Population Health Management is an ideal program for Oregon Tech as an "innovative and rigorous applied degree program" that is focused on "application of theory to practice." While other public health and health sciences programs educate students about community health, Oregon Tech's PHM program transmits transferable, hands-on skills, applied to both healthcare delivery and community based prevention. Significant legislative changes to healthcare in the U.S. have produced an increasing demand for population health management in order to reduce healthcare costs and improve the efficiency and efficacy of health services. Qualified professionals are needed immediately to fill positions in patient advocacy, health and wellness coaching, research and data analysis, community health education, and federally funded disease prevention programs. The healthcare industry must recruit well-trained professionals with both a social science background and concrete knowledge of health and healthcare. Oregon Tech students enjoy a hands-on learning environment, at an institution committed to job placement and industry needs, with the ability to integrate multiple departments for an interdisciplinary approach.

1.

4. Critically and ethically assess the role of organizations and systems that influence population health.

The PHM program is rooted firmly in the social sciences, because the strategies that promote health and reduce unnecessary healthcare costs must take into account social, economic, and environmental factors in order to be successful. Thus, while the social sciences can offer students broad context in the realms of healthcare and public health, a social science approach also provides students more skills that are concrete. Students learn to collect, analyze, and translate data into actionable steps, and have the contextual knowledge of how bureaucracies, policies, financial impact, and funding sources informs taking those steps. The learning outcomes of the PHM program speak to a continuous feedback loop for quality improvement in any industry: identifying quality metrics, linking data findings to evidenced-based approaches, coordinating program implementation, and establishing evaluation mechanisms. The knowledge gap in this process lies in the black box of the population being addressed. In other words, hospitals, schools, social services, non-profits, and the like can research best practices on improving a given outcome (health screenings, graduation rates, etc.), but if no localized research is done, approaches may fail even if they are evidenced based. It is for this reason that the PHM program gives students the tools to blend social science research with clinical care gap analytics, and subsequently provide real world experience using these tools to address local health issues.

Students in the PHM program begin with foundational courses in applied and medical sociology, with electives in applied psychology, management, mathematics, communication, and health sciences, and are encouraged to complete minors that correspond to professional areas in PHM.

The PHM program began in the 2015-2016 academic year. In the past six years, enrollment has varied from 12-32 majors. 100% of our graduates are either employed or in graduate programs. According to our latest alumni survey, our graduates have an average starting salary of \$31,000 (30% of our graduate report enrollment in continuing education which comes with a much-reduced salary).

The PHM program faculty and students have a wide range of community and industry partners. Our students have been involved in research and community improvement projects that align with course materials with the following organizations:

- Klamath County Public Health
- Oregon Public Health Institute
- Hope Rising Non-Profit
- YMCA
- Integral Health Services
- OSU Extension
- Klamath Tribal Health and Family Services
- Blue Zones Project
- Cascade Health Alliance
- Sky Lakes Medical Center

F						F			F
F	F					F			F
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			P			P	F	P	
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	healthcare professionals and patients, including alternative approaches to healthcare.				
6	Students will explain theories and methods of health behavior change and demonstrate the skills needed to assess programs, interventions, and activities aimed at changing health-related behavior.	X		X	-

Student identifies and explains methods for developing cultural competence clearly and accurately.			
Synthesize literature on the topic to conclude which methods would be appropriate for application. Student clearly and accurately synthesizes literature on the topic to conclude which methods would be appropriate for application.	Cultural Competency Paper, Rubric	75%	100%
Student creates a program aimed at introducing or improving cultural competence among a specific group of people using the principles, theories, or findings from previous research. Student clearly and accurate answers all questions in prompt.	Cultural Competency Paper, Rubric	75%	100%
The student uses an appropriate referencing style and is consistent throughout the document. Student correctly references all materials within the document.	Cultural Competency Paper, Rubric	75%	83%

Direct Assessment #2

The PHM faculty conducted a formal assessment of Outcome #5 during 2020-2021.

Student Learning Outcome #5:

Students will demonstrate an understanding of the roles, functions, and responsibilities of healthcare professionals and patients, including alternative approaches to healthcare.

Table 3. Assessment Results for PLO #5 in SOC 335, Spring 2020

Performance Criteria	Assessment Method	Measurement Scale	Minimum Acceptable Performance	Results
	Assignment Rubric	Point scale	75%	100%

collect data on the practices and policies related to suicide screenings of local health clinics (primary care, urgent care, and emergency care). Due to limitation relate to the COVID-19 pandemic and the over taxation of the health care community, further data collection was placed on hold. Students created a poster, which was presented at the Oregon Tech Student Symposium and a set of infographics that were delivered to OHSU Campus for Rural Health and Klamath Basin Behavioral Health. The community partners provided feedback through exit interviews.

Table 4. Community partner feedback of (a)4 (s)-1 51716 (ect)o(ne)4 - (nd K(s)-1 (pl)-2 (a)4 (c)-6 (MCID 2 E

CONTINUED WORK

Based on feedback from the 2017-2019 assessment cycles, we have continued clarified our learning outcomes to act as more direct assessments of learning goals. This year we have specifically targeted course and assignment learning objective. We have chosen slightly different verbs from Bloom's taxonomy to describe more accurately what we anticipate students should be able to do.

Over the past three years, the curriculum of the PHM program has changed slightly. The program has added more sociological courses to the core requirements and has added several applied courses outside the PHM program such as (GIS and Health Informatics). Moving forward the philosophy of assessment will largely remain the same, with a few exceptions. The organization of program assessment will shift to align more so with University assessment procedures. Specifically, we aimed to align the timing of assessment more closely with E (nd Ee)4 (ss)1 (z (h)--

patients, including alternative approaches to healthcare."

You will <u>write</u> a research paper on the topic of cultural competency. You will <u>define</u> the concept of cultural competence, <u>review</u> literature on the subject, and <u>apply</u> the conceptual framework to a program designed to <u>increase cultural competence</u> among a specific group, organization, or other entity.

- 1. Clearly <u>articulate</u> what the concept of cultural competence means.
- 2. <u>Identify</u> and <u>explain</u> methods for developing cultural competence.
- 3. <u>Synthesize</u> literature on the topic to <u>conclude</u> which methods would be appropriate for application.
- 4. <u>Create</u> a program aimed at introducing or improving cultural competence among a specific group of people using the principles, theories, or findings from previous research.

First, you need an <u>Introduction Section and a Background/Literature Review Section</u>. Here you will describe the concept of cultural competency, explain how cultural competency works in various settings, highlight programs/inventions that have been used to foster cultural competency. You will want to ensure that you cover literature that specifically related to the program you propose. For example, if your program is intended to train nurses to work with Asian populations in rural areas, your background and literature review should focus needs and interventions uses in rural areas or with Asian populations. <u>The purpose of this section is to explain WHY we need your program.</u>

No less than 30% (probably more) of the paper should be devoted to describing the program. Your program section should include:

- 5. <u>Program Overview and Justification</u>: identify the goals of the program (what is the program intended to do) and why the program is needed, backing up your claims with evidence (Give it a name);
- 6. <u>Program Objectives</u>: identify the specific objectives (what are the outcomes that are most important) of the program and connect them with literature or research;
- 7. <u>Program Tactics</u>: describe the tactics you will use (things you will actually do) to achieve the objectives and justify why those tactics were used (backing up your claims with evidence that these methods are effective); and
- 8. <u>Conclusions</u>: explain how the program will contribute to what is currently being done in the area of cultural competence.

All sources should come from scholarly journals and books, government or agency websites/publications, professional organizations, or non-profit organizations.

The document you produce should be geared toward a specific audience. The audience could be the general public, stakeholders in an organization, or even professional organizations. You are encouraged to use visual aids (graphics, charts, models).

- The paper should be minimum 4 pages in length, double-spaced, Times New Roman 12-point font
- In-text references and a reference (work cited) page, not included in paper length.
- Follow a specific style for references (APA, AMA, MLA)

Assignment: Cultural Competency Presentation, SOC 335

does not address an important question, or does not examine an important setting, or doesn't use a research method that can answer the important questions.