

PPD 697 Cultural Proficiency in Health Management and Policy 2 Units – Spring 2022

Dates/Times/Location: Tuesdays/6-7:50/VPD 112 and online as needed

Instructor: LaVonna B. Lewis, PhD, MPH

Office: RGL 309

Office Hours: Tuesdays 4:00 pm-5:30 pm (via Zoom or in-person drop-ins and appointments welcome)

Contact Info: 323.791.6150 cell

213.740.4280 office

llewis@price.usc.edu

COURSE DESCRIPTION

Cultural Proficiency in Health Management and Policy provides an understanding of the social factors such as racial/ethnic, socioeconomic, and gender disparities in health and the culturally proficient provision of health care.

COURSE OBJECTIVES

Upon completing this course, the student will be able to:

- 1) Describe demographic trends related to racial/ethnic minorities in the United States.
- 2) Describe the major differences in morbidity and mortality of populations as determined by age, gender, socio-economic status, race and ethnicity.
- 3) Describe how the healthcare workforce and patient base is diversifying along multiple dimensions of diversity including race, ethnicity, gender, sexual orientation, generation, religion, etc.
- 4) Identify key elements of successful diversity management, and culturally and linguistically appropriate care, based on research and best-demonstrated practice
- 5) Recognize factors within health care organizations that contribute to effective diversity management and culturally and linguistically appropriate care and, conversely, identify and address factors that detract from these goals
- 6) Describe the ways in which healthcare administrators and leaders contribute to resolving health disparities.
- 7) Describe current changes occurring in the U.S. health care system around culturally competent health care and understand the principal motivating factors influencing such change.
- 8) Apply all of the above to the analysis and development of options to advance culturally proficient health care and institutional change.

TECHNOLOGICAL PROFICIENCY AND HARDWARE/SOFTWARE REQUIRED

Accessing our class blackboard:

- 1) Go to <https://blackboard.usc.edu/>
- 2) Additional reading, lecture slides, and assignments will be posted under PPD 697.

Course Learning Objectives	Cognitive / Affective Domain	Level
1. Describe demographic trends related to racial/ethnic minorities in the United States	Cognitive	Comprehension
2. Describe the major differences in morbidity and mortality of populations as determined by age, gender, socio-economic status, race and ethnicity.	Cognitive/ Affective	Analysis
3. Describe how the healthcare workforce and patient base is diversifying along multiple dimensions of diversity including race, ethnicity, gender, sexual orientation, generation, religion, etc.	Cognitive/ Affective	Evaluation
4. Identify key elements of successful diversity management, and culturally and linguistically appropriate care, based on research and best-demonstrated practice	Cognitive/ Affective	Analysis
5. Recognize factors within health care organizations that contribute to effective diversity management and culturally and linguistically appropriate care and, conversely, identify and address factors that detract from these goals.	Cognitive/ Affective	Evaluation
6. Describe the ways in which healthcare administrators and leaders contribute to resolving health disparities	Cognitive	Application
7. Describe current changes occurring in the U.S. health care system around culturally competent health care and understand the principal motivating factors influencing such change.	Cognitive /Affective	Evaluation
8. Apply all of the above to the analysis and development of options to advance culturally proficient healthcare and institutional change	Affective /Behavioral	Create

MHA Competency	Level (B/I/A)	Course Objective(s)	Assessment Methods
Domain 1: Knowledge of Health Care Environment			
1.1 Demonstrate knowledge of established and evolving issues in health care, and the ability to apply this knowledge to diverse health organizations	A	1-8	Class discussion, case studies, reflection, research project, group presentation, peer group assessment
Domain 2: Critical Thinking and Analysis			
2.1 Demonstrate the ability to understand a situation, issue or problem by breaking it into smaller pieces and tracing its implications in a step-by-step manner.	A	1-8	Class discussion, case studies, reflection, research project, group presentation, peer group assessment
2.2 Apply complex concepts, develop creative and innovative solutions or adapt previous solutions in new ways	A	1-8	Class discussion, case studies, reflection, research project, group presentation, peer group assessment
Domain 3: Business and Management Knowledge			
3.3 Understand and use the formal and informal decision-making structures in healthcare organizations and the healthcare industry and demonstrate ability to analyze and improve an organization's processes.	A	1-8	Class discussion, case studies, reflection, research project, group presentation, peer group assessment
Domain 5: Communication			
5.1 Demonstrate the ability to facilitate a group, and to prepare and present cogent business presentations.	A	1-8	Class discussion, reflection, research project, group presentation, peer group assessment
5.2 Demonstrates the ability to persuade others to support a point of view, position, or recommendation, while assessing and responding to the feelings and concerns of others	A	1-8	Class discussion, case studies, reflection, research project, group presentation, peer group assessment
Domain 6: Leadership			
6.1 Demonstrate leadership characteristics including speaking and acting as an ethical professional and accepting accountability for the impact of decisions on others.	A	1-8	Class discussion, case studies, reflection, research project, group presentation, peer group assessment
6.2 Demonstrate the ability to work as a team member and to support and value diverse opinions and perspectives	A	1-8	Class discussion, case studies, reflection, research project, group presentation, peer group assessment

EXPECTATIONS FOR ENGAGEMENT

We will strive in this course to welcome and to accept one another in order to form and sustain an inclusive learning community. Doing so will require that each of us shows respect for the other's viewpoints, recognizing that our experiences, assumptions and beliefs may be different. We will strive to create a discursive space free from bias or intimidation, recognizing at the same time that none of us is immune to the sociocultural biases and stereotypes that permeate our everyday lives and likely form a regular but regrettable part of our personal experience. We commit to strive to do better than each of us has done before to welcome and to learn from the experiences of persons of different races, genders, cultures, nationalities, religions, and sexual orientations.

We recognize that the success and productivity of our discussions and of the work that each of us individually develops as a consequence of having been informed by these discussions depends upon the extent to which we follow through on this commitment. My intention is that this community will be enriched and strengthened by honest engagement with the grounds of our disagreements rather than by shying from those topics about which we are not likely to agree. To that end, each of us should commit to a standard of honesty, open-mindedness and compassion for others in all interactions with other members of this learning community.

REQUIRED READINGS AND SUPPLEMENTARY MATERIALS

Dreachslin, J.L., Gilbert M.J., Malone B. (2013). *Diversity and Cultural Competence in Health Care: A Systems Approach*. San Francisco: Wiley/Jossey-Bass

Journal Articles: Posted on Blackboard: <https://blackboard.usc.edu/>

Biller, Bob, Juliet Musso, and Bob Myrtle. 1999. *Tradecraft: Writing and Analysis for Public Policy and Management*. Also posted on Blackboard

DESCRIPTION AND ASSESSMENT OF ASSIGNMENTS

Case Studies (30%)

Students are expected to write up a 4 to 5 page response to the 2 cases that are listed on the syllabus. Solutions or responses to the cases will be integrated into class discussions. Your response to the case should include the following:

- 1) Discuss the facts of the case.
- 2) Identify the specific problem(s) you are being asked to address.
- 3) Offer up specific proposals/solutions/recommendations to address the problem.
- 4) Justify the solution you recommend, using the material covered in the reading or in lecture.

Each case is 15% of your grade for a total of 30% of your grade. Case 1 is due **February 1st** and Case 2 is due **March 22nd**.

Diversity and Cultural Competence Training Resource (10%)

Each student will identify a specific training resource such as a video, assessment, model, toolkit, website or other activity and prepare a 5-minute PowerPoint presentation that 1) Describes the activity including its source, purpose, and time required 2) Explains why you believe the activity is valuable in diversity and cultural competence training in health care and how you believe the activity should be used. You will deliver the presentation in class on **February 22nd**. This assignment is worth 10 points.

Group Project (40%)

The group project assignment will consist of performance in two areas: a written analysis submitted to the instructor and participation in a formal group presentation before your colleagues. The formal presentation accounts for 10% of your grade and is based on scores assigned by your classmates and your instructor. Your written analysis on your group project accounts for 30% of your grade. Your analysis is due on the last session of class, **April 26th**. In order to receive an A, the analysis should be: comprehensive, logical, justified and well documented, original and innovative, and well executed.

a. The Oral Presentation

The oral presentation should be presented in three parts:

1. Introduction: Present the issue or topic to be discussed. State why it is important to you and to your audience. Summarize your presentation. "Tell them what you are going to tell them."
2. Body: Present the main points of your presentation. Again, the discussion should relate to the topic of the class for your particular week. "Tell them."
3. Conclusion: Summarize your presentation and present any conclusion. "Tell them what you told them."

Your presentations are to be no more than 20 minutes—15 minutes for the oral presentation and 5 minutes for questions—be prepared.

b. The Written Paper

* Writing a problem-based paper is different from writing a research paper—basically the opposite:

- write early and revise frequently for content, rather than late and revise for polish;
- write to discover rather than report;
- write for a real client whose values calibrate how you proceed (concentrate on doing it from one perspective well);
- write on a specific, rather than a general issue;

- write backwards (write what you know at the beginning when you know least as a way of discovering what you must find out), rather than gathering all you material and writing at the end (when you know what you have discovered);
- define a precise series of implementation steps for what you recommend;
- write/revise to be as short as you possibly can, rather than as full as you can achieve.

* Characteristic features of a policy paper:

- memo format (to/from/date/subject)
- lock and key test
- the subject is a précis of the recommended answer;
- the problem statement frames the question the subject answers;
- the context/background section allows you to understand the problem framed;
- the alternatives allow the choice among credible options for dealing with the problem specified;
- pros and cons reveals the strengths/benefits and weaknesses/costs of the alternatives presented;
- the recommendation reviews why other options are not chosen and one is chosen;
- implementation steps allow the client to understand what the recommended alternative actually is, by showing what would need to be done to achieve it in reality;
- appendices allow selected information that is important backup to understanding the problem and the solution, but that does not belong in the main analysis.
- when you finish each of these sections must agree with and finally be internally a consistent with each other.

Summary Reflective Essay (10%)

This paper is to be a summary and reflective analysis of what you consider the most important and surprising about what you have learned in your work in this course. It is essentially an identification of what you most want to remember and use from what you have learned in this class. This paper should be between 4-6 pages double spaced in length. The learning and surprises paper accounts for 10% of your grade and is due on **May 10th by 9 pm.**

Individual and Group Participation (10%)

The class will involve a mixture of lecture, class discussions, group presentations, informal group work and case studies. Students are expected to have done the appropriate readings and assignments before class and to participate fully in all class activities and discussions. Attendance will be taken throughout the semester and 10% of your course grade is linked to these 2 types of in-class participation. Exemplary performance in this class requires that you:

- 1) read all materials assigned for each class session prior to the class meeting days listed on the syllabus;
- 2) effectively participate in the seminar discussions and class activities;
- 3) analyze all assigned problems and case studies with sufficient preparation to engage in critical thought and discussion;
- 4) make oral and written presentations of cases and problems.

The grading rubric on the next page will help you to understand how your written assignments will be evaluated. It is based on a 10-point scale, but it is relevant for assignments that range from 10 points to 20 points.

Grading Rubric

Aspects	Total Points	A	C	B	D
	10	2	1	1.5	0.5
Understanding of the problem	2	Demonstrates a sophisticated understanding of the problem.	Demonstrates an acceptable understanding of the problem.	Demonstrates an accomplished understanding of the problem.	Demonstrates an inadequate understanding of the problem.
Use of appropriate terminologies, concepts and tools	2	Correctly uses the terminology and tools learned	Only see a few uses and application of concepts and tools learned.	Show general understanding of terminology and tools	See frequent incorrect application of concepts in paper.
Powerful and logical alignment among sections	2	Makes powerful connections between sections and shows strong reasoning.	Makes appropriate but sometimes vague connections between sections.	Makes appropriate connections between sections with adequate reasoning.	Sections are disjointed, fall apart and in general lacks sound reasoning.
Clarification and readability	2	Writing shows clarity and is concise; extremely well-organized	Writing lacks clarity, not concise and contains numerous errors; lacks organization	Writing is accomplished in terms of clarity and is concise; well-organized	Writing is unfocused, or contains serious errors; poorly organized
Follows the required format	2	Follows listed guidelines, meets page limits, cites references	Fails two requirements	Fails one requirement	Fails all requirements

Grading will be weighted as follows:

Assignment	Due Dates	Weight
Case Studies	February 1 March 22	30% 15 15
Diversity and Cultural Competency Training Resource Presentation	February 22	10%
Group Project		40%
Group Presentation	April 26	10
Written Analysis	April 26	30
Summary Reflective Essay	May 10 (9 pm)	10%
Class Participation		5%
Group Participation		5%
Total		100%

Grading Policy

USC policies for grades are as follows:

Grade	Criteria
A	Work of excellent quality
B	Work of good quality
C	Minimum passing for graduate credit
C-	Failing grade for graduate credit

Assignment Submission Policy

Assignments listed on the syllabus must be emailed or handed to the professor by 6 pm Tuesday of the relevant week to be considered an on time submission. The summary reflective essay is due by 9pm on May 10.

Additional Policies

IN Incomplete is assigned when work is not completed because of documented illness or other "emergency" occurring after the twelfth week of the semester (or the twelfth week equivalent for any course that is scheduled for less than 15 weeks).

Registrar's Note: Recommended definition of emergency: "A situation or event which could not be foreseen and which is beyond the student's control, and which prevents the student from taking the final examination or completing other work due during the final examination period. Also note that as defined above, a student may not request an IN before the end of the twelfth week (or twelfth week equivalent for any course scheduled for less than 15 weeks); the rationale is that the student still has the option to drop the course until the end of the twelfth week (or twelfth week equivalent). The grade of IN exists so there is a remedy for illness or emergency which occurs after the drop deadline.

Marks of IN must be completed within one year from the date of the assignment of the IN. If not completed within the specified time limit, marks of IN automatically become marks of IX (expired incomplete) with the exception of thesis, dissertation, and non-letter-graded courses, and are computed in the GPA as a grade of F (zero grade points). A student may petition the Committee on Academic Policies and Procedures (CAPP) for an extension of time to complete an Incomplete. Extensions beyond the specified time limit are rarely approved, particularly if the student has enrolled in subsequent semesters, since the completion of the incomplete should be the student's first priority.

Course Outline-PPD 697 Spring 2022-Subject to Change

Dates	Topics	Assigned Reading
1/11	<ul style="list-style-type: none"> Course Overview and Introductions 	
1/18	<ul style="list-style-type: none"> Dimensions of diversity Key concepts and organizing frameworks 	Dreachslin et al 1 Systems Approach to Cultural Competence (Blackboard Journal-BJ): Betancourt et al—Defining Cultural Competence A Practical Framework for Addressing Racial/Ethnic Disparities in Health and Healthcare BJ: Shavers et al-The State of Research on Racial/Ethnic Discrimination in the Receipt of Health Care
1/25	<ul style="list-style-type: none"> Overview of disparities Racial and ethnic disparities in health and health care Disparities across other diversity dimensions: gender, sexual orientation, the elderly Systematic strategies for reducing health care disparities 	Dreachslin et al 2 Systemic Attention to Health Care Disparities BJ: AHRQ 2018 National Healthcare Quality and Disparities Report
2/1	<ul style="list-style-type: none"> Trends in the US labor force Diversity and disparities in the health professions Organizational strategies for reducing disparities in the health professions Workforce diversity challenges CASE 1 DUE 	Dreachslin et al 3 Workforce Demographics BJ: Changes in the State Governmental Public Health Workforce BJ: Reconfiguring Health Care Workforce Policy So That Education, Training, And Actual Delivery of Care are Closely Connected
2/8	<ul style="list-style-type: none"> What <i>is</i> cultural competence in health care? Long journey toward cultural competence Cultural competence and the health care provider organization Cultural competence and the multicultural workforce 	Dreachslin et al 4 Foundations for Cultural Competence in Health Care BJ: Cultural Competence and Perceptions of Community Health Workers' Effectiveness for Reducing Health Care Disparities
2/22	Student Presentations-Diversity and Cultural Competence Training Resources	
3/1	<ul style="list-style-type: none"> Eight principles for knowledge and skills training Cultural competence knowledge and skills for <ul style="list-style-type: none"> Administrators Health care professionals Support staff The role of assessment in training 	Dreachslin et al 6 Training for Knowledge and Skills in Culturally Competent Care for Diverse Populations BJ: Addressing Harmful Bias and Eliminating Discrimination in Health Professions Learning Environments

Dates	Topics	Assigned Reading
3/8	<ul style="list-style-type: none"> • Transcultural nursing models • Giger-Davidhizar transcultural assessment model • Cultural responsiveness scenarios 1-3 • LEARN mnemonic case study 	Dreachslin et al 7 Cultural Competence in Health Care Encounters BJ: Berlin and Fowkes: A Teaching Framework for Cross-Cultural Healthcare
3/15	No Class-Spring Break	
3/22	<ul style="list-style-type: none"> • LEP and the health care encounter • Language and health care encounters • Regulatory and organizational responses to LAS • Interpreters and translators • Nonverbal communication • Case 2 Day 	Dreachslin et al 8 Language Access Services and Crosscultural Communication BJ: Andrulis and Brach— Integrating Literacy, Culture, and Language to Improve Health Care Quality for Diverse Populations
3/29	<ul style="list-style-type: none"> • Research highlights • Minority status group identity development • Majority status group identity development • Using the models for self-development and understanding others 	Dreachslin et al 9 Group Identity Development and Health Care Delivery BJ: Jones-Systems of Power Axes on Inequity BJ: Healthcare Equality Index
4/5	<ul style="list-style-type: none"> • Science of OB • OB research-diversity and inclusion • Role of organizational context in provision of culturally and linguistically appropriate care 	Dreachslin et al 10 The Centrality of Organizational Behavior BJ: Wilson-Stronks et al-From the Perspectives of CEOs
4/12	<ul style="list-style-type: none"> • Similarities and differences: the business case in health care and other industries • Best demonstrated practices • Role of pre-post diversity intervention assessment • Role of metrics and 6 Sigma 	Dreachslin et al 11 The Business Case and Best Demonstrated Practices BJ: LaVeist et al—Economic Burden of Health Inequality BJ: QI Essentials Toolkit
4/19	<ul style="list-style-type: none"> • Trends that support widespread adoption of the systems approach • Change management and force field analysis: tools to envision and shape the future 	Dreachslin et al 12 The Future of Diversity and Cultural Competence in Health Care
4/26	Group Presentations and Group Project Paper Due	
5/10	Summary Reflective Essay Due by 9pm	

STATEMENT ON ACADEMIC CONDUCT AND SUPPORT SYSTEMS

Academic Conduct:

Plagiarism – presenting someone else’s ideas as your own, either verbatim or recast in your own words – is a serious academic offense with serious consequences. Please familiarize yourself with the discussion of plagiarism in SCampus in Part B, Section 11, “Behavior Violating University Standards” policy.usc.edu/scampus-part-b. Other forms of academic dishonesty are equally unacceptable. See additional information in SCampus and university policies on scientific misconduct, policy.usc.edu/scientific-misconduct.

Support Systems:

Counseling and Mental Health - (213) 740-9355 – 24/7 on call
studenthealth.usc.edu/counseling

Free and confidential mental health treatment for students, including short-term psychotherapy, group counseling, stress fitness workshops, and crisis intervention.

National Suicide Prevention Lifeline - 1 (800) 273-8255 – 24/7 on call
suicidepreventionlifeline.org

Free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week.

Relationship and Sexual Violence Prevention Services (RSVP) - (213) 740-9355(WELL), press "0" after hours – 24/7 on call
studenthealth.usc.edu/sexual-assault

Free and confidential therapy services, workshops, and training for situations related to gender-based harm.

Office of Equity and Diversity (OED) - (213) 740-5086 | Title IX – (213) 821-8298
equity.usc.edu, titleix.usc.edu

Information about how to get help or help someone affected by harassment or discrimination, rights of protected classes, reporting options, and additional resources for students, faculty, staff, visitors, and applicants.

Reporting Incidents of Bias or Harassment - (213) 740-5086 or (213) 821-8298
usc-advocate.symplicity.com/care_report

Avenue to report incidents of bias, hate crimes, and microaggressions to the Office of Equity and Diversity | Title IX for appropriate investigation, supportive measures, and response.

The Office of Disability Services and Programs - (213) 740-0776
dsp.usc.edu

Support and accommodations for students with disabilities. Services include assistance in providing readers/notetakers/interpreters, special accommodations for test taking needs, assistance with architectural barriers, assistive technology, and support for individual needs.

USC Campus Support and Intervention - (213) 821-4710
campussupport.usc.edu

Assists students and families in resolving complex personal, financial, and academic issues adversely affecting their success as a student.

Diversity at USC - (213) 740-2101

diversity.usc.edu

Information on events, programs and training, the Provost's Diversity and Inclusion Council, Diversity Liaisons for each academic school, chronology, participation, and various resources for students.

USC Emergency - UPC: (213) 740-4321, HSC: (323) 442-1000 – 24/7 on call

dps.usc.edu, emergency.usc.edu

Emergency assistance and avenue to report a crime. Latest updates regarding safety, including ways in which instruction will be continued if an officially declared emergency makes travel to campus infeasible.

USC Department of Public Safety - UPC: (213) 740-6000, HSC: (323) 442-120 – 24/7 on call

dps.usc.edu

Non-emergency assistance or information.

Office of the Ombuds - (213) 821-9556 (UPC) / (323-442-0382 (HSC)

ombuds.usc.edu

A safe and confidential place to share your USC-related issues with a University Ombuds who will work with you to explore options or paths to manage your concern.