

1: Table of contents for The National Survey of First-Year Seminars

National Resource Center for The First-Year Experience and Students in Transition Since , the National Resource Center has conducted a national survey every three years to gather information about the nature and extent of first-year seminars on American college campuses. The findings from the.

Were the students really cheating more and reading less than students in the past? Were they less motivated, but feeling more entitled? On occasion, Nathan audited courses and realized she heard student conversations that were not available to her as a professor; more significantly, she was surprised by what she heard. Did other administrators and faculty really know what students needed or wanted? What a Professor Learned by Becoming a Student chronicles her experience. She took a sabbatical from her professional role at her home institution, AnyU, and applied for admission there as a student, using her high school transcripts. She was accepted to begin in fall. Though over age 50, she decided to lead the life of a more traditional student: The seven chapters of this book focus on different aspects of her experience: The afterword provides some insight into her ethical struggles about presenting herself as a student to her fellow students. This discomfort led her to include as data only those conversations with students who knew her true identity and information obtained from public discourse. Her own door was not one of these spaces. She supplemented these observations with 40 formal interviews which she conducted with American and international students, two focus groups one with first-years and another with seniors, and observations of students in and out of the residence hall and classrooms. In addition to the broader study, Nathan conducted several mini-studies including: Nathan begins the book chronologically sharing her initial experiences at orientation and moving into a residence hall for sophomores and juniors. Significantly, many of her findings are based on her interactions with students in her residence hall, reflecting a college experience rather than a first-year experience. Nathan does not acknowledge this distinction. Though at times the narrative seems stuck in minutiae. One of the most interesting findings is connected to the notion of community. She begins her argument by recognizing that students are busy. Using activity diaries collected from 10 students, Nathan discovered that they spent little time in course preparation. Rather, they worked from 6 to 25 hours a week and participated in professional clubs and volunteer work to lay the groundwork for their careers. Almost without exception, these students did not maintain memberships in organizations based on personal interests, even though there were lots of organizations from which to choose. When students chose not to participate in an event or organization, they were viewed as apathetic; and

2: Summary of Findings “ | The Henry J. Kaiser Family Foundation

This volume reports on the sixth triennial National Survey of First-Year Seminar. Data from more than colleges and universities are analyzed to offer information on the structure, content, and administration of these courses.

Report Employer-sponsored insurance covers over half of the non-elderly population; approximately million nonelderly people in total. This is the twentieth survey and reflects employer-sponsored health benefits in The average premiums for covered workers in the Northeast are higher than the average premiums for workers in other regions for both single and family coverage; the average family premium for covered workers in the South is relatively low. Covered workers at private for-profit firms have lower average annual premiums than covered workers at public firms or private not-for-profit firms for both single and family coverage. Most covered workers make a contribution toward the cost of the premium for their coverage. The percentage of covered workers in self-funded plans increases as the number of workers in a firm increases. The percentages of small and large firms with self-funded plans are similar to those last year. In recent years, insurers have begun offering health plans that provide a nominally self-funded option for small or mid-sized employers that incorporates stoploss insurance with relatively low attachment points. These plans are sometimes referred to as level-funded plans because insurers calculate an expected monthly expense for the employer that includes a share of the estimated annual expense for benefits, the premiums for the stoploss protection, and an administrative fee. Due to the complexity of the funding and regulatory status of these plans, and because employers often pay a monthly amount that resembles a premium, they may be confused as to whether or not their health plan is self-funded or insured. To test this, we asked employers with fewer than workers that responded that they had an insured health plan whether they had a level-funded plan. Eighty-five percent of covered workers have a general annual deductible for single coverage that must be met before most services are paid for by the plan, an increase from last year [Figure F]. Even workers without a general annual deductible often face other types of cost sharing when they use services, such as copayments or coinsurance for office visits and hospitalizations. Whether they face a general annual deductible or not, a large share of covered workers also pay a portion of the cost when they visit an in-network physician. These amounts are similar to those in Most workers also face additional cost sharing for a hospital admission or outpatient surgery. The cost-sharing provisions for outpatient surgery follow a similar pattern to those for hospital admissions. While the vast majority of firms are small, most workers work for large firms that offer coverage. Even in firms that offer health benefits, some workers are not eligible to enroll e. All of these percentages are similar to Coverage for Family Members. Inducements Not to Enroll. Fifty-one percent of large firms with a health risk assessment program offer an incentive to encourage workers to complete the assessment. We do not consider preventive health services covered by the plan to be biometric screening. Sixty percent of large firms with biometric screening programs offer workers an incentive to complete the screening, similar to the incentives for completing health risk assessments. The size of these incentives varies considerably: Health and Wellness Promotion Programs. A majority of firms offering health benefits offer programs to help workers identify health risks and unhealthy behaviors, and improve their lifestyles. As health screenings and wellness programs have become more complex, incentives have become more sophisticated and may involve participating in or meeting goals in different programs e. To better understand the combined incentives or penalties facing program participants, we asked large firms that had any incentives for health risk assessments, biometric screenings, or the specified health and wellness promotion programs what the maximum incentive was for a worker for all of their programs combined. Seventy-four percent of large firms offering health benefits cover the provision of health care services through telemedicine in their largest health plan [Figure I]. Telemedicine is the delivery of health care services through telecommunications to a patient from a provider who is at a remote location, including video chat and remote monitoring. Firms with 1, or more workers are more likely to cover services provided through telemedicine than smaller firms. Seventy-six percent of large firms offering health benefits cover health care services received in retail clinics, such as those located in pharmacies, supermarkets and retail stores, in their largest health plan [Figure I]. These clinics are often

staffed by nurse practitioners or physician assistants and treat minor illnesses and provide preventive services. A large share of these firms report that employees can receive treatment for non-work-related illnesses at their on-site clinics. Seventeen percent of large firms that offer health benefits include a high-performance or tiered provider network in their health plan with the largest enrollment, a similar percentage to last year [Figure I]. These arrangements identify providers that are more efficient and generally provide financial or other incentives for enrollees to use the selected providers. Firms with 1, or more workers are more likely than smaller firms to incorporate a high-performance or tiered network into their largest plan. Five percent of large firms offering health benefits offer a plan they consider to be a narrow network plan, similar to the percentages for the past two years [Figure I]. Narrow network plans limit the number of providers who can participate in order to reduce costs, and are generally more restrictive than standard HMO networks. Firms with 5, or more workers offering health benefits are more likely than firms of other sizes to offer at least one plan with a narrow network. Eliminated Hospitals or Health Systems. Firms with 5, or more workers offering health benefits are more likely to say that either they or their insurer eliminated a hospital or health system from a provider network to reduce costs than firms of other sizes. While premium growth continues to exceed increases in earnings and inflation, the differences are small compared to recent periods which, along with low underlying health spending growth, may help explain the apparent reluctance of employers and plans to make many changes in the market [Figure C]. Higher deductibles have helped to keep premium increases relatively low, but it is unclear how long that trend will continue. Given the importance of health benefits to workers and prospective workers, employers may find it increasingly difficult to impose higher cost sharing in what is essentially a full employment economy. If underlying health care prices and service use begin to grow as part of stronger economic growth, employer and health plans may need to look for tools other than higher cost sharing to address the pressures that would lead to higher premium growth. To improve estimates for small firms, the survey had a significantly larger sample than in previous years; the increased sample size led to both more firms completing the survey and a lower response rate than in years past. Unless otherwise noted, differences referred to in the text and figures use the 0. For more information on the survey methodology, please visit the Survey Design and Methods section at <http://www.kaiserfamilyfoundation.org>. Filling the need for trusted information on national health issues, the Kaiser Family Foundation is a nonprofit organization based in San Francisco, California. Kaiser Commission on Medicaid and the Uninsured. A primer "Key facts about health insurance and the uninsured in the era of health reform: The Commission"; Dec cited Jul Bureau of Labor Statistics. Department of Labor; cited Jul Wage data are from the Bureau of Labor Statistics and based on the change in total average hourly earnings of production and nonsupervisory employees. Employment, hours, and earnings from the Current Employment Statistics survey: Department of Labor; cited July BLS; last modified Apr 27; cited Jul

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Cite as: Tobolowsky, B. F., & Associates. (). National Survey of First-Year Seminars: Continuing innovations in the collegiate curriculum.

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