Emory University

Concentration in Health Innovation

Center for the Study of Human Health
Emory College of Arts and Sciences

Application 2017-18
Concentration in Health Innovation

The concentration in health innovation is a collaborative effort between the Center for the Study of Human Health (CSHH) BA Program in Human Health in Emory College and the Goizueta Business School BBA Program. This concentration provides knowledge, competencies and experiences for BA and BBA students interested in pursuing careers in a wide array of fields related to the business of health with a focus on innovation.

The concentration in health innovation is open by application to Business School and Emory College students majoring in human health. During the junior and senior year, in addition to pursuing their own majors, students admitted to the concentration complete two core courses in the non-major program, two electives from a list of relevant choices, and one senior capstone. Additional seminars, industry speakers, internships and field projects augment the resources available to concentration students.

Requirements for Concentration

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**CORE**

**JUNIOR YEAR**

**Human Health Core for BBA students**
- HLTH 210 Predictive Health and Society
- HLTH 310 Defining Health: Biocultural Perspectives

**BBA Core for Human Health students (choose 2)**
- FIN 220 Finance for Non-business Students
- MKT 340 Marketing Management
- OAM 330 Organization and Management

**ELECTIVES**

**JUNIOR or SENIOR YEAR**

2 Electives from a list including, but not limited to, the following. At least one of these electives must be in the program that is not the student’s own and students may not count core classes in their own program as electives towards the concentration. Note that many courses require core classes or other courses as prerequisites. Consult advisors or the course catalog for complete information.

- ISOM 351 Process and Systems Management
- ISOM 354 Strategic Models and Social Dynamics
- ISOM 450 Foundations of Digital Enterprises and Markets
- ISOM 451 Making Effective Decisions
- ISOM 452 Healthcare Operations & Technology Management
- ISOM 455 Forecasting and Predictive Analytics
- MKT 342 Market Intelligence and Customer Insights (must have completed a statistics class)
- MKT 343 Digital Marketing and Social Media Strategy
- MKT 346 Consumer Behavior
- MKT 441 Ideation
- MKT 446 Advertising & Marketing Communications
- OAM 331 Strategic Management
- OAM 332 Business & Society
- OAM 336 Catalyzing Social Impact
- OAM 431 Social Entrepreneurship and Impact Investing
- OAM 432 Negotiations
- OAM 433 Leading & Managing Change
- OAM 436 Entrepreneurship
- OAM 439 Ethics for Leaders
- OAM 471 Applied Entrepreneurship
• HLTH 207 Epidemiology
• HLTH 250 Foundations of Global Health
• HLTH 312 Predicting Lifespan Health
• HLTH 314 The Science of Sleep
• HLTH 320 Nutrition and Chronic Disease OR HLTH 321 Nutrition Across the Life Cycle
• HLTH 331/385 Disability and Bioethics OR HLTH 385 Health Ethics
• HLTH 332/385 Health and Human Rights
• HLTH 350: Core issues in Global Health (variable topics)
• HLTH 351/385 Exporting Mental Health
• HLTH 340 Food, Health and Society OR HLTH 440 Botanical Medicine and Health
• HLTH 360/361/385 Human Health in Paris summer study abroad course
• HLTH 385 Health Policy
• HLTH 411 Many Diseases, Few Causes

CAPSTONE CORE
SENIOR YEAR

HLTH 407 Modern Health Challenges: Business and Health Innovation

CO-CURRICULAR ACTIVITIES (optional)
• Speakers and seminars
• Internships
• Field projects
Application Checklist

- A completed application.
- A short (250-400 word) statement of purpose as requested below
- A resume or other one page document listing your college, extracurricular and/or professional activities related to your interests in health innovation
- Following receipt of your file, we will contact select candidates to schedule a short interview with a member of the selection committee
- Optional supplementary information:
  - One completed recommendation form from someone in a capacity to provide insights with respect to your fit for this concentration

Transcripts
By completing this application, you are granting us the right to access your Emory transcript. You do not need to submit this material.

Short Statement of Purpose
On a separate sheet of paper, provide a statement of purpose as outlined below. Please limit your typed response to 250-400 words

Explain how you believe that completion of the health innovation concentration will assist you in achieving your intellectual and professional goals. In your response, please describe the particular skills and talents you will be bringing to the concentration and those you hope to acquire.

Resume
Please include a resume or other one page document listing your college, extracurricular and/or professional activities related to your interests in health innovation. In the case of extracurricular and community activities, include years involved and offices held.

Deadline
Applications will be considered each semester. Students should apply no later than the first semester of the junior year but are highly encouraged to apply in the semester preceding the junior year. Capacity in the concentration is limited by both qualifications and space availability.

Completed application should be sent to:
Health Innovation Concentration
Care of: BBA Program
Goizueta Business School
1300 Clifton Road
Emory University
Atlanta, GA 30322
# Application for Health Innovation Concentration

*Please type or print clearly in ink. No pencil please.*

## Full Legal Name:

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<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>Suffix (Jr., III, etc.)</th>
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</thead>
</table>

Preferred name: ____________________________________________

Emory ID Number: _____________________________  Expected Graduation: ________________

E-mail address: _________________________________   Cell Phone Number:_______________________

### Address Information

**Temporary Address (Oxford P.O. Box)**

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<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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**Permanent Home Address:**

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<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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### Enrollment (check all they apply)

___ Current Human Health major
___ Pending declaration of Human Health major
___ Current BBA Student
___ BBA Applicant

Students accepted to the concentration must be admitted to the BBA Program or declare a Human Health major. Participation is strictly limited to BBA students or Emory College students who are Human Health majors. The human health concentration will be awarded only to those participants who successfully complete a major in Human Health or the requirements for the BBA degree. Continuation in the concentration is contingent upon acceptable standards of academic and professional performance in a team-based and applied setting.

### Personal Information

*The information requested below is voluntary and refusal to provide it will not subject you to any adverse treatment. It will be kept confidential and will be used only in accordance with Title IV of the Civil Rights Act of 1964.*

**Sex:**

Male ___ Female ___

**Race/Ethnic Category:**

___ American Indian or Alaskan Native  ___ Asian or Pacific Islander  
___ Black, not of Hispanic Origin  ___ Hispanic  
___ White, not of Hispanic Origin  ___ Other ____________________________

Citizenship________________________  Country__________

**Conduct Issues**

___ Check here if you have any court convictions other than parking violations.*
___ Check here if you have ever been subject to any school-related disciplinary action for violation of school rules, misconduct, conduct infraction, academic dishonesty or otherwise.*

*Please attach a separate sheet to explain.*
OPTIONAL RECOMMENDATION FORM

Human Health Concentration
Care of: Bachelor of Business Administration Program, Goizueta Business School,
Emory University, Atlanta, GA 30322

TO BE COMPLETED BY STUDENT

Please fill in your name and address below, sign, and give this form to the individual you have chosen to write on your behalf. The recommender should complete this form and return it to you in a sealed envelope signed across the flap.

APPLICANT’S WAIVER OF RIGHT TO ACCESS TO CONFIDENTIAL STATEMENT

Name of Applicant:__________________________________________

Last Name First Name Middle Name

Address: ________________________________________________________________________________

I hereby freely and voluntarily waive my right to any information contained in this recommendation and agree that the statement shall remain confidential.

__________________________________________  ____________________________________________
Date Signature of Applicant

TO THE RECOMMENDER

The Concentration in Human Health is a collaboration between the Center for the Study of Human Health in Emory College and the Goizueta Business School BBA Program. Participation is limited to BBA students and students who are human health majors.

This concentration provides knowledge, competencies and experiences for BA and BBA students interested in pursuing careers in a wide array of fields related to the business of health with a focus on innovation. BBA students who complete this concentration will gain an understanding of the cutting edge science of health with a focus on Emory areas of strength, including innovations in personalized medicine and health, applications and translations involved in global health, the science of nutrition and current challenges in changing dynamics within the medical system and health policy. Human health students who complete this concentration will acquire grounding in the basic principles of business including management, marketing and operations and will develop foundational business practices that will help them be better stewards of limited financial, human, and organizational resources.

Recommendations are used for selection purposes only and do not become part of any record file upon a student’s inclusion in the program. Therefore, recommendations are not subject to the provisions of the Family Educational Rights and Privacy Act of 1974.

After completing this form, please sign it and place it in an envelope. Seal the envelope, sign it across the flap, and then return it to the applicant who will submit the sealed envelope along with his/her application. Please type or print neatly.

How long have you known the applicant and in what capacity?

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Please turn sheet over
Please give us your appraisal of the applicant relative to his or her peer group across the following criteria

<table>
<thead>
<tr>
<th>Passion for human health</th>
<th>Exceptional</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Unable to Assess</th>
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<td>Comments:</td>
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<th>Creativity or capacity for innovative problem-solving</th>
<th>Exceptional</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Unable to Assess</th>
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<th>Ability to accomplish self-directed tasks</th>
<th>Exceptional</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Unable to Assess</th>
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<th>Degree to which applicant displays capacity to make meaningful contributions to projects</th>
<th>Exceptional</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Unable to Assess</th>
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<th>Communication skills</th>
<th>Exceptional</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Unable to Assess</th>
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<tr>
<th>Maturity</th>
<th>Exceptional</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Unable to Assess</th>
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<tr>
<th>Motivation and enthusiasm</th>
<th>Exceptional</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Unable to Assess</th>
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Overall assessment of candidate’s fit for and ability to gain value from a concentration in Health Innovation:

___ Strongly recommend ___ Recommend ___ Recommend with reservations ___ Do not recommend

Name and title of recommender ____________________________

Institution ____________________________ Email ____________________________

Signature ____________________________ Date ____________________________

Thank you for your time.

*Emory University is committed to a policy of nondiscrimination on the basis of race, color, national origin, religion, sex, sexual orientation, age, handicap, or veteran status.*