 Health Economics and Finance Atherly January 30 – February 17
	PH331 Comparative Health Systems Petrosyan February 20 – 29	PH331 Comparative Health Systems Petrosyan February 20 – 29	PH331 Comparative Health Systems Petrosyan February 20 – 29	PH331 Comparative Health Systems Petrosyan February 20 – 29	PH331 Comparative Health Systems Petrosyan February 20 – 29
	PH332 Program Planning Tuli March 5 – 23	PH332 Program Planning Tuli March 5 – 23	PH332 Program Planning Tuli March 5 – 23	PH332 Program Planning Tuli March 5 – 23	PH332 Program Planning Tuli March 5 – 23

Note 1: All courses are **required**.

Note 2: Classes begin on **01/09** and end on **03/23**.

Note 3: All classes are held in **Room 213W**

Note 4: All classes start at **15:30** and end at **19:30**.

**Master of Public Health Program (MPH)
Spring 2012 Quarter
Course Schedule**

Time	Monday	Tuesday	Wednesday	Thursday	Friday
15:30 - 19:30	PH340 Health Services Management Kagan/Chalian April 2 – 20	PH340 Health Services Management Kagan/Chalian April 2 – 20	PH340 Health Services Management Kagan/Chalian April 2 – 20	PH340 Health Services Management Kagan/Chalian April 2 – 20	PH340 Health Services Management Kagan/Chalian April 2 – 20
	PH311 Problem Investigation in Environmental Health Von Braun April 23 – May 11	PH311 Problem Investigation in Environmental Health Von Braun April 23 – May 11	PH311 Problem Investigation in Environmental Health Von Braun April 23 – May 11	PH311 Problem Investigation in Environmental Health Von Braun April 23 – May 11	PH311 Problem Investigation in Environmental Health Von Braun April 23 – May 11
	PH350 Project Development and Evaluation Petrosyan/Harutyunyan May 21 – June 15	PH350 Project Development and Evaluation Petrosyan/Harutyunyan May 21 – June 15	PH350 Project Development and Evaluation Petrosyan/Harutyunyan May 21 – June 15	PH350 Project Development and Evaluation Petrosyan/Harutyunyan May 21 – June 15	PH350 Project Development and Evaluation Petrosyan/Harutyunyan May 21 – June 15
	PH390 MPH Project Planning Harutyunyan/ Petrosyan/Crape/ April 2 – June 15	PH390 MPH Project Planning Harutyunyan/ Petrosyan/Crape/ April 2 – June 15	PH390 MPH Project Planning Harutyunyan/ Petrosyan/Crape/ April 2 – June 15	PH390 MPH Project Planning Harutyunyan/ Petrosyan/Crape/ April 2 – June 15	PH390 MPH Project Planning Harutyunyan/ Petrosyan/Crape/ April 2 – June 15

Note 1: All courses are **required**.

Note 2: Classes begin on **04/02** and end on **06/15**.

Note 3: All classes are held in **Room 213W**

Note 4: All classes start at **15:30** and end at **19:30**.