RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY
DEPARTMENT OF KINESIOLOGY AND HEALTH
WINTER 2022 COURSE SYALLABUS

COURSE: PEDIATRIC HEALTH – CONTEMPORARY AND CULTURAL FACTORS (01:377:417)

INSTRUCTOR: Lisa Rossman Murphy, DPT

EMAIL: lar122@kines.rutgers.edu

OFFICE HOURS: Virtual by appointment

CLASS LOCATION: Asynchronous on Canvas

REQUIRED TEXT: Arnett, J.J., Jenson, L.A. *Human Development: A Cultural Approach,* 3rd Edition, 2018. Glenview, IL; Pearson Publishing.
ISBN: 978-0134641348

READINGS: Research articles will be posted to the Canvas class website

PREQUISITES: Functional Human Anatomy 01:377:213 or equivalent
General Psychology 01:830:101

COURSE DESCRIPTION:
This course examines contemporary and cultural factors impacting physical activity and health of the developing child. Areas of study will include environmental conditions, climate change, obesity, use of new technology, risk behavior, substance use, and cultural differences and their effect on stress levels, participation in physical activity, and overall healthful living and development for the pediatric population. Course material is intended to inform students of varied cultural backgrounds interested in careers in pediatric medicine, healthcare, exercise science, or sports programming with the goal of improving the health of today's diverse pediatric population. Students will use critical thinking skills as they review research literature and develop a method of creating evidence-based solutions to the many unanswered questions regarding health of the pediatric population.

COURSE OBJECTIVES:

Students will be able to:

1. Describe definitions and concepts of contemporary and cultural factors as related to theories of pediatric health and current research.

2. Acquire and apply theoretical knowledge when reviewing and/or developing programs for the pediatric population while considering contemporary factors and cultural differences, particularly personal background/biases. This will be documented through assessments and a review of the research literature and resulting in an evidence-based paper.

3. Obtain an understanding of the theoretical knowledge and current research related to challenges encountered when providing health programs to the pediatric population with regards to contemporary factors.

4. Analyze concepts of cultural awareness, cultural sensitivity and respect for persons when working with pediatric populations and their families.

5. Develop an understanding of the unique factors affecting the physical health of children of various cultures and socioeconomic backgrounds, the impact of contemporary factors, and how to review research information to guide best practice.

6. Engage in discovery and critical thinking by formulating a question based on a current problem affecting the pediatric population pertaining to the effects of contemporary factors on pediatric health, conducting a review of the existing research literature, and developing a conclusion or solution based on those findings.

7. Demonstrate research review skills and writing skills through course assignments.

8. Engage in meaningful and informative dialogue with each other, using research literature to substantiate contributions to the conversation.

COURSE TOPICS:

Introduction to Course; Class Procedures

Beyond examining the physical development of the child, there are many contemporary factors that effect that development and the overall health of the child, including environmental conditions, climate change, obesity, technology use, risk behavior, and substance use. Cultural factors and their relationship to development, physical activity, and health will also be explored. Students will be introduced to the course concept, objectives, and requirements. We will review the syllabus and important dates. We will also review the grading criteria.

A Cultural Approach to Development
Socioeconomic status, gender, and ethnicity are factors that influence the varied practices of infant and child care and rearing around the world. We will look at these cultural factors and how they effect the physical development of the child, physical activity of the child, and overall health. As practitioners, individuals must be made aware of their own cultural backgrounds and beliefs and strive for sensitivity in working with the pediatric individual and their family. This course will examine the differences between the developed and developing countries in terms of income, education, and cultural values as they pertain to physical development and health of the child. We will also examine variations in socio-economic status and cultural differences within the United States. From birth through emerging adulthood, cultural variations and their impact on the physical development and health of the child will be examined.

Birth and the Neonate (birth to 1 mo)
There are cultural variations in approaches to reducing pain during childbirth, who may assist with the birth, and how best to "help" the birthing mother, all of which have differing effects on the neonate. We will examine neonatal patterns of waking and sleeping and sleep practices and how these differ across cultures. Neonatal health and scales used to assess it will be reviewed, along with low birth weight, its consequences and major treatments. Prematurity and its health complications will also be studied.

Zdzienicka-Chyla, A.M., Mitosek-Szewczyk, K. (2018). Development in the first year of life of newborns born prematurely-preliminary report. *Dev Period Med.* 22(3), 247-254.

Infancy (1 – 12 mos)
We will study positioning, handling, and stimulation of the infant, with an emphasis on cultural variations and the effects on development and health. We will list the major causes and preventative methods of infant mortality and some cultural approaches to protecting infants. Nutritional needs and malnutrition in infancy will be reviewed. We will look at gross motor, fine motor, and sensorimotor development and cultural differences in stimulation of the infant.

Toddlerhood (2-3 yrs)
Physical growth and harmful effects of nutritional differences on growth will be discussed. At this age, there are changes in sleeping patterns and sleeping arrangements and variations among cultures. The weaning process in toddlerhood versus earlier in infancy and the possible health implications will be debated. We will compare toilet training practices in developed and developing countries and how they may affect later toilet habits and digestive/urinary health. We will continue to examine gross motor, fine motor, and sensorimotor development and cultural differences on stimulation within these areas. Gender identity and parents' roles in their formation will be examined. Also, we will look at childcare options and their impact on physical development and health.

Early Childhood (3-6 yrs)
Nutritional deficiencies and sources of injury, illness, and mortality in developed and developing countries will be reviewed. This is the age where handedness becomes apparent. We will examine cultural differences and consequences of left-handedness and the impact on physical activity. We will continue to examine gross motor, fine motor, and sensorimotor development and cultural differences in stimulation in these areas. At this age, the roles of parents and peers in gender socialization are very prominent. We will examine this and how gender schemas may begin to affect physical activity participation and health. We will look at cultural values pertaining to preschool quality. We will examine cultural differences in physical punishment, child abuse, and neglect in this age range.

Shields, L.B.E., Wilson, K.C., Hester, S.T. (2019). The impact of parenting on the development of chronic diseases in childhood. *Med Hypotheses.* 124, 72-75.
Veldman, S.L., Jones, R.A., Chandler, P., et al. (2019). Prevalence and risk factors of gross motor delay in pre-schoolers. *J Paediatr Child Health.*

Middle Childhood (6-12 yrs)
We will explain how motor development progresses and how it's related to physical activity and participation in games and sports. We will look at the negative effects of malnutrition and identify the causes of obesity and its negative effects on health. We'll begin to look at the increasing rate of asthma in this age group. We will continue to assess gender development and its affect on physical activity among various cultures. Also, we will explore friendship, socialization, and physical play.

Adolescence (12-17 yrs)
For this age range, most prominent are the physical changes that occur during puberty, timing of events, cultural variations, and the health implications of an early or late puberty. We will look at rates and trends of adolescent substance use. We will describe the prevalence of, symptoms, and treatment of eating disorders and their impact on health. Cultural variations in adolescent love, sexuality, including contraceptive use and pregnancy, will be explored. We will also summarize the different types and rates of depression and the relationship between depression and physical activity and overall health.

Emerging Adulthood (18-21 yrs)
We will examine variations among cultures, as they pertain to physical activity for this age group. Is this age range the peak for physical functioning? We will assess factors that indicate this is so. We will explore reasons why rates of substance abuse peak in the early 20's then decline. Sleep patterns and, "eveningness," will be reviewed. Another important topic of discussion is young drivers having the highest rate of crashes and effective ways to reduce those rates.

Environmental Factors – Water Quality and Air Quality
There are many ways in which water consumption, water quality, and air quality impact the developing child. Some that will be explored in this course are: the timing of water and beverage consumption, water quality - with an emphasis on Flint, MI and subsequent health

issues - air quality and asthma, breastfeeding as a protective mechanism against air pollution, effects of air pollution during the first 1000 days of life, urban associated diseases and environmental risk factors.

Gaber, N. (2019). Mobilizing Health Metrics for the Human Right to Water in Flint and Detroit, Michigan. *Health Hum Rights.* 21(1), 179-189.

Vieux, F., Maillot, M., Rehm, C.D., et al. (2019). The Timing of Water and Beverage Consumption During the Day Among Children and Adults in the United States: Analyses of NHANES 2011-2016 Data. *Nutrients*, 11(11), 2707-2720.

Houdouin, V., Dubus, J.C. (2019). What is the impact of outdoor pollution on children's asthma? *Arch Pediatr*. Retrieved from https://www-sciencedirect-com.proxy.libraries.rutgers.edu/science/article/pii/S0929693X19301563

Zielinska, M.A., Hamulka, J. (2019). Protective Effect of Breastfeeding on the Adverse Health Effects Induced by Air Pollution: Current Evidence and Possible Mechanisms. *Int J Env Res Pub Health.* 16(21), 4181-4210.

Shao, J., Zosky, G.R., Wheeler, A.J., et al. (2019). Exposure to air pollution during the first 1000 days of life and subsequent health service and medication usage in children. *Environ Pollut.*

Flies, E.J., Mavoa, S., Zosky, G.R., et al. (2019). .Urban-associated diseases: Candidate diseases, environmental risk factors, and a path forward. *Environ Int*. e105187

Environmental Factors – Climate Change

Children are particularly susceptible to changes in the natural environment because of their physical and cognitive immaturity. Climate change impacts that include rising temperatures, extreme weather, rising sea levels, and increasing carbon dioxide levels are associated with a wide range of health issues in children such as asthma, allergies, vector-borne diseases, malnutrition, low birth weight, and post-traumatic stress disorder.

Anderko, L., Chalupka, S., Du, M., et al. (2019). Climate changes reproductive and children's health: a review of risks, exposures, and impacts. *Pediatr Res.* doi 10.1038/s41390-019-0654-7.

Nutrition and Diet

In this segment, we will assess marketing efforts and "junk" food campaigns aimed particularly at the low socioeconomic communities and look at how community programming
aimed to educate and teach healthy eating habits can be successful at countering the effects of such programming. The increasing incidence of childhood obesity will also be reviewed.

Mediano Stoltze, F., Reyes, M., Smith, T.L., et al. (2019). Prevalence of Child-Directed Marketing on Breakfast Cereal Packages before and after Chile's Food Marketing Law: A Pre- and Post-Quantitative Content Analysis. *Int J Environ Res Public Health*, 16(22). PMID 31731577

Garcia, A.L., Athifa, N., Hammond, E., et al. (2019). Community-based cooking programme 'Eat Better Feel Better' can improve child and family eating behaviours in low socioeconomic groups. *J Epidemiol Community Health.* Retrieved from https://jech-bmj-com.proxy.libraries.rutgers.edu/content/early/2019/11/10/jech-2018-211773

Obesity

We will explore obesity and its impact on lung function and physical activity in young children, seasonal weight gain in children, children's weight perception and dietary intake, and the use of a mobile app program to assist children in adhering to a weight loss program.

Kochli, S., Endes, K., Bartenstein, T., et al. (2019). Lung function, obesity and physical fitness in young children; The EXAMIN YOUTH study. *Respir Med.* 159, 105813

Cueto, V., Wang, C.J., Sanders. L.M. (2019). Impact of a Mobile App-Based Health Coaching and Behavior Change Program on Participant Engagement and Weight Status of Overweight and Obese Children: Retrospective Cohort Study. *JMIR Mhealth Uhealth*. 7(11):e14458. doi: 10.2196/14458.

Tansky, L.A., Goldberg, J.P., Chui, K. (2019). A qualitative exploration of potential determinants of accelerated summer weight gain among school-age children: perspectives from parents. *BMC Pediatr.* 19(1):438. doi: 10.1186/s12887-019-1813-z.

Brown, T., Overcash, Fl, Reicks, M. (2019). Frequency of Trying to Lose Weight and Its Association with Children's Weight Perception and Dietary Intake (NHANES 2011-2012). *Nutrients.* 11(11). pii: E2703. doi: 10.3390/nu11112703.

Wen, L.M., Rissel, C., Xu, H., et al. (2019). Linking two randomised controlled trials for Healthy Beginnings©: optimising early obesity prevention programs for children under 3 years. *BMC Public Health.* 19(1), 739-744.

Technology

We will explore the many uses of technology and its impact on the developing child, particularly the young children. How much is too much? Is there an upside? We will also look at mobile apps that are assisting parents and children in adhering to medication routines and immunizations schedules.

Kabali, H.K., Irigoyen, M.M., Nunez-Davis, R., et al. (2015). Exposure and Use of Mobile Media Devices by Young Children. *Pediatrics*. 136(6), 1044-50.

Domek, G.J., Contreras-Roldan, I.L., Bull, S. (2019). Text message reminders to improve infant immunization in Guatemala: A randomized clinical trial. *Vaccine.* 37(42), 6192-6200.

Smallbone, H.E., Drake-Brockman, T.F., Von Ungern-Sternberg, B.S. (2019). Parents welcome follow-up using mobile devices: A survey of acceptability at an Australian tertiary paediatric centre. *Anaesth Intensive Care*. 47(2), 189-192.

Meyers, N., Glick, A.F., Mendelsohn, A.L., et al. (2019). Parents' Use of Technologies for Health Management: A Health Literacy Perspective. *Acad Pediatr*. doi: 10.1016

Screen Time and Sleep

Screen time and sleep among school-aged children and adolescents will be examined. We will also look at the association of sleep and late-night cell phone use, and screen and nonscreen sedentary behavior and sleep.

Guerrero, M.D., Barnes, J.D., Chaput, J.P., et al. (2019). Screen time and problem behaviors in children: exploring the mediating role of sleep duration. *Int J Behav Nutr Phys Act*. 16(1), 105-110

Hale, L., Guan, S. (2015). Screen time and sleep among school-aged children and adolescents: a systematic literature review. *Sleep Med Rev*. 6(21), 50-58.

Amra B., Shahsavari, A., Shayan-Moghadam, R. (2017). The association of sleep and late-night cell phone use among adolescents. *J Pediatr. (Rio J).* 93(6), 560-567.

O'Loughlin, K., O'Loughlin, J., Constantin, E. (2016). Screen and nonscreen sedentary behavior and sleep in adolescents. *Sleep Health*. 2(4), 335-340.

Academics and Self Care

Not only is screen time implicated in inadequate sleep quantities, but school start times seem to be scheduled to work against the adolescent. In this segment, we will look at school start times, sleep, behavior, health, school attendance, and academic outcomes.

Wheaton, A.G., Chapman, D.P., Croft J.B. (2016) School Start Times, Sleep, Behavioral, Health, and Academic Outcomes: A Review of the Literature. *J Sch Health*. 86(5), 363-81.

Marx, R., Tanner-Smith, E.E., Davison, C.M., et al. (2017) Later school start times for supporting the education, health, and well-being of high school students. *Cochrane Database Syst Rev*. 7(9467)

Bowers, J.M., Moyer, A. (2017). Effects of school start time on students' sleep duration, daytime sleepiness, and attendance: a meta-analysis. *Sleep Health.* 3(6), 423-431.

Childcare and Physical Activity
A child's caregiver and/or caregiving environment and the age the child begins receiving non-parental childcare have an impact on the child's physical development and health. From foods offered to the child to stimulation to physical play and activity – these are all factors that affect the child's development and health and will be reviewed in this course.

McDonnell, T., Doyble, O. (2019). Maternal employment and childcare during infancy and childhood overweight. *Soc Sci Med.*;24(240).

Driediger, M., Truelove, S., Johnson, A.M., et al. (2019). The Impact of Shorter, More Frequent Outdoor Play Periods on Preschoolers' Physical Activity during Childcare: A Cluster Randomized Controlled Trial. *Int J Environ Res Public Health.* 16(21).

Tucker, P., Vanderloo, L.M., Johnson, A.M., et al. (2017). Impact of the Supporting Physical Activity in the Childcare Environment (SPACE) intervention on preschoolers physical activity levels and sedentary time: a single-blind cluster randomized controlled trial. *International Journal of Behavioral Nutrition and Physical Activity.*(14) DOI:10.1186/s12966-017-0579-7

Costa, S., Adams, J., Gonzalez-Nahm, S. (2017). Childcare in Infancy and Later Obesity: A Narrative Review of Longitudinal Studies. *Curr Pediatr Res.* 5(3), 118-131.

Risk Behavior
Peer groups and social networks have a strong link to adolescent health behaviors and risk behaviors. What is normal and when should the parent/caregiver be worried? What is the association between screen time-based sedentary behavior and depression? What are the possible long-term consequences of anxiety?

Montgomery, S.C., Donnelly, M., Bhatnagar, P., et al. (2019). Peer social network processes and adolescent health behaviors: A systematic review. *Prev Med.* doi: 10.1016/j.ypmed.2019.105900.

Rimvall, M.K., Van Os, J., Rask, C.U., et al. (2019). Psychotic experiences from preadolescence to adolescence: when should we be worried about adolescent risk behaviors? *Eur Child Adolesc Psychology.*

Substance Use
Are sweetened drinks a gateway to alcohol and other substances? If a child is mistreated, is he/she more likely to smoke? What are the consequences of e-cigarette/JUUL use? We will explore all of these questions and strategies in place to combat use of e-cigarettes/JUULs among youth in the schools.

De Silva, P.N. (2019). Are sweetened drinks a gateway to alcohol, opiate and stimulant addiction? Summary of evidence and therapeutic strategies. *Med Hypotheses.* 31, 135-138:

Wang, J.Z., Mott, S., Magwood, O., et al. (2019). The impact of interventions for youth experiencing homelessness on housing, mental health, substance use, and family cohesion: a systematic review. *BMC Public Health.*19(1), 1528-1537.

Cammack, A.L., Haardorfer, R., Suglia, S.F. (2019). Associations between child maltreatment, cigarette smoking, and nicotine dependence in young adults with a history of regular smoking. *Ann Epidemiol.* 7(19), doi: 10.1016/j.annepidem.2019.10.003. [Epub ahead of print]

Nair, N., Hurley, M., Gates, S., et al. (2019). Life-threatening hypersensitivity pneumonitis secondary to e-cigarettes. *Arch Dis Child.* doi: 10.1136/archdischild-2019-317889.

Schillo, B.A., Cuccia, A.F., Patel, M., et al. (2019). JUUL in School: Teacher and Administrator Awareness and Policies of E-Cigarettes and JUUL in U.S. Middle and High Schools. *Health Promot Prac.* doi: 10.1177/1524839919868222.

Rigsby, D.C., Keim, S.A., Adesman, A. (2019). Electronic Vapor Product Usage and Substance Use Risk Behaviors Among U.S. High School Students. *J Child Adolesc Psycho Pharmacol.* 29(7):545-553.

Beal, J.A. (2019). Increasing Popularity of Vaping among Adolescents. *MCN Am J Matern Child Nurse.* 44(4):235-6.

Gottlieb, M.A. (2019). Regulation of E-Cigarettes in the United States and Its Role in a Youth Epidemic. *Children.* 6(3). doi: 10.3390/children6030040.

Opioid Epidemic

Neonatal withdrawal syndrome is a large problem affecting the development and health of the involved neonate. We will explore this epidemic, it's origins, strategies to decrease it, and how it is affecting countless newborns.

Kelty, E., Preen, D.B. (2019). Risk Factors Associated with the Occurrence of Neonatal Opioid Withdrawal Syndrome: A Review. *CNS Drugs*. 33(11), 1113-1120.

McNeely, H.L. (2019). Opioid seeking behaviors and diversion in hospitalized pediatric patients: A case series. *J Pediatr Nurse*. 22(49), 67-71.

MacMillan, K.D.L. (2019). Neonatal Abstinence Syndrome: Review of Epidemiology, Care Models, and Current Understanding of Outcomes. *Clin Perinatol.* 46(4), 817-832.

Moeini, M., Esmaeli, N., Mokhtari, H.R., et al. (2019). Neuro-Immuno-Endocrine Interactions in Early Life Stress and Heroin Withdrawal Timeline. *Eur Addict Res.* 10(18), 1-12.

Socioeconomic Factors
Socioeconomic status may be the biggest factor linked to obesity and poor health. Access to education, proper nutrition, and opportunities for engagement of adequate physical activity are heavily impacted by socioeconomic factors.

Yang, Z., Phung, H., Hughes, A.M. (2019). Trends in overweight and obesity by socioeconomic status in Year 6 school children, Australian Capital Territory, 2006-2018. *BMC Public Health.* 19(1), 1512-22

Bridger Staatz, C., Kelly, Y., Lacey, R., et al. (2019). Socioeconomic position and body composition across the life course: a systematic review protocol. *Syst Rev.* 8(1), 263-70. Nov 7;8(1):263.

Gebremariam, M.K., Lien, N., Nianogo, R.A. (2017). 2017 Apr 23. Mediators of socioeconomic differences in adiposity among youth: a systematic review. *Obes Rev.* 18(8), 880-898.

PERFORMANCE EXPECTATIONS:
Students are responsible for:

- listening to all audio lectures
- reading material assigned for each lesson
- engaging in online discussions of posted topics by submitting two posts per week
- being punctual with all assignments
- adhering to Rutgers Academic Integrity Policy when completing online assessments
- seeking help from the instructor if having difficulty with any portion of the course

Evaluation
This course will cover a great deal of material. The grading policy has been developed to assist in keeping up with the material and assessing demonstrated competency of the course material.

Grading of Assignments

Introduction Survey	2%
Online Discussion Posts	15%
Assessment #1	15%
Assessment #2	15%
Assessment #3	15%
Paper Topic Submission	3%
Paper Outline Submission	5%
Evidence-Based Paper	30%
	100%

Using the above percentages, final grades will be assigned as follows:

90% or higher	A	70 to 74.9%	C	
85 to 89.9%	B+	60 to 69.9%	D	
80 to 84.9%	B	00-59.9%	F	
75 to 79.9%	C+			

Online Discussion Posts: Class participation will be determined based on individual participation in course discussions. Each week a question will be posed to the class pertaining to that week's lesson, a current topical news store, or a research article focusing on an aspect of children's health. Students are expected to respond using written discussion posts. Students will further be expected to comment on another student's post. *These discussion posts will be due by the following day at 10 am*

Discussion participation will be assessed for quality. Postings should be on topic, respectful, thoughtful, and concise. Students are expected to use proper spelling, grammar, and punctuation. Posts should add meaningful contributions to the learning experience of the entire class. Students will be encouraged to add personal experiences to their posts when appropriate as topics pertain to cultural differences, experiences, and biases. However, these opinions should be substantiated by relevant research or citations from the readings that support their view (in APA format. Students will be encouraged to avoid submitting posts that simply agree or disagree with their peers. Posts should be a maximum of two or three paragraphs.

The student is expected to log into the course on Canvas, access, listen to, and review the PowerPoint presentation for each lesson, complete a discussion post answering the open-ended question, and comment on the post of another student. Students will be expected to make at least two postings each day. At least one of them should contain supporting documentation from material presented in class, or an outside source inclusive of citation and reference in APA format.

Discussion Posts Rubric:

Rubric	Description
3	Posts were on or before the deadline. Information stayed on topic and contributed to learning experience of the whole class. Posts were thorough and concise (no more than 2 or 3 paragraphs). There was a logical flow of information. Correct grammar, spelling, and punctuation was used. A reference was cited and applied appropriately to illustrate a viewpoint or opinion of the post. Citation was in correct APA format. (Required for at least one post per week.)

2	Posts on or before the deadline. Met requirements but not completely. Format, context, and or interpretation of the topic needs improvement. References were cited but not applied/interpreted well within post. Citation was not in correct APA format.
1	Posts one day late. Did not address all aspects required. Lengthy (over 3 paragraphs). Inadequate elaboration. Illogical flow of information. Frequent errors. References were cited without interpretation or application to post. Citation was not in correct APA format.
0	Posts were more one day late or not completed. Post was completely off topic, was a generic comment, or contained plagiarized work. Writing style was not appropriate. Post contained excessively cited work or references with no Interpretation or application. There were no references cited.

Assessments: Three assessments will be administered to evaluate the ability to synthesize the information covered within this course. Collectively these assessments will comprise 45% of the final grade. The assessments will consist of some objective-type questions, i.e. multiple choice, T/F, but will mainly contain short answer and/or essay questions. The second and third assessments may be comprehensive in that they will cover all course material to date, including questions from the previous assessments.

Evidence-Based Paper: There are many contemporary factors impacting health of the pediatric population and there will continue to be as you begin your career as a medical/health care practitioner, pediatric exercise/sports specialist, or researcher. The purpose of this assignment is to help develop research literature review skills to formulate answers with cultural sensitivity without relying exclusively on your cultural background, past experience, intuition, or biased sources of information. This project will involve (a) formulation of a research question or real-life problem related to pediatric health, (b) review and critique of at least 10 relevant research articles, (c) a specific course of action designed to solve the problem on the evidence from the research articles, and (d) references in APA format. More detailed instructions will follow in class.

Evidence-Based Paper Rubric:

Rubric	Description
5	The paper was written in a very clear, sequential, and orderly manner so that the reader could easily follow and understand the research problem/question of interest. There were 10 research articles referenced within the paper and listed in APA format. A clear course of action was described and substantiated by findings within the cited research.

4	The paper was written in a clear, sequential, and orderly manner so that the reader could follow and understand the research problem/question of interest. There were 5-10 research articles referenced within the paper and listed in APA format. A course of action was described but was not substantiated by findings within the cited research.
3	The paper was written in a manner so that the reader could somewhat follow and understand the research problem/question of interest. There were 5-10 research articles referenced within the paper. They were not listed in APA format. A course of action was not clearly described or was not substantiated by findings within the cited research.
2	The paper was difficult to follow. The research problem/question of interest was not clear. There were less than 5 research articles referenced within the paper. Research referenced was not listed in APA format. The course of action was not clearly described or was not substantiated by findings within the cited research.
1	The paper was not clear. The research problem/question of interest was not clear. There were less than 5 research articles referenced within the paper. References were not in APA format. The course of action was not clear.
0	The paper was not clear. The research problem/question of interest was missing. There were no research articles referenced. There was no course of action.

TENTATIVE CLASS OUTLINE

*Submit your two class discussion posts weekly by 10 am every Thursday.

Lesson	**Date**	**TOPIC**	**READINGS**
Intro	12/23	Intro to Course, Class Structure	Listen to audio Complete Survey Submit post
1	12/27	A Cultural Approach to Human Development	Read: Arnett, pp 1-29 Listen to audio Submit posts
2	12/28	Birth and the Neonate; Infancy	Arnett, pp 80-121 Zdzienicka-Chyla, pp 247-254 Arnett, pp 122-169 Listen to audio Submit posts
3	12/29	Toddlerhood; Early Childhood (3-6 Yrs) **SUBMIT TOPIC FOR EVIDENCE-BASED PAPER**	Arnett, pp 170-219 Arnett, pp 220-271 Shields, pp 1-3 Veldman, pp 1-4 Listen to audio
4	12/30	Early Childhood (3-6 Yrs) - continued Middle Childhood (6-9 Yrs)	Arnett, pp 272-327 Listen to Audio Submit posts

5	1/3	Adolescence (10-19 Yrs); Emerging Adulthood **SUBMIT OUTLINE FOR EVIDENCE-BASED PAPER**	Arnett, pp 328-383 Arnett, pp 384-433 Listen to Audio
6	1/4	**ASSESSMENT 1** Environmental Factors – Water Consumption, Water Quality	Gaber, 2019, pp 179-189 Vieux, 2019, pp 1-13 Listen to audio
7	1/5	Environmental Factors – Air Quality; Climate Change	Houdouin, pp 1-29 Zielinska, pp 1-29 Shao, pp 1-8 Flies, pp 1-12 Anderko, pp 1-30 Listen to audio Submit posts
8	1/6	Nutrition and Diet	Mediano, pp 1-15 Garcia, pp 1-7 Tansky, pp 1-13 Brown, pp 1-10 Listen to audio Submit posts
9	1/7	Obesity; Technology	Kochli, pp 1-10 Cueto, pp 1-12 Wen, pp 1-5 Kabali, pp 1-6 Domek, pp 1-8 Smallbone, pp 1-3 Meyers, pp 1-4 Listen to audio Submit posts
10	1/8	Screen Time and Sleep; Academics and Self Care – **ASSESSMENT 2**	Hale, pp 1-8 Guerrero, pp 1-5 Amra, pp 1-7 O'Loughlin, pp 1-5 Wheaton, pp 1-8 Mark, pp 1-15 Bowers, pp 1-8 Listen to audio

11	1/11	Childcare and PA	McDonnell, pp 1-10 Dreidiger, pp 1-10 Tucker, pp 1-9 Costa, pp 1-13 Listen to audio Submit posts
12	1/12	Risk Behavior; Substance Use	Montgomery, pp 1-9 Rimvall, pp 1-14 DeSilva, pp 1-3 Wang, pp 1-9 Cammack, pp 1-7 Nair, pp 1-2 Schillo, pp 1-2 Rigsby, pp 1-8 Beal, p 1 Gottlieb, pp 1-6 Listen to audio Submit posts
13	1/13	Opioid Epidemic; Socioeconomic Factors **SUBMIT EVIDENCE-BASED PAPER**	PT in Motion , p 1 Kelty, pp 1-7 McNeely, pp 1-4 MacMillan, pp 1-15 Moeini, pp 1-12 Yang, pp 1-10 Bridger Staatz, pp 1-8 Gebremariam, pp1-18 Listen to audio
14	1/14	**FINAL ASSESSMENT**	

Research Literature Readings

Shields, L.B.E., Wilson, K.C., Hester, S.T. (2019). The impact of parenting on the development of chronic diseases in childhood. *Med Hypotheses.* 124, 72-75. https://www-sciencedirect-com.proxy.libraries.rutgers.edu/science/article/pii/S0306987718310314

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Diversity & Inclusion:
The Department of Kinesiology and Health supports an inclusive learning environment wherein diversity and authenticity are valued. We are committed to creating a culture of equality that respects the diverse voices of our students, faculty and staff. We will continuously strive to create a curriculum and academic environment to reflect the community we serve, and drive innovation, social responsibility and excellence. Our diversity in thought, skill, and academic discipline is a resource and strength, which stands to benefit the whole and positively contribute to University and global reach.

Academic Integrity Resources for Students
https://nbprovost.rutgers.edu/academic-integrity-students

UNIVERSITY SERVICES
Although many of these offices remain closed to in-person visits, all remain accessible virtually. We encourage students to continue to use these resources during this semester of remote learning.

Service	Description	Contact Information
Student Accommodations	If you are a student in need of accommodations, please register with the **Office of Disability Services** in order to initiate the accommodations process. Please present your letter of accommodation to your instructor during the first week of the semester. Please note that accommodations are not retroactive.	(848) 445-6800 Lucy Stone Hall, Suite A 145, Livingston Campus, 54 Joyce Kilmer Avenue, Piscataway, NJ 08854 https://ods.rutgers.edu/

Just In Case Web App	Access helpful mental health information and resources for yourself or a friend in a mental health crisis on your smartphone or tablet and easily contact CAPS or RUPD.	http://codu.co/cee05e
Counseling, ADAP & Psychiatric Services (CAPS)	CAPS is a University mental health support service that includes counseling, alcohol and other drug assistance, and psychiatric services staffed by a team of professional within Rutgers Health services to support students' efforts to succeed at Rutgers University. CAPS offers a variety of services that include: individual therapy, group therapy and workshops, crisis intervention, referral to specialists in the community and consultation and collaboration with campus partners.	(848) 932-7884 17 Senior Street, New Brunswick, NJ 08901 www.rhscaps.rutgers.edu/ Medical Services: http://health.rutgers.edu/medical-counseling-services/medical/ Counseling Services: http://health.rutgers.edu/medical-counseling- services/counseling/
Violence Prevention & Victim Assistance (VPVA)	The Office for Violence Prevention and Victim Assistance provides confidential crisis intervention, counseling and advocacy for victims of sexual and relationship violence and stalking to students, staff and faculty. To reach staff during office hours when the university is open or to reach an advocate after hours, call 848-932-1181.	(848) 932-1181 3 Bartlett Street New Brunswick, NJ 08901 www.vpva.rutgers.edu/
Scarlet Listeners	Free and confidential peer counseling and referral hotline, providing a comforting and supportive safe space.	(732) 247-5555 https://rutgers.campuslabs.com/engage/organization/scarletlisteners
Academic Support	School of Arts and Sciences Academic Advising for personal, career, and educational goals. Department of Kinesiology & Health Academic Advising for questions about Exercise Science or Sport Management major/minor requirements.	SAS: https://sasundergrad.rutgers.edu/ Dept. of Kinesiology & Health: Daria Gonzalez Loree Gym, Room 110 Email: Daria.Gonzalez@rutgers.edu https://kines.rutgers.edu/academics/academic-advising
Technical Support	In an effort to streamline and simplify technical help for students, the university is consolidating support for Canvas, Sakai, and Blackboard within the Office of Information Technology (OIT). **Students should contact the OIT Help Desk for help with Canvas or Sakai.** Technical support for Canvas and Sakai is transitioning from Teaching and Learning with Technology (TLT) to OIT.	https://it.rutgers.edu/help-support.