

PROGRAM OF CULTURAL DIVERSITY UNIVERSITY OF MARYLAND, BALTIMORE 2012 PROGRESS REPORT

The University of Maryland, Baltimore (UMB) is the State's public health, law and human services university devoted to excellence in professional and graduate education, research, patient care, and public service.¹ As a diverse community of outstanding faculty, staff and students, and using state-of-the-art technological support, we educate leaders in health care delivery, biomedical science, global health, social work and the law. We emphasize interdisciplinary education and research in an atmosphere that explicitly values civility, diversity, collaboration, teamwork and accountability. By conducting internationally recognized research to cure disease and to improve the health, social functioning and just treatment of the people we serve, we foster economic development in the City, State, and nation. We are committed to ensuring that the knowledge we generate provides maximum benefit to society and directly enhances our various communities.

The University has a multi-pronged approach to fostering cultural competency which involves the entire campus and includes efforts and initiatives from the President's Office, Campus Life Services, as well as grassroots programming by our students. Furthermore each of the graduate/professional schools has accreditation standards that keep the issue in the forefront of their educational efforts. This 2012 Progress Report briefly highlights some of the activities that have occurred in the past year.

1. Summary of Institutional Plan

The University's Strategic Plan Report,² released in 2011 identifies seven Core Values and makes plain the University community's pledge:

The University is committed to a culture that is enriched by diversity, in the broadest sense, in its thoughts, actions, and leadership.

The Strategic Plan goes on to state:

As the state's only public academic health, law, and human services university, the University has an obligation to educate and train students and scholars to provide leadership and expertise necessary to address the health, legal, and social challenges posed by our nation's changing demographics. In fulfilling this obligation the University must embrace and celebrate diversity and become culturally competent. The University must be able to respond respectfully and effectively to people of all cultures, classes, races, genders, ethnic backgrounds, sexual orientations, and faiths or religions in a manner that recognizes, affirms, and values the worth of individuals, families, tribes, and communities, and protects and preserves the dignity of each.

¹ UMB records do not indicate that there were any campus-based hate crimes or bias-motivated incidents that occurred on campus during the applicable reporting period.

² <http://www.umaryland.edu/strategicplan/docs/StrategicPlan.pdf>

Attaining cultural competence will require the University to have a defined set of values and principles, and demonstrate behaviors, attitudes, policies, and structures enabling these to work effectively cross-culturally. The University will build the capacity to value diversity, conduct self-assessment, manage the dynamics of difference, and acquire and disseminate cultural knowledge. In response to the diversity and the cultural mores of the communities served by the University, it must incorporate these ideals into all aspects of policymaking, administration, practice, and service delivery by systematically involving consumers, key stakeholders, and communities.

Recognizing that when it comes to attainment of its desired outcomes, the institution cannot simply adopt a strategic plan and “wish it so,” the University’s Strategic Plan takes each theme and makes goals explicit and sets forth the tactics it will use in pursuing the goals.

Specifically, for **Theme 2 PROMOTING DIVERSITY and a CULTURE of INCLUSION**, the Strategic Plan lists three overarching goals and enumerates 13 specific tactics to be utilized in pursuit of the goals.

Goal 1: Promote a commitment to diversity and a culture of inclusion.

Tactics:

1.1 Assign to the President’s Diversity Advisory Council oversight and support of the University’s diversity and inclusion initiatives.

1.2 Establish a diversity and inclusion distinguished fellow who will develop and operationalize novel initiatives promoted by the Diversity Advisory Council.

1.3 Appoint in each school and principal administrative unit a senior administrator or faculty member to liaise with the Diversity Advisory Council on diversity and inclusion initiatives.

1.4 Conduct a University-wide diversity and inclusion assessment to establish a baseline from which to build programs and initiatives.

1.5 Administer a periodic survey to assess the campus climate on diversity and inclusion issues.

Goal 2: Enhance the environment to ensure diversity is valued and inclusion becomes a guiding principle in every aspect of the University’s activities.

Tactics:

2.1 Establish new and support existing initiatives for diversity and inclusion in all academic and administrative units and develop accountability mechanisms to assess outcomes.

2.2 Include “promotion of diversity and inclusion” among performance criteria in the reviews of all University leaders.

2.3 Promote diversity among faculty and leadership.

2.4 Conduct a periodic compensation review to promote best practice in salary and resource allocation to ensure equitable and performance-based treatment for all.

2.5 Develop and publicize events and programs that recognize and celebrate diversity and promote inclusion.

Goal 3: Cultivate the idea that cultural competency is the right thing to do and promote it as a competitive advantage to be attained and valued by faculty, staff, and students.

Tactics:

3.1 Create a cultural competency initiative that promotes cultural competency throughout the University.

3.2 Establish a resource on professionalism to guide the University's effort in promoting cultural competency as an essential and desirable attribute in the ongoing growth and development of faculty, staff and students.³

3.3 Offer a training program that prepares faculty and staff to be influential leaders, advocates, and spokespeople for cultural competency initiatives across the University.

Progress toward achieving the Strategic Plan goals is overseen by Work Group co-chairs Pete Gilbert, Senior Vice President and Chief Operating Officer and Dr. Roger Ward, Associate Vice President for Academic Affairs and Chief Accountability Officer.⁴

The Work Group has prepared metrics for each tactic and assigned a priority rating and an implementation year.⁵ There are 5 "Priority 1" Tactics. For each, a responsible party has been assigned, a start date established, and fiscal impact considered.

Priority 1 Goals for 2013

| Tactic 1: Responsible Party: Roger Ward | Priority | | Start | | Fiscal Impact | | Status | |
|---|-----------------|-----------------|----------------|----------------|----------------------|----------------|----------------|--------------|
| 1.1 Assign to the President's Diversity Advisory Council oversight and support of the University's diversity and inclusion initiatives. | 1 | | 2013 | | Neutral | | Underway | |
| | | | | | N/A | | | |
| Metrics: | | Baseline | 6/30/12 | 6/30/13 | 6/30/14 | 6/30/15 | 6/30/16 | G/Y/R |
| 1.1.1 Formally assign responsibility for diversity and inclusion initiatives to the Diversity Advisory Council. | Target | | Yes | - | - | - | - | |
| | Actual | | Yes | - | - | - | - | |

³ This Tactic differs slightly from the Draft Report reference in last year's Report.

⁴ The other members of the group are identified on Appendix A.

⁵ A copy of the work-group spreadsheet is attached as Appendix B.

| Tactic 3: Responsible Party: Deans | | Priority | Start | | Fiscal Impact | | Status | |
|---|--------|----------|---------|---------|---------------|---------|--------------|-------|
| 1.3 Appoint in each school a senior administrator or faculty member to liaise with the Diversity Advisory Council on diversity and inclusion initiatives. | 1 | 2013 | Neutral | | N/A | | Start 9/2012 | |
| | | | N/A | | | | | |
| Metrics: | | Baseline | 6/30/12 | 6/30/13 | 6/30/14 | 6/30/15 | 6/30/16 | G/Y/R |
| 1.3.1 Liaison to the Diversity Advisory council appointed by each school. | Target | | | | | | | |
| | Actual | | | | | | | |

| Tactic 2: Responsible Party: Marjorie Powell | | Priority | Start | | Fiscal Impact | | Status | |
|--|--------|----------|---------|---------|---------------|---------|--------------|-------|
| 2.2 Include "promotion of diversity and inclusion" among performance criteria in the reviews of all University leaders. | 1 | 2013 | Neutral | | N/A | | Start 3/2013 | |
| | | | N/A | | | | | |
| Metrics: | | Baseline | 6/30/12 | 6/30/13 | 6/30/14 | 6/30/15 | 6/30/16 | G/Y/R |
| 2.2.1 Performance appraisal standards for university leaders include 'promotion of diversity and inclusion' as a criterion for review. | Target | | | | | | | |
| | Actual | | | | | | | |

| Tactic 3: Responsible Party: President Jay Perman | | Priority | Start | | Fiscal Impact | | Status | |
|---|--------|----------|---------|---------|---------------|---------|----------|-------|
| 2.3 Promote diversity among faculty and leadership. | 1 | 2013 | Neutral | | N/A | | Underway | |
| | | | N/A | | | | | |
| Metrics: | | Baseline | 6/30/12 | 6/30/13 | 6/30/14 | 6/30/15 | 6/30/16 | G/Y/R |
| 2.3.1 The Diversity/EEO/AA Manager assesses the diversity of the tenured faculty and senior administrative staff and presents findings to the Diversity Advisory Council. | Target | | | | | | | |
| | Actual | | | | | | | |
| Metrics: | | Baseline | 6/30/12 | 6/30/13 | 6/30/14 | 6/30/15 | 6/30/16 | G/Y/R |
| 2.3.2 The Diversity Advisory Council reviews findings of the Diversity/EEO/AA Manager (see, metric 2.3.1) and proposes recommendations for enhancing diversity the University's executive leadership. | Target | | | | | | | |
| | Actual | | | | | | | |

| Tactic 5: Responsible Party: Laura Kozak | | Priority | Start | | Fiscal Impact | | Status | |
|---|--------|----------|---------|---------|---------------|---------|----------|-------|
| 2.5 Publicize events and programs that recognize and celebrate diversity and promote inclusion. | 1 | 2013 | Minimal | | Ongoing | | Underway | |
| | | | Ongoing | | | | | |
| Metrics: | | Baseline | 6/30/12 | 6/30/13 | 6/30/14 | 6/30/15 | 6/30/16 | G/Y/R |
| 2.5.1 The University community is able to access an online calendar that highlights events and programs that celebrate diversity and promote inclusion. | Target | | | | | | | |
| | Actual | | | | | | | |

In subsequent years, UMB will report on the implementation of these 2013 goals and the efforts to get underway the five items marked for implementation inception in 2014.

2. Efforts to Increase Numerical Representation

No stronger statement can be made about the importance of promoting diversity and encouraging its growth than the fact that President Perman has been designated the “Responsible Party” for Tactic 3, (noted above as part of Goal 2). This Tactic has been given the highest priority designation.

| Tactic 3: Responsible Party: President Jay Perman | | Priority | Start | | Fiscal Impact | | Status | |
|---|--|-----------------|----------------|----------------|----------------|----------------|----------------|--------------|
| 2.3 Promote diversity among faculty and leadership. | | 1 | 2013 | | Neutral | | Underway | |
| | | | | | N/A | | | |
| Metrics: | | Baseline | 6/30/12 | 6/30/13 | 6/30/14 | 6/30/15 | 6/30/16 | G/Y/R |
| The Diversity/EEO/AA Manager assesses the diversity of the tenured faculty and senior administrative staff and presents findings to the Diversity Advisory Council. 2.3.1 | | Target | | | | | | |
| | | Actual | | | | | | |
| Metrics: | | Baseline | 6/30/12 | 6/30/13 | 6/30/14 | 6/30/15 | 6/30/16 | G/Y/R |
| The Diversity Advisory Council reviews findings of the Diversity/EEO/AA Manager (see, metric 2.3.1) and proposes recommendations for enhancing diversity the University's executive leadership. 2.3.2 | | Target | | | | | | |
| | | Actual | | | | | | |

The University recognizes the significance of providing students with leaders and role models that reflect the diversity of our Nation’s population.

Tactic 4, which is slated for implementation in the second year of the Strategic Plan period, will focus on compensation in order to identify any inequities that might hinder UMB’s desire to increase the numerical representation of traditionally underrepresented groups within staff and faculty.

| Tactic 4: | | Priority | Start | | Fiscal Impact | | Status | |
|--|--|-----------------|----------------|----------------|----------------|----------------|----------------|--------------|
| 2.4 Conduct a periodic compensation review to promote best practice in salary and resource allocation to ensure equitable and performance-based treatment for all. | | 3 | 2014 | | Neutral | | Start 7/2014 | |
| | | | | | N/A | | | |
| Metrics: | | Baseline | 6/30/12 | 6/30/13 | 6/30/14 | 6/30/15 | 6/30/16 | G/Y/R |
| Human Resources Department establishes a schedule for conducting a compensation review and defines a process for sharing the results with appropriate university leadership. 2.4.1 | | Target | | | | | | |
| | | Actual | | | | | | |

While the Strategic Plan process has brought enhanced focus to some of UMB’s actions, there can be no doubt that UMB has always been committed to recruiting and retaining underrepresented groups. Each of the University’s Schools, within the confines of federal law, has focused student recruitment strategies directed toward outreach to underrepresented minority groups as schools which historically educate those populations. The various admissions policies aspire to achieve a broadly diverse student

body and to this end, Schools engage in a highly individualized, holistic review of each applicant's file, giving consideration to all the ways that an applicant might contribute to a diverse educational environment. The qualities of students sought may be reflected in their background characteristics such as geographic origin, cultural and language backgrounds, racial, social, disability and economic barriers overcome; interpersonal skills, demonstrated by extracurricular pursuits, work or service experience, and leadership activities; potential for intellectual and social growth, demonstrated by personal talents and skills, maturity and compassion; and other special circumstances and characteristics that, when combined with academic skills necessary, promise to make a special contribution to the community. The University seeks to enroll meaningful numbers of students from groups that have been historically discriminated against to ensure their ability to make unique contributions to the character of the Campus' educational and social environment.

Additionally, the Schools also have obligations to their individual accreditation agencies each of whom, in some way, acknowledges the fact that fostering diversity in the profession is an important prong. Take, for example, Standard IS-16⁶ of the Liaison Committee on Medical Education:

IS-16. An institution that offers a medical education program must have policies and practices to achieve appropriate diversity among its students, faculty, staff, and other members of its academic community, and must engage in ongoing, systematic, and focused efforts to attract and retain students, faculty, staff, and others from demographically diverse backgrounds.

It continues with the following Annotation:

The LCME and the CACMS believe that aspiring future physicians will be best prepared for medical practice in a diverse society if they learn in an environment characterized by, and supportive of, diversity and inclusion. Such an environment will facilitate physician training in:

- * Basic principles of culturally competent health care.
- * Recognition of health care disparities and the development of solutions to such burdens.
- * The importance of meeting the health care needs of medically underserved populations.
- * The development of core professional attributes (e.g., altruism, social accountability) needed to provide effective care in a multidimensionally diverse society.

The institution should articulate its expectations regarding diversity across its academic community in the context of local and national responsibilities, and regularly assess how well such expectations are being achieved. The institution should consider in its planning elements of diversity including, but not limited to, gender, racial, cultural, and economic factors. The institution should establish focused, significant, and sustained programs to recruit and retain suitably diverse students, faculty members, staff, and others.

⁶ http://www.lcme.org/connections/connections-2012-2013/IS-16_2012-2013.htm

Lastly, the Secretariat Comments make plain:

[T]he fact that IS-16 is located in the Institutional Standards section of the Functions and Structure of a Medical School document reflects the fact that this standard is not solely about student diversity, but rather that it requires a school-wide policy defining the desired elements of diversity among students, faculty, and staff.

Continuous efforts are also made by the University's Department of Human Resource Services. Each year, the University's Diversity/EEO/AA Office coordinates various internal and external diversity initiatives to support the mission and goals of the University.⁷

UMB Mentoring Program

This program assists new hires in adapting successfully to the new workplace. It also helps them become oriented more quickly to the University and its goals, vision, and culture, while helping them assess their professional aspirations within our organization. New hires are randomly selected and paired with an employee who has been with the University five years or more. This structured mentoring program was successfully piloted in 2008. Participation in the program is voluntary. The mentoring relationship is special and based on open communication, mutual respect, and trust.

The program runs from June to December each year. For more information log onto <http://www.hr.umaryland.edu/diversity/mentoring.htm>

YouthWorks Summer Jobs Program

Each year the University collaborates with the Mayor's Office of Employment Development (OED) in its efforts to employ Baltimore City youth for six weeks of full-time summer employment. Through our 22 year partnership with OED, the University's program has been a model for others within the City of Baltimore, with its unique mentoring component that pairs students with staff/faculty and UMB students on campus. Guided mentoring activities help to provide educational and career direction for its participants.

In 2011, UMB hosted 13 students in the various areas across campus such as, Public Safety, URecFit, Office of Academic Affairs, Psychiatry, Oncology, and the Human Research Protections Office, just to name a few. Our "star" student, Jamesha Perkins, who worked in Neurology, has been the "poster child" for this effort and traveled around the City with Mayor Stephanie Rawlings Blake speaking on the success of the program. Overall the program enhances the students' future, as they are exposed to real work experiences. The University has benefited greatly from this program as many of the Baltimore City youth have made successful careers here at UMB.

Project Search

⁷ Participation in these programs by race/ethnicity/gender is broken down on Appendix C.

Through a continuing partnership between UMB, the Arc of Baltimore, the Baltimore City Public School System, and the Division of Rehabilitation Services (DORS), Project Search is a model in workforce and career development for adults and students with disabilities. This program creates internships for high school students to learn employable skills within the campus. It improves the student's probability of being employable and enhances the campus awareness of the potential of people with disabilities.

UMB was selected by Maryland Works as the "2008 State Employer of the Year" for employing people with disabilities. Our goal is to increase the number of internships of students served each year which could result in the hiring of some of the students, as well as broaden the scope throughout the University System of Maryland and the surrounding community. In 2010, UMB achieved part of this goal as the University of Maryland Medical Center (UMMC) joined its efforts in this beneficial program.

Individuals With Disabilities Program Efforts

Diversity/EEO/AA evaluates disability accommodation requests from employees in compliance with the Americans with Disabilities Act of 1990 (ADA), the Americans with Disabilities Act Amendments Act of 2008 (ADAAA), and Section 504 of the Rehabilitation Act of 1973. The ADA was designed to remove barriers which prevent qualified individuals with disabilities from enjoying the same opportunities that are available to persons without disabilities. The Associate Vice President of Human Resource Services, Marjorie L. Powell, chairs the ADA Steering Committee. The Diversity/EEO/AA Manager, Sheila K. Greenwood, and Specialist, Camille Givens-Patterson serve on the committee to address issues of disability and access at UMB. The ADA Steering Committee is designed to strengthen the University's commitment to the law, policy, and principles of equal access and opportunity for persons with disabilities.

The ADA Steering Committee is organized to ensure that all parts of the organization are represented in ADA issues and that we speak in one voice in compliance with the law. The committee is comprised of various faculty, staff, students, and individuals with disabilities from the campus community.

Under the ADA Steering Committee, the University participates in the Access Maryland program through the Maryland Department of Disabilities (MDOD). The purpose of the program is to bring state-owned facilities into compliance with state and federal mandates requiring access for person with disabilities. The University maintains a transition plan under MDOD. This plan is a three-year living document that helps the campus estimate the cost of removing barriers to accessibility. This plan is also a required in order to request funding for the projects from MDOD. In FY 13, the University will receive \$167,750 for select project improvements. The FY 14 request has been submitted to MDOD and the University is currently awaiting its results.

3. Efforts to Create Positive Interactions and Cultural Awareness

Campus-wide Efforts

The Office of Academic Affairs/Campus Life Services is responsible for **Heritage/History Month** programming that takes place throughout the year which provides a unique setting for interdisciplinary encouragement of broad social, cultural, recreational, and education programming for the entire University community. Each year, the offerings increase as suggestions are welcomed from the University's diverse and vibrant student, staff and faculty members.

Each Heritage/History Month program⁸ aims to:

- Provide an understanding of the multiple perspectives of others, while valuing one's own heritages, experiences and values;
- Encourage an appreciate for the interactive relationship of race, sexual orientation, class and gender in society;
- Articulate views and experiences around race, sexual orientation, class and gender by integrating personal experiences and academic perspectives;
- Appreciate the role that arts and cultural events can play in developing an enlightened and culturally-empowered perspective; and
- Influence social change on campus and in society with creativity, integrity and compassion.

Other educational efforts took place during the year as well. In October, 2012, the Office of Educational Support and Disability Services and the UM ADA Steering Committee co-sponsored an **"ADA Workshop: Understanding the New Guidelines"** which allowed students, faculty and staff to receive an update on ADA law and instruction on self-advocacy. Also in October, Human Resource Services hosted a **"Disability Education and Awareness Day"** in recognition of National Disability Employment Awareness Month.

The President's Office communicates its commitment to advancements in diversity through the annual Dr. Martin Luther King, Jr. lecture and the presentation of the **Diversity Recognition Award**⁹ named in Dr. King's honor. Through the nomination process, the entire University gets an opportunity to promote the hard work of dedicated students and faculty who are leaders amongst our University community and who embody our commitment to promoting diversity and inclusion. The recipient of the 2012 Award was the **Promise Heights Initiative**¹⁰ wherein UMB, community non-profits and faith based organizations have joined together to form a partnership to improve educational and developmental outcomes for children and families in the West Baltimore neighborhood of Upton/Druid

⁸ A list of partial list of programs is attached as Appendix D.

⁹ <http://www.oea.umaryland.edu/communications/news/?ViewStatus=FullArticle&articleDetail=19716>

¹⁰ http://www.ssw.umaryland.edu/promise_heights/Promise%20Heights/

Heights. The event also featured the film premiere of the documentary **Walter P. Carter: Champion for Change**. Mr. Carter played an integral role in advancing equal rights for African-Americans in Baltimore City and throughout Maryland.

Another annual endeavor of the President's Office is its **Student Leadership Institute**.¹¹ It provides instruction on a no-fee, no-credit basis to student participants from a variety of schools. Specific topics include: Leading in a Diverse and Global Society; Cultural Understanding; and Cross Cultural Communication.

School Specific Efforts

Detailed information regarding UMB's efforts to incorporate instruction on cultural sensitivity and cultural competency (as well as health literacy and health disparities) was submitted to the Office of Minority Health and Health Disparities, Maryland Department of Health and Mental Hygiene in November of 2012 pursuant to the Maryland Health Improvement and Disparities Reduction Act of 2012.

In the 50+ pages of reporting, UMB detailed relevant coursework, clinical experiences, field training and other academic and co-curricular activities. Rather than attempt to excerpt portions of these reports for inclusion here when most of what is documented there is relevant to the "positive interactions and cultural awareness" query, UMB's report to DHMH has been included as Supplement A.

4. Institutional Demographic Data Requested by USM

Included as Supplement B.

¹¹ <http://www.umaryland.edu/islsi/pi/psli/lunch.html>

Appendix A

Diversity and Culture of Inclusion Implementation Team Members

Co-Chairs

Pete Gilbert, MSF
Senior Vice President and Chief Operating Officer

Roger Ward, EdD, JD, MPA
Chief Accountability Officer
Associate Vice President, Academic Affairs

Members

Jessica Bird, MEd
School of Medicine
Director of Human Resources

Gregory Carey, PhD
School of Medicine
Assistant Professor

Meryl Eddy, JD
University Counsel

Vanessie Fahie, PhD, RN
Assistant Professor
School of Nursing

Courtney Jones
Director, Inter-Professional Service Learning & Student Initiatives
Academic Affairs - Campus Life Services

Amy Ramirez
Director, International Scholar & Student Services
Academic Affairs - Campus Life Services

Appendix B

Goal 1: Promote a commitment to diversity and culture of inclusion.

| Tactic 1: | Priority | Start | | | Fiscal Impact | | Status | |
|---|-----------------|----------------|----------------|----------------|----------------------|----------------|---------------|--|
| Responsible Party: Roger Ward | 1 | 2013 | | | Neutral | | Underway | |
| 1.1 Assign to the President's Diversity Advisory Council oversight and support of the University's diversity and inclusion initiatives. | | | | | N/A | | | |
| Metrics: | Baseline | 6/30/12 | 6/30/13 | 6/30/14 | 6/30/15 | 6/30/16 | G/Y/R | |
| Formally assign responsibility for | Target | Yes | - | - | - | - | | |
| 1.1.1 diversity and inclusion initiatives to the Diversity Advisory Council. | Actual | Yes | - | - | - | - | | |

| Tactic 2: | Priority | Start | | | Fiscal Impact | | Status | |
|--|-----------------|----------------|----------------|----------------|----------------------|----------------|---------------|--|
| 1.2 Establish a diversity and inclusion distinguished fellow who will develop and operationalize novel initiatives promoted by the Diversity Advisory Council. | 3 | 2014 | | | Minimal | | Starts 7/2013 | |
| | | | | | IR/Ongoing | | | |
| Metrics: | Baseline | 6/30/12 | 6/30/13 | 6/30/14 | 6/30/15 | 6/30/16 | G/Y/R | |
| Diversity and inclusion fellowship job description approved by the Diversity Advisory Council. | Target | - | Yes | - | - | - | | |
| 1.2.1 | Actual | | | | | | | |
| Diversity and inclusion fellow selected by the Diversity Advisory Council. | Target | - | Yes | - | - | - | | |
| 1.2.2 | Actual | | | | | | | |

| Tactic 3: | Priority | Start | | | Fiscal Impact | | Status | |
|---|-----------------|----------------|----------------|----------------|----------------------|----------------|---------------|--|
| Responsible Party: Deans | 1 | 2013 | | | Neutral | | Start 9/2012 | |
| 1.3 Appoint in each school a senior administrator or faculty member to liaise with the Diversity Advisory Council on diversity and inclusion initiatives. | | | | | N/A | | | |
| Metrics: | Baseline | 6/30/12 | 6/30/13 | 6/30/14 | 6/30/15 | 6/30/16 | G/Y/R | |
| Liaison to the Diversity Advisory council appointed by each school. | Target | | | | | | | |
| 1.3.1 | Actual | | | | | | | |

| Tactic 4: | Priority | Start | | | Fiscal Impact | | Status | |
|--|-----------------|----------------|----------------|----------------|----------------------|----------------|---------------|--|
| 1.4 Conduct a University-wide diversity and inclusion assessment to establish a baseline from which to build programs and initiatives. | 1 | 2014 | | | Minimal | | Start 9/2013 | |
| | | | | | IR/Ongoing | | | |
| Metrics: | Baseline | 6/30/12 | 6/30/13 | 6/30/14 | 6/30/15 | 6/30/16 | G/Y/R | |
| Complete a university-wide diversity and inclusion assessment. | Target | | | | | | | |
| 1.4.1 | Actual | | | | | | | |
| Launch pilot program(s) and initiative(s) identified by the assessment to address relevant issues. | Target | | | | | | | |
| 1.4.2 | Actual | | | | | | | |

| Tactic 5: | Priority | Start | | | Fiscal Impact | | Status | |
|---|-----------------|----------------|----------------|----------------|----------------------|----------------|---------------|--|
| 1.5 Administer a periodic survey to assess the campus climate on diversity and inclusion issues. | 1 | 2016 | | | Minimal | | Start 1/2016 | |
| | | | | | Ongoing | | | |
| Metrics: | Baseline | 6/30/12 | 6/30/13 | 6/30/14 | 6/30/15 | 6/30/16 | G/Y/R | |
| Schedule for periodic assessment of the campus climate established by the Diversity Advisory Council. | Target | | | | | | | |
| 1.5.1 | Actual | | | | | | | |

Goal 2: Enhance the environment to ensure diversity is valued and inclusion becomes a guiding principle in every aspect of the University's activities.

| Tactic 1: | Priority | Start | | Fiscal Impact | | Status | | |
|---|-----------------|-----------------|----------------|----------------------|----------------|----------------|----------------|--------------|
| 2.1 Establish new and support existing initiatives for diversity and inclusion in all academic and administrative units and develop accountability mechanisms to assess outcomes. | 2 | 2014 | | Minimal | Start 1/2014 | | | |
| | | | | Ongoing | | | | |
| Metrics: | | Baseline | 6/30/12 | 6/30/13 | 6/30/14 | 6/30/15 | 6/30/16 | G/Y/R |
| 2.1.1 Descriptions of diversity and inclusion initiatives submitted to the Diversity Advisory Council for review by each academic and administrative unit. | Target | | | | | | | |
| | Actual | | | | | | | |
| 2.1.2 Accountability mechanism to assess diversity and inclusion initiatives developed by the Diversity Advisory Council. | Target | | | | | | | |
| | Actual | | | | | | | |

| Tactic 2: Responsible Party: Marjorie Powell | Priority | Start | | Fiscal Impact | | Status | | |
|--|-----------------|-----------------|----------------|----------------------|----------------|----------------|----------------|--------------|
| 2.2 Include "promotion of diversity and inclusion" among performance criteria in the reviews of all University leaders. | 1 | 2013 | | Neutral | Start 3/2013 | | | |
| | | | | N/A | | | | |
| Metrics: | | Baseline | 6/30/12 | 6/30/13 | 6/30/14 | 6/30/15 | 6/30/16 | G/Y/R |
| 2.2.1 Performance appraisal standards for university leaders include 'promotion of diversity and inclusion' as a criterion for review. | Target | | | | | | | |
| | Actual | | | | | | | |

| Tactic 3: Responsible Party: President Jay Perman | Priority | Start | | Fiscal Impact | | Status | | |
|---|-----------------|-----------------|----------------|----------------------|----------------|----------------|----------------|--------------|
| 2.3 Promote diversity among faculty and leadership. | 1 | 2013 | | Neutral | Underway | | | |
| | | | | N/A | | | | |
| Metrics: | | Baseline | 6/30/12 | 6/30/13 | 6/30/14 | 6/30/15 | 6/30/16 | G/Y/R |
| 2.3.1 The Diversity/EEO/AA Manager assesses the diversity of the tenured faculty and senior administrative staff and presents findings to the Diversity Advisory Council. | Target | | | | | | | |
| | Actual | | | | | | | |
| Metrics: | | Baseline | 6/30/12 | 6/30/13 | 6/30/14 | 6/30/15 | 6/30/16 | G/Y/R |
| 2.3.2 The Diversity Advisory Council reviews findings of the Diversity/EEO/AA Manager (see, metric 2.3.1) and proposes recommendations for enhancing diversity the University's executive leadership. | Target | | | | | | | |
| | Actual | | | | | | | |

| Tactic 4: | Priority | Start | | Fiscal Impact | | Status | | |
|--|-----------------|-----------------|----------------|----------------------|----------------|----------------|----------------|--------------|
| 2.4 Conduct a periodic compensation review to promote best practice in salary and resource allocation to ensure equitable and performance-based treatment for all. | 3 | 2014 | | Neutral | Start 7/2014 | | | |
| | | | | N/A | | | | |
| Metrics: | | Baseline | 6/30/12 | 6/30/13 | 6/30/14 | 6/30/15 | 6/30/16 | G/Y/R |
| 2.4.1 Human Resources Department establishes a schedule for conducting a compensation review and defines a process for sharing the results with appropriate university leadership. | Target | | | | | | | |
| | Actual | | | | | | | |

| Tactic 5: Responsible Party: Laura Kozak | Priority | Start | | Fiscal Impact | | Status | | |
|---|-----------------|-----------------|----------------|----------------------|----------------|----------------|----------------|--------------|
| 2.5 Publicize events and programs that recognize and celebrate diversity and promote inclusion. | 1 | 2013 | | Minimal | Underway | | | |
| | | | | Ongoing | | | | |
| Metrics: | | Baseline | 6/30/12 | 6/30/13 | 6/30/14 | 6/30/15 | 6/30/16 | G/Y/R |
| 2.5.1 The University community is able to access an online calendar that highlights events and programs that celebrate diversity and promote inclusion. | Target | | | | | | | |
| | Actual | | | | | | | |

Goal 3: Cultivate the idea that cultural competency is the right thing to do and promote it as a competitive advantage to be attained and valued by faculty, staff, and students.

| Tactic 1: | Priority | Start | Fiscal Impact | | | | Status | |
|--|-----------------|----------------|----------------------|----------------|----------------|----------------|---------------|--|
| 3.1 Create a cultural competency initiative that promotes cultural competency throughout the University. | 2 | 2015 | Minimal | | Start 5/2015 | | | |
| | | | Ongoing | | | | | |
| Metrics: | Baseline | 6/30/12 | 6/30/13 | 6/30/14 | 6/30/15 | 6/30/16 | G/Y/R | |
| A value proposition for cultural competency is drafted by the Diversity | Target | | | | | | | |
| 3.1.1 Advisory Council and presented to the University's executive leadership for consideration and adoption. | Actual | | | | | | | |
| Metrics: | Baseline | 6/30/12 | 6/30/13 | 6/30/14 | 6/30/15 | 6/30/16 | G/Y/R | |
| Promote and support cultural | Target | | | | | | | |
| 3.1.2 competency through programming directed at students, faculty, and staff. | Actual | | | | | | | |
| Tactic 2: | Priority | Start | Fiscal Impact | | | | Status | |
| 3.2 Establish a resource on professionalism to guide the University's effort in promoting cultural competency as an essential and desirable attribute in the ongoing growth and development of faculty, staff, and students. | 2 | 2014 | Minimal | | Start 9/2013 | | | |
| | | | Ongoing | | | | | |
| Metrics: | Baseline | 6/30/12 | 6/30/13 | 6/30/14 | 6/30/15 | 6/30/16 | G/Y/R | |
| Interdisciplinary programs to help build | Target | | | | | | | |
| 3.2.1 cultural competence among student leaders in the health, legal and human services professions promoted by the | Actual | | | | | | | |
| Tactic 3: | Priority | Start | Fiscal Impact | | | | Status | |
| 3.3 Offer a training program that prepares faculty, staff, and University leaders to be advocates, and spokespeople for cultural competency initiatives across the University. | 2 | 2014 | Minimal | | Start 9/2013 | | | |
| | | | Ongoing | | | | | |
| Metrics: | Baseline | 6/30/12 | 6/30/13 | 6/30/14 | 6/30/15 | 6/30/16 | G/Y/R | |
| Programs to help build cultural | Target | | | | | | | |
| 3.3.1 competence among the University's executive leadership is promoted by the Diversity Advisory Council. | Actual | | | | | | | |
| Metrics: | Baseline | 6/30/12 | 6/30/13 | 6/30/14 | 6/30/15 | 6/30/16 | G/Y/R | |
| Training program that prepares faculty and staff to lead and champion cultural | Target | | | | | | | |
| 3.3.2 competency initiatives across the University launched by the Office of Academic Affairs and the Human Resources Department. | Actual | | | | | | | |

Appendix C

Human Resource Services Office Programs

Youth Works Summer Jobs Program

- Collaboration between the Mayor's Office of Employment Development, the Baltimore City Schools and local employers like UM
- UM's 23rd year of participation in 2012
- Six week, full-time employment on campus
- A unique mentoring component which pairs students with staff/faculty and UM students on campus
- Guided mentoring activities to provide educational and career direction
- Enhancing program by increasing student employment through an increase in campus departmental and school participation

2012 Program Participant Demographics

Student Employees = 18

Race/Ethnic

Black/African American (18)

Gender

(15) female (3) male

Supervisors = 16*

Race/Ethnic

Caucasian (5)

Black/African American (11)*

(*female supervised 2 students)

Gender

(15) female (1) male

Mentors = 10

Race/Ethnic

Caucasian (3)

Black/African American (7)

Gender

(10) female

The UM Mentoring Program

- Created to help new employees become oriented to the University and its goals, vision, and culture; helping them assess their professional aspirations within our organization
- 9 new hires were paired with an equal amount of seasoned employees for six months in 2012
- For more information <http://www.hr.umaryland.edu/diversity/mentoring.htm> and the February, 2012 article in the VOICE <http://umvoice.com/2012/02/mentoring-program-provides-information-support-for-new-employees/>
- Goal - enhancing the program by increasing participation each year

2012 Program Participant Demographics

Protégés (New Hires) = 9

| Race/Ethnic | | Gender | |
|------------------------|---|---------------|-----------|
| Caucasian | 2 | (7) females | (2) males |
| Black/African American | 6 | | |
| Hispanic | 1 | | |

Mentors = 9

| Race/Ethnic | | Gender | |
|------------------------|---|---------------|-----------|
| Caucasian | 7 | (6) females | (3) males |
| Black/African American | 2 | | |

Project Search 2012

- A partnership between UMB, The Arc Baltimore, Baltimore City Public Schools, and the Division of Rehabilitation Services (DORS).
- A model in workforce and career development for adults and students with disabilities
- Creating internships for high school students to learn real-life work skills within the campus
- It improves the students probability of being employable and enhances the campus awareness of the potential of people with disabilities
- UM has been selected by Maryland Works as the “2008 State Employer of the Year” for employing people with disabilities
- Our goal is to increase the number of internships of students served each year which could result in the hire of some of the students, as well as broaden the scope throughout University System of Maryland and the surrounding community

Project SEARCH Staff (4 total):

4 Female

3 African-American, 1 Caucasian

Adults with Disabilities employed by UM who are supported by the Project SEARCH Adult Employment Program (16 total):

3 Female, 13 Male

13 African-American, 2 Asian, 1 Caucasian

Students with Disabilities who are participating in the Project SEARCH High School Transition Program 2012-2013 School Year (12 total):

6 Female, 6 Male

12 African-American

Appendix D

Heritage/History Month Programs

| <u>Initiative</u> | <u>Program</u> |
|--|--|
| Black History Month | Spotlight Artist |
| Black History Month | Prep School Negro Documentary |
| Black History Month | Afro-Caribbean Dance Fitness |
| Black History Month | Civil Rights: A Woman For Change in the 1950s - Helena Hicks |
| Black History Month | Afro-Caribbean Dance Fitness |
| Black History Month | Book Discussion & Signing: Is Marriage for White People |
| Diversity & Inclusion | Safe Space Training |
| Black History Month | Afro-Caribbean Dance Fitness |
| Black History Month | Natural Hair Demonstration |
| Women's History Month | Documentary Screening: Born into Brothels |
| Women's History Month | Spotlight Artist |
| Women's History Month | The Vagina Monologues |
| Asian American/Pacific Islander Heritage Month | Sushi Fest |
| Asian American/Pacific Islander Heritage Month | Documentary Screening: CAN |
| Asian American/Pacific Islander Heritage Month | Spotlight Artist |
| Asian American/Pacific Islander Heritage Month | Calligraphy Class |
| Asian American/Pacific Islander Heritage Month | Qi Gong & Stress Reduction |
| Hispanic Heritage Month | Salsa Demonstration & Lesson |
| Hispanic Heritage Month | 2012 Apocalypse & the Mayan Calendar |
| Hispanic Heritage Month | Health Disparities among the LGBT Latino Community |
| Hispanic Heritage Month | Spotlight Artist |
| LGBT Heritage Month | Working while LGBTQ |
| Hispanic Heritage Month | Spotlight Musician |
| LGBT Heritage Month | Coming Out Day |
| LGBT Heritage Month | Ally Week |
| LGBT Heritage Month | Safe Space Training |
| LGBT Heritage Month | Gender Inclusive Self Defense |
| LGBT Heritage Month | Suicide Prevention Training |
| American Indian Heritage Month | Spotlight Artist |
| American Indian Heritage Month | Contemporary Concerns of Natives Today |

| | |
|--|---|
| Diversity & Inclusion | Safe Space Training |
| Diversity & Inclusion | Safe Space Training |
| National Hunger & Homelessness Week | Homelessness & Youth in Baltimore City |
| World AIDS Day Week | Documentary Screening: Deep South |
| American Indian Heritage Month | Two Spirit Then & Now |
| American Indian Heritage Month | Pow Wow |
| World AIDS Day Week | HIV Lunch & Learn |
| World AIDS Day Week | World AIDS Day Resource & Involvement Fair |
| World AIDS Day Week | Living Ribbon |
| World AIDS Day Week | Confidential HIV Testing & Care Services |

Supplement A

MHEC Report

Maryland Health Improvement and Disparities Reduction Act of 2012

University of Maryland, Baltimore

November, 2012

**REPORT – INSTITUTIONS OF HIGHER EDUCATION:
CULTURAL COMPETENCY TRAINING AND
OTHER HEALTH DISPARITIES REDUCTION ACTIVITIES**

University of Maryland, Baltimore

Discipline: Medicine

Degree(s) Offered: Doctorate

1) How does your health profession training program incorporate instruction on cultural sensitivity, cultural competency, health literacy, and health disparities?

Curricular material concerning cultural competency is woven throughout the full four years of the medical student experience and includes classroom, small group, and observed behavioral activities. Cultural competency as one aspect of professionalism is emphasized from the time of application to medical school until graduation. Applicants are expected to have a broad life experience and are often questioned during the interview process as to their views about cross-cultural matters.

During the latter years of medical school, many of the field placements include seminars or small group sessions where cultural competency issues are discussed, and each clinical rotation is designed to maximize student time spent on improving communication strategies. Students in clinical settings are specifically evaluated on professionalism scales including the doctor-patient relationship across the spectrum of actual and standardized patients that they encounter on their varied rotations. This information is captured electronically as part of the student performance record. During the fourth year, all students take the U.S. Medical Licensing Examination (USMLE), part of which is a standardized patient exercise using a cross-section of patients representing different age, race and gender groups. The School of Medicine closely tracks performance on this examination as it attempts to replicate clinical problems in a diverse patient population.

The Liaison Committee on Medical Education (LCME) conducts regular site surveys and reviews the extensive self-study provided by the School of Medicine. At our most recent survey, no concerns were raised in the area of cultural competency, and the approach to professionalism was cited as excellent. The professionalism initiative has a number of programs to address problems of professionalism including concerns about mistreatment of patients. The following is the LCME standard:

IS-16. An institution that offers a medical education program must have policies and practices to achieve appropriate diversity among its students, faculty, staff, and other members of its academic community, and must engage in ongoing, systematic, and focused efforts to attract and retain students, faculty, staff, and others from demographically diverse backgrounds.

The LCME believes that aspiring future physicians will be best prepared for medical practice in a diverse society if they learn in an environment characterized by, and supportive of, diversity and inclusion. Such an environment will facilitate physician training in:

- Basic principles of culturally competent health care.
- Recognition of health care disparities and the development of solutions to such burdens.
- The importance of meeting the health care needs of medically underserved populations.

- The development of core professional attributes (e.g., altruism, social accountability) needed to provide effective care in a multidimensionally diverse society.

The institution should articulate its expectations regarding diversity across its academic community in the context of local and national responsibilities, and regularly assess how well such expectations are being achieved. The institution should consider in its planning elements of diversity including, but not limited to, gender, racial, cultural, and economic factors. The institution should establish focused, significant, and sustained programs to recruit and retain suitably diverse students, faculty members, staff, and others.

2) Regarding your training for students, which specific courses, clinical experiences, field training and other academic activities include an emphasis on cultural sensitivity, cultural competency, health literacy, and/or health disparities? Describe how the topics have been emphasized in the course (i.e., theory-oriented, skill building, etc.)

| A. Course Title | Description of Course Content and Objectives | Degree Level | # of Course Credits | Required or Elective? | # of Student Completions |
|--|--|--------------|--|------------------------|---|
| Introduction to Clinical Medicine I & II | Year I & II Large group lectures and small group discussions are held on the doctor-patient relationship, including communication strategies, racial and ethnic disparities, spirituality, death and dying, gender and sexual orientation differences, socioeconomics, cultural diversity in medicine, professional boundaries, and ethics and professionalism. Students are observed and videotaped with standardized patients who represent a wide range of age, gender and ethnic combinations. The course includes a required service learning community project. | Doctorate | 296 Hour plus community project of at least 15 hrs | Required | 360 (Years I and II have roughly 160 students) |
| Medical Spanish | Year I & II Course provides an opportunity for students to enhance their Spanish | Doctorate | 40 Hours over 4 terms | Elective – 15 students | 0 (course was not offered due to |

| | | | | | |
|---------------------------------------|--|-----------|--|-----------|--|
| | language skills, learn medical terminology in Spanish, work in Spanish-speaking communities, and learn about the various cultures. | | Plus 80 hours over 4 terms of practical experience | per class | unexpected death of faculty member. Will resume in 2012-13.) |
| Neuroscience | Year I Course includes a module of lectures and clinical correlations that emphasize communication strategies, socioeconomics, quality care, and patient respect. | Doctorate | 116 hours | Required | 160 |
| Host Diseases and Infectious Diseases | Year II Students are instructed in the entire spectrum of infectious diseases, including how to diagnose and treat the infections, what populations are most likely to be inflicted with the disease, and what genetic, racial, gender, behavioral and other factors might affect disease susceptibility or treatment outcome. Cultural differences in susceptibility and disease response are presented throughout the 11-week course as part of formal lectures, small group discussions and clinical correlations. | Doctorate | 208 hours | Required | 160 |
| Pathophysiology & Therapeutics I & II | Year II Course includes lectures and small group discussions to address such topics as communication strategies, minority health, women's health, substance abuse, geriatrics, and genetics. | Doctorate | 432 hours | Required | 160 |

Note:

- Degree Level = Certificate, Bachelor, Master, or Doctorate-level Course
- # of Enrollees = Number of course enrollees during the 2011-2012 academic year

| B. Field-Based Learning: Clinical Experiences and Practical Applications (please describe) | Degree Level | Graded or Ungraded ? | # of Credits/ Hours | Required or Elective? | # of Student Completions |
|---|---------------------|-----------------------------|----------------------------|------------------------------|---------------------------------|
| Medicine Clerkship Year III Clinical rotation includes exposure to issues relevant to patient spirituality, respect for the patient's point of view, and communication strategies. | Doctorate | Graded | 480 hours | Required | 160 |
| Area Health Education Center (AHEC) Clerkship Year IV Clinical rotation includes an emphasis on communication strategies; racial, ethnic and socioeconomic disparities; health care access and delivery; geriatrics; rural medicine; and homelessness, poverty, and the working poor. Students practice in underserved urban and rural communities. | Doctorate | Graded | 160 hours | Required | 160 |
| FAPH 541: Family and Community Medicine – Ambulatory Year IV Clinical course provides in-depth training and experience in treating a broad breadth of patients commonly seen in family medicine and developing a greater appreciation for the ways in which a family physician can serve the community. | Doctorate | Graded | 160 hours | Elective | 5 |
| FAPH 544: Complementary and Alternative Medicine (CAM) Year IV Students cultivate an increased awareness about CAM therapies in an objective and open-minded manner. They analyze the evidence base for CAM, evaluate the benefits and safety, and gain clinical experience in CAM therapies. Students improve their ability to communicate with patients, colleagues, and practitioners about CAM therapies. | Doctorate | Graded | 160 hours | Elective | 15 |

| | | | | | |
|---|-----------|--------|-----------|----------|-----|
| <p>MEDC 541-F: Internal Medicine – Ambulatory Year IV A demographically diverse patient population characterizes the primary care practice site. Clinical learning skills include familiarity with the common clinical problems presenting in the primary care setting, familiarity with important aspects of the medical interview, and familiarity with an evidence-based approach to patient assessment and treatment. The clinical experience is combined with case conferences and didactic sessions that cover the broad array of internal medicine problems.</p> | Doctorate | Graded | 160 hours | Elective | 0 |
| <p>CARD 543: Cardiology – Hypertension Year IV Students learn the basic principles of evaluating and treating patients for essential and/or secondary hypertension and follow-up of medical consequences of this disease process. Students can choose to participate in an ongoing NIH research program called “The Baltimore Partnership to Reduce Racial Disparities in Hypertension and Diabetes Control.” The partnership grant is between the University of Maryland and Bon Secours Health System.</p> | Doctorate | Graded | 160 hours | Elective | 1 |
| <p>PSYH 544: Addiction Psychiatry Students gain an intensive clinical experience in a broad spectrum of substance abuse programs. Goals include familiarizing each student with the diverse patient population and the multiple levels of care involved in treating substance abusers, including the primary care setting. Students are introduced to the important role played by physicians in the treatment of substance abuse.</p> | Doctorate | Graded | 160 hours | Elective | 4 |
| Clinical Skills Examination | Doctorate | Graded | | Required | 160 |

| | | | | | |
|---|--|--|--|--|--|
| <p>Year IV Examination (required for graduation) uses 10-12 different medical problems and is designed so that all students must be able to communicate with and discuss medical problems with a wide range of patients. Literature is reviewed for relevant health care discrepancies.</p> | | | | | |
|---|--|--|--|--|--|

| C. Other Student-Centered Academic Activities (please describe) | Degree Level | Required or Elective? | # of Student Participants |
|--|--------------|-----------------------|---------------------------|
| <p>Student National Medical Association 1.Youth Science Enrichment Program once a month at an urban elementary school to stimulate interest in science and health. 2.Health Professions Recruitment & Exposure Program at area high schools to expose high school students to science-related activities and introduce them to health careers. 3.Minority Professions Recruitment and Exposure Program where pre-med students are given information, tours and mentoring by our med students. 4.CommUnity Fest health information fair at Lexington Market. 5.Regional Meeting (every other year) brings premed students to UMSOM for a day to learn about being a medical student, SNMA etc. 6.Student Day for all SNMA programs where students can visit and network with medical students and faculty here and get an idea of a day in the life of a medical student. 7. Student Health Initiative giving health information to the community on a regular basis.</p> | Doctorate | Elective | Unlimited |
| | | | |

3) Are the following changes in student cultural competency measured? (Please mark all that apply)

- Changes in knowledge
- Changes in skills
- Changes in attitudes

4a) If change is being measured, what are the methods used to assess such changes and how often do such assessments occur? (Examples of assessment methods include surveys, essays, written skill exams, clinical practice simulations, etc.)

End of course/rotation for those with multiple choice exams.
 Clinical assessment ongoing during course/rotation with clinical interaction component.
 Clinical simulations several times throughout the year in years I and II, with many rotations in year III.
 USMLE clinical skills exam in year IV.
 Graduation Questionnaire annually to graduating students.

4b) Please describe results of student cultural competency assessments, such as pre- and post-intervention changes, or provide other examples of how students have demonstrated progress toward developing cultural competence.

See below for results from most recent LCME Graduation Questionnaire.

Diversity

20. Based on your experiences, indicate whether you agree or disagree with the following statements (Scale: 1=Strongly Disagree to 5=Strongly Agree)

| | | Ratings | | | | | Mean | Count |
|---|------|-------------------|----------|---------|--------|----------------|------|--------|
| | | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | | |
| My knowledge or opinion was influenced or changed by becoming more aware of the perspectives of individuals from different backgrounds. | | | | | | | | |
| Maryland, U of | 2008 | 2.9 % | 7.2 % | 19.4 % | 33.8 % | 36.7 % | 3.9 | 139 |
| Maryland, U of | 2009 | 1.6 | 3.9 | 16.3 | 48.1 | 30.2 | 4.0 | 129 |
| Maryland, U of | 2010 | 1.4 | 3.5 | 15.5 | 60.6 | 19.0 | 3.9 | 142 |
| Maryland, U of | 2011 | 0.0 | 5.9 | 15.8 | 64.4 | 13.9 | 3.9 | 101 |
| Maryland, U of | 2012 | 0.0 | 3.0 | 15.8 | 49.5 | 31.7 | 4.1 | 101 |
| All Schools | 2012 | 1.1 | 3.7 | 18.2 | 56.6 | 20.4 | 3.9 | 12,245 |
| The diversity within my medical school class enhanced my training and skills to work with individuals from different backgrounds. | | | | | | | | |
| Maryland, U of | 2009 | 1.6 | 7.8 | 22.5 | 38.0 | 30.2 | 3.9 | 129 |
| Maryland, U of | 2010 | 3.5 | 4.9 | 16.8 | 48.3 | 26.6 | 3.9 | 143 |
| Maryland, U of | 2011 | 1.0 | 5.0 | 15.8 | 61.4 | 16.8 | 3.9 | 101 |
| Maryland, U of | 2012 | 1.0 | 5.0 | 17.8 | 42.6 | 33.7 | 4.0 | 101 |
| All Schools | 2012 | 3.4 | 9.3 | 21.3 | 43.8 | 22.3 | 3.7 | 12,242 |

5) If change is not being measured, what resources would facilitate assessment of students on topics related to health disparities, health literacy, and cultural competency?

n/a

| Health Disparities-Reduction Activities (Please provide title, description of event, and intended outcome.) | Date | Target Audience | # of Participants |
|--|-------------|---|--------------------------|
| Research and Education - Baquet: The University of Maryland School of Medicine Program in Minority Health and Health Disparities Education and Research (PMHHD) educates current and future health professionals about issues related to health disparities, supports relevant multidisciplinary research and fosters quality clinical care for minorities and diverse populations. | ongoing | Current and future health professionals | Unlimited |

| | | | |
|---|--|--|--|
| <p>The program has three core areas of focus: education, research and clinical outcomes. It implements a curriculum that focuses on undergraduate medical education, faculty development, training and continuing medical education. It also develops tools to systematically define, measure, and assess health disparities, develop prevention and intervention strategies for delaying the onset or progression of diseases which contribute to health disparities, develop new and improved screening and diagnostic modalities and therapeutic approaches, and advance the understanding of etiologic and progressive factors of diseases where disparities exist in vulnerable populations. The anticipated outcomes will be the prevention of bias in clinical care and the elimination of treatment disparities.</p> <p>http://medschool.umaryland.edu/minorityhealth.asp</p> | | | |
| | | | |

[Note: Examples of other health disparities-reduction activities may include participation in activities of the Local Health Improvement Coalition or other health disparities-related groups and committees, community engagement and outreach, health disparities-focused faculty research activities, etc.]

**REPORT – INSTITUTIONS OF HIGHER EDUCATION:
CULTURAL COMPETENCY TRAINING AND
OTHER HEALTH DISPARITIES REDUCTION ACTIVITIES**

University of Maryland, Baltimore

Discipline: Allied Health: Genetic Counseling (offered through the School of Medicine)

Degree(s) Offered: Master's

1) How does your health profession training program incorporate instruction on cultural sensitivity, cultural competency, health literacy, and health disparities?

The field of Genetic Counseling is one that mandates practitioners recognize and incorporate cultural sensitivity, cultural competency, health literacy, and awareness of health disparities into all aspects of training.

As described by the American Board of Genetic Counseling, a genetic counselor is a health professional who is academically and clinically prepared to provide genetic services to individuals and families seeking information about the occurrence, or risk of occurrence, of a genetic condition or birth defect. The genetic counselor practices as part of a genetic services delivery team. The genetic counselor communicates genetic, medical, and technical information in a comprehensive, understandable, non-directive manner with knowledge of and insight into the psychosocial and ethno-cultural experiences important to each client and family. The counselor provides client-centered, supportive counseling regarding the issues, concerns, and experiences meaningful to the client's circumstances.

Genetic counseling includes:

- (a) eliciting and interpreting individual and family medical, developmental and reproductive histories;
- (b) determining the mode of inheritance and risk of occurrence and recurrence of genetic conditions and birth defects;
- (c) explaining the etiology, natural history, diagnosis, and management of these conditions;
- (d) interpreting and explaining the results of genetic tests and other diagnostic studies;
- (e) performing a psychosocial assessment to identify emotional, social, educational, and cultural issues;
- (f) evaluating the client's and/or family's responses to the condition or risk of occurrence;
- (g) providing client-centered counseling and anticipatory guidance;
- (h) promoting informed decision-making about testing, management, reproduction, and communication with family members;
- (i) identifying and using community resources that provide medical, educational, financial, and psychosocial support and advocacy; and
- (j) providing written documentation of medical, genetic, and counseling information for families and other health professionals.

In order to maintain ABGC accreditation, the MGC program is required to provide instruction and have students demonstrate mastery of a number of important concepts which include but are not limited to: Individual Psychosocial Development; Family Dynamics; Multicultural Sensitivity and Competency; Health and Social Policy; and Community, Regional, and National Resources.

The MGC program provides instruction in each of the areas of cultural sensitivity, competence, health literacy and health disparities and they serve as an overarching theme in the majority of course content.

2) Regarding your training for students, which specific courses, clinical experiences, field training and other academic activities include an emphasis on cultural sensitivity, cultural competency, health literacy, and/or health disparities? Describe how the topics have been emphasized in the course (i.e., theory-oriented, skill building, etc.)

| A. Course Title | Description of Course Content and Objectives | Degree Level | # of Course Credits | Required or Elective? | # of Student Completions |
|-----------------|---|--------------|---------------------|-----------------------|--------------------------|
| HGEN 610 | <p>Through case presentation and group discussion with students and faculty, Master's in Genetic Counseling students evaluate their role and improve their skills in the genetic counseling process. The medical, psychosocial, socioeconomic, cultural, and ethical issues encountered in concurrent clinical rotations will be thoroughly explored.</p> <p><u>Learning Objectives and Competencies:</u></p> <ol style="list-style-type: none"> 1. Identify, analyze and understand the medical, psychosocial, socioeconomic, cultural, and ethical issues inherent in the genetic counseling process. 2. Evaluate counseling skills, style and effectiveness. | Master's | 1 | Required | 13 |
| HGEN 611 | This two-semester course will give students hands-on experience with genetic support groups as well as identify and analyze critical literature in the grief and coping body of knowledge with regards to genetic disorders. Each student will | Master's | 2 | Required | 7 |

| | | | | | |
|----------|---|----------|---|----------|----|
| | <p>select a camp to volunteer to complete service based learning between the first and second years of study. Additionally, students will attend a minimum of two support group meetings per semester in the Baltimore area. They may also volunteer for a local, regional or national support group meeting.</p> <p><u>Learning Objectives and Competencies:</u></p> <p>Through this experience students will be able to:</p> <ol style="list-style-type: none"> 1. Recognize the role of support groups for families affected by genetic disorders. 2. Understand the organization of support groups and the services they offer. 3. Identify and access local, regional, and national support group resources and services for clients as appropriate with consideration to psychosocial and cultural issues. 4. Appreciate the impact of genetic disease on the individual and/or family. 5. Interact with individuals who have a genetic disease. | | | | |
| HGEN 615 | <p>This course is designed to give both 1st and 2nd year students a forum to critically evaluate current topics in the genetics profession and develop various clinical skills that will enhance clinical practice. Students will participate in group discussion of current topics in the genetics literature. Additionally, they will complete a series of assignments and presentations designed to develop creative educational tools and improve familiarity with genetics</p> | Master's | 1 | Required | 13 |

| | | | | | |
|----------|--|----------|---|----------|---|
| | <p>activities and resources.</p> <p><u>Learning Objectives and Competencies:</u></p> <ol style="list-style-type: none"> 1. Critically evaluate and demonstrate an understanding of current topics in the fields of genetics. 2. Develop an awareness for varying teaching methods and tools that may be applied to patients and their families in diverse clinical settings. 3. Synthesize and summarize pertinent medical and genetic information in different cultures and populations. 4. Demonstrate familiarity with genetic, medical and social science literature and clinical applications. | | | | |
| HGEN 620 | <p>This course is designed to introduce the principles of the field of genetic counseling. This lecture series will cover the history behind the development of genetic counseling as a profession, and the concepts of nondirectiveness and patient autonomy will be emphasized throughout the course. In addition, applications of genetic counseling in medical care will be demonstrated, with special attention to the psychosocial and communication aspects of the field. This course is designed to complement HGEN 728, Clinical Genetics I, and along with HGEN 621, will help prepare students for clinical rotations the following year.</p> <p><u>Learning Objectives and</u></p> | Master's | 2 | Required | 7 |

| | | | | | |
|----------|---|----------|---|----------|---|
| | <p><u>Competencies:</u></p> <ol style="list-style-type: none"> 1. Understand the genetic counseling profession and the concept of nondirectiveness and non-prescriptiveness from a historical, theoretical, and practical perspective. 2. Apply the core components of a genetic counseling session including pedigree construction, risk assessment, communication of genetic information (with cultural, socioeconomic and educational awareness), and knowledge of screening and diagnostic techniques in a prenatal and pediatric setting. 3. Identify appropriate resources for case preparation, management and client referral. 4. Address the psychosocial aspects of a genetic counseling session including decision-making, giving bad news, pregnancy termination, and loss, grief, and bereavement using client-centered counseling techniques. | | | | |
| HGEN 621 | <p>This course is designed to complement HGEN 620 and introduces the student to advanced topics in genetic counseling. Genetic counseling in specific practice areas including cancer genetics, assisted reproductive technology, psychiatry and teratology will be presented. Client-centered counseling theory and multicultural counseling will also be addressed. To emphasize the psychosocial aspects of genetic disease, guest lecturers who have direct experience with a particular</p> | Master's | 2 | Required | 7 |

| | | | | | |
|----------|---|----------|---|----------|---|
| | <p>genetic disease will discuss their experiences. This course is designed to fine-tune the student's sensitivity to the psychosocial issues and to prepare them for clinical rotations. (Prerequisite: HGEN 620 or equivalent)</p> <p><u>Learning Objectives and Competencies:</u></p> <p>At the completion of the course, students will be able to:</p> <ol style="list-style-type: none"> 5. Apply principles and practice of genetic counseling in a variety of specialty areas including teratology, cancer, psychiatry and assisted reproductive technologies. 6. Understand the impact of genetic disease on the individual and family and be aware of the disability and ethnocultural issues encountered in the genetic counseling process. 7. Utilize client-centered counseling skills in a clinical setting. | | | | |
| HGEN 750 | <p>This course is designed as a forum for discussing the ethical, legal and societal issues associated with genetic counseling. The diversity of roles of genetic counselors in a variety of settings will be presented along with professional issues such as licensure and reimbursement. The National Society of Genetic Counselors' Code of Ethics as well as practice based competencies as described by the American Board of Genetic Counseling are critically analyzed.</p> <p><u>Learning Objectives and Competencies:</u></p> | Master's | 2 | Required | 6 |

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| | <ol style="list-style-type: none"> 1. Understand how genetic counselors function as part of a health care delivery team with professionals from a variety of areas including neonatology and pastoral care. 2. Understand the legal and ethical issues inherent in genetic counseling and how the NSGC Code of Ethics can be applied in practice. 3. Understand the essentials of risk management including liability insurance and medical record documentation. 4. Discuss the diversity of roles of genetic counselors in a variety of settings and professional issues. 5. Understand complicated secondary issues that influence the genetic counseling process. | | | | |
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Note:

- Degree Level = Certificate, Bachelor, Master, or Doctorate-level Course
- # of Enrollees = Number of course enrollees during the 2011-2012 academic year

| B. Field-Based Learning: Clinical Experiences and Practical Applications (please describe) | Degree Level | Graded or Ungraded ? | # of Credits / Hours | Required or Elective? | # of Student Completions |
|--|---------------------|-----------------------------|-----------------------------|------------------------------|---------------------------------|
| Standardized patient experience (2 per year) Students are required to complete two standardized patient encounters per year (each session is approximately one hour in length) (4 in total for graduation). Through these standardized patients, students must demonstrate awareness and application of health literacy, cultural awareness and competence. Sessions are reviewed with a faculty member and evaluated mastery of the genetic counseling process as | Masters | Ungraded | 4 | Required | 13 |

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| described above. | | | | | |
| Clinical rotations – each 2 nd year MGC student completes 3 (12 week blocks) clinical rotations (20 hours per week) to develop necessary genetic counseling skills. Genetic counseling services are provided under the supervision of a certified genetic counselor. In order to pass, students must demonstrate mastery of the genetic counseling process with attention to awareness and application of health literacy, cultural awareness and competence. | Masters | Pass/fail | 9 | Required | 6 |
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| C. Other Student-Centered Academic Activities (please describe) | Degree Level | Required or Elective? | # of Student Participants |
|--|--------------|-----------------------|---------------------------|
| Each student must participate in a service learning component of the MGC program in which they volunteer one week at a camp (day or overnight) for children with genetic disorders. This camp experience helps students to recognize the diversity of our patient population as well as differing needs of the patients. | Master's | Required | 7 |
| Genetic counseling cultural competency workshop- The MGC program hosted a two day cultural competency workshop by Nancy Warren (author and developer of the Genetic Counselor Cultural Competence Toolkit) for our students and faculty members in September 2011. | Master's | Required | 13 |
| Students are asked to complete a cultural awareness online assessment of their choosing prior to the start of course instruction in the summer of their first year. | Master's | Elective | 7 |

3) Are the following changes in student cultural competency measured? (Please mark all that apply)

- Changes in knowledge
- Changes in skills
- Changes in attitudes

4a) If change is being measured, what are the methods used to assess such changes and how often do such assessments occur? (Examples of assessment methods include surveys, essays, written skill exams, clinical practice simulations, etc.)

All first year students must maintain a journal documenting clinical and classroom based experiences. These journals are reviewed by the program director and used to identify areas for students to base future growth. Additionally, students are required to complete several essays and written exams that assess overall awareness of these issues. Lastly, students participate in two discussion based courses where growth and change are monitored by faculty.

4b) Please describe results of student cultural competency assessments, such as pre- and post-intervention changes, or provide other examples of how students have demonstrated progress toward developing cultural competence.

Prior to matriculation into the MGC program, students are asked to complete an online assessment of their cultural competency. <http://nccc.georgetown.edu/documents/ChecklistCSHN.pdf> This process is the first introduction for the students into their own level of awareness and knowledge. From this point on, students are then taught the process of genetic counseling with attention to issues in cultural sensitivity, cultural competency, health literacy, and awareness of health disparities. Students meet with the program director at least every 6 weeks throughout their training. One topic during these meetings is focused on overall patient awareness.

5) If change is not being measured, what resources would facilitate assessment of students on topics related to health disparities, health literacy, and cultural competency?

N/A

6) Please provide details about your program's involvement in other cultural competency and health disparities-reduction activities beyond the student-centered activities described in Question #2.

| Health Disparities-Reduction Activities (Please provide title, description of event, and intended outcome.) | Date | Target Audience | # of Participants |
|---|-------------|---|--------------------------|
| 1. Students are regularly invited to participate in community based health fairs and outreach educational opportunities as they present themselves to the MGC program | | Baltimore-Washington DC community members | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |

[Note: Examples of other health disparities-reduction activities may include participation in activities of the Local Health Improvement Coalition or other health disparities-related groups and committees, community engagement and outreach, health disparities-focused faculty research activities, etc.]

**REPORT – INSTITUTIONS OF HIGHER EDUCATION:
CULTURAL COMPETENCY TRAINING AND
OTHER HEALTH DISPARITIES REDUCTION ACTIVITIES**

University of Maryland, Baltimore

Discipline: Allied Health: Graduate Program in Life Sciences (offered through the School of Medicine)

Degree(s) Offered: Master's, Doctorate

1) How does your health profession training program incorporate instruction on cultural sensitivity, cultural competency, health literacy, and health disparities?

Addressed through understanding disparities in health care and policy and/or program approaches to address disparities.

2) Regarding your training for students, which specific courses, clinical experiences, field training and other academic activities include an emphasis on cultural sensitivity, cultural competency, health literacy, and/or health disparities? Describe how the topics have been emphasized in the course (i.e., theory-oriented, skill building, etc.)

| A. Course Title | Description of Course Content and Objectives | Degree Level | # of Course Credits | Required or Elective? | # of Student Completions |
|------------------------------------|---|---------------------|----------------------------|------------------------------|---------------------------------|
| GERO 672 Issues in Aging Policy | The goals of the course are to provide: 1. An introduction to the theoretical models and concepts of public policy and apply them to aging policy; 2. An initial examination of the major public policy controversies facing aging societies; 3. Exposure to the political process as it affects aging policy; 4. An understanding of the role of organizations in the public policy process; 5. Some initial tools in analyzing social and health policies in aging; and 6. Familiarity with the relevant literature in aging, health and social policy. | Doctorate | 3 | Required | 6-12 students every 3 semesters |
| PREV 648 | This course examines the | Master | 3 | Required | 15-22 |

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| Health Care Administration and Evaluation | <p>underlying foundations of health policy and explores the political factors behind the health system. Topics include: municipal, state, national, and international organizational systems; health maintenance organizations (HMOs); health care costs; cost containment and quality; regulations; planning and evaluation; data sources; workforce issues, and applied problem solving.</p> <p>A specific lecture on Health Disparities is done each semester.</p> | and Doctorate | | | students each fall and summer semesters |
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Note:

- Degree Level = Certificate, Bachelor, Master, or Doctorate-level Course
- # of Enrollees = Number of course enrollees during the 2011-2012 academic year

| B. Field-Based Learning: Clinical Experiences and Practical Applications (please describe) | Degree Level | Graded or Ungraded ? | # of Credits / Hours | Required or Elective ? | # of Student Completions |
|--|---------------------|-----------------------------|-----------------------------|-------------------------------|---------------------------------|
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| C. Other Student-Centered Academic Activities (please describe) | Degree Level | Required or Elective ? | # of Student Participants |
|--|---------------------|-------------------------------|----------------------------------|
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3) Are the following changes in student cultural competency measured? (Please mark all that apply)

Changes in knowledge

4a) If change is being measured, what are the methods used to assess such changes and how often do such assessments occur? (Examples of assessment methods include surveys, essays, written skill exams, clinical practice simulations, etc.)

End of semester exam

4b) Please describe results of student cultural competency assessments, such as pre- and post-intervention changes, or provide other examples of how students have demonstrated progress toward developing cultural competence.

Students have a better understanding of concept of social and economic disparities as it relates to the older adult.

5) If change is not being measured, what resources would facilitate assessment of students on topics related to health disparities, health literacy, and cultural competency?

N/A

6) Please provide details about your program's involvement in other cultural competency and health disparities-reduction activities beyond the student-centered activities described in Question #2.

| Health Disparities-Reduction Activities (Please provide title, description of event, and intended outcome.) | Date | Target Audience | # of Participants |
|---|-------------|------------------------|--------------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |

[Note: Examples of other health disparities-reduction activities may include participation in activities of the Local Health Improvement Coalition or other health disparities-related groups and committees, community engagement and outreach, health disparities-focused faculty research activities, etc.]

**REPORT – INSTITUTIONS OF HIGHER EDUCATION:
CULTURAL COMPETENCY TRAINING AND
OTHER HEALTH DISPARITIES REDUCTION ACTIVITIES**

University of Maryland, Baltimore

Discipline: Dentistry

Degree(s) Offered: Certificate, Bachelor's, Master's, Doctorate

1) How does your health profession training program incorporate instruction on cultural sensitivity, cultural competency, health literacy, and health disparities?

a. Predoctoral Program (DDS)

The Commission on Dental Accreditation Standard 2-17 for the predoctoral DDS program is related to cultural sensitivity, cultural competency, health literacy, and health disparities. The Standard reads as follows.

“Graduates must be competent in managing a diverse patient population and have the interpersonal and communications skills to function successfully in a multicultural work environment.”

Standard 2-17 has led to the following Predoctoral Program (DDS) Competency Statement.

1. Communicate with and provide care for a diverse population of patients.
2. Formulate and present to a patient a primary treatment plan and alternative plans based on relevant findings and individual patient considerations.

b. Dental Hygiene Program (DH)

The Commission on Dental Accreditation Standards 2-19 & 2-20 for the dental hygiene program are related to cultural sensitivity and competency. The Standards read as follows.

“Graduates must be competent in interpersonal and communication skills to effectively interact with diverse population groups,” and “Graduates must be competent in assessing, planning, implementing and evaluating community based oral health programs including health promotion and disease prevention activities.”

Standards 2-19 & 2-20 have led to the following Dental Hygiene Program Competency Statements.

1. The dental hygiene graduate must be able to: Serve all individuals and the community without discrimination; Respect the cultural differences of the population; and Provide humane and compassionate care to all patients.
2. The dental hygiene graduate must be able to: Participate in the public policy process in order to influence consumer groups, businesses, and government agencies to support health care issues; Provide dental hygiene services in a variety of settings including hospitals, clinics, private offices, hospices, extended care facilities, HMO's, community programs and schools; and Develop a commitment to serving the public through professional and personal community service activities.

Two program goals for dental hygiene faculty and students are to 1) Participate in community service activities, establish ties with the community, improve access to care and the quality of life for the citizens of Maryland and surrounding communities, and 2) Provide leadership in professional

associations to promote the goals and values of the profession by addressing the oral health needs of the public.

2) Regarding your training for students, which specific courses, clinical experiences, field training and other academic activities include an emphasis on cultural sensitivity, cultural competency, health literacy, and/or health disparities? Describe how the topics have been emphasized in the course (i.e., theory-oriented, skill building, etc.)

| A. Course Title | Description of Course Content and Objectives | Degree Level | # of Course Credits | Required or Elective? | # of Student Completions |
|-----------------|---|--------------|---------------------|-----------------------|--------------------------|
| PROF 518 | Profession/Professionalism I—DDS, Yr 1 | Doctorate | 2 | Required | 131 |
| BHAV 528 | Behavioral Dentistry—DDS, Yr 2 | Doctorate | 3 | Required | 129 |
| DHYG 322 | Community Oral Health—DH, Yr 2 | Bachelor | 3 | Required | 34 |
| DHYG 323 | Care and Management of the Special patient—DH, Yr 1 | Bachelor | 2 | Required | 31 |
| DHYG 414 | Educational Program Development—DH, Yr 2 | Bachelor | 2 | Required | 34 |
| DHYG 425 | Issues in Health Care Delivery—DH, Yr 2 | Bachelor | 2 | Required | 34 |
| DHYG 321 | Prevention and Control of Oral Diseases—DH, Yr 1 | Bachelor | 5 | Required | 31 |
| DHYG 411 | Advanced Clinical Practice I—DH, Yr 2 | Bachelor | 5 | Required | 34 |
| DHYG 421 | Advanced Clinical Practice II—DH, Yr 2 | Bachelor | 5 | Required | 34 |

Note:

- Degree Level = Certificate, Bachelor, Master, or Doctorate-level Course
- # of Enrollees = Number of course enrollees during the 2011-2012 academic year

1. PROF 518. Profession/Professionalism I (DDS Course).

Students learn foundational skills needed for entry into the dental profession, health communication, and professional and ethical behavior.

- Communicate effectively with other professionals regarding the care of patients.
- Utilize and apply ethical and legal reasoning in the practice of dentistry.
- Communicate with and provide care for a diverse population of patients.
- Manage a diverse patient population and have the interpersonal and communication skills to function in a multicultural work environment.

2. BHAV 528. Behavioral Dentistry (DDS Course).

This year long course offers students an introduction to the application of behavioral principles to dental diagnosis and treatment. In the first semester, the following are emphasized: psychological management of human behavior, identifying and reducing stress, and the principles of effective communications. The clinical relevance of each topic is stressed. In the second semester the behavioral, psychological, and biological aspects of human nature are discussed and applied to patient care. The course addresses specific patient types (non-compliant, abused, and psychologically

impaired) and problems (chronic pain, infectious disease, high fear/phobia, and noxious habits). Approaches to diagnosis and treatment of patients of all ages and diversity are emphasized. Also, a one-hour lecture addresses unbiased communication and cultural sensitivity, and there is a three-hour "Community Service Block Rotation" during which the students' present oral health lectures in areas of underserved populations. Prior to the experience, the students are instructed on underserved populations, barriers to health care, and professional community service to needy populations. Community service sites include Headstart Centers, daycare facilities, and the Helping Up Mission for recovering alcoholics and those recovering from drug addiction.

3. DHYG 322. Community Oral Health (DH Course)

This course emphasizes the role of the dental hygienist in community health. Methods of determining community oral health status, identifying barriers to optimum health, and selecting appropriate interventions are presented concurrently with community program planning activities.

4. DHYG 323. Care and Management of the Special Patient (DH Course)

Through class and e-exchanges, readings and independent study, students develop an understanding of the care and management of special patients for whom routine care maybe complicated by age or complex health factors.

5. DHYG 414. Educational Program Development (DH Course)

Students explore various ways in which instructional skills may contribute to a career in dental hygiene. Learning experiences are designed to enable the student to develop these skills and to apply them to public school systems, community health programs, higher education and consumer education.

6. DHYG 425. Issues in Health Care Delivery (DH Course)

Students examine and analyze the issues that affect the broad spectrum of health care delivery. Topics include cultural competence, ethics and professional responsibility, inequities in health care delivery and health care legislation.

7. DHYG 321, Prevention and Control of Oral Diseases (DH Course)

This course includes the study of the principles and procedures for the prevention of oral disease, including dental health education, oral hygiene procedures and dietary control of dental disease, and topic areas that address cultural diversity.

8. DHYG 411, Advanced Clinical Practice I (DH Course)

9. DHYG 421, Advanced Clinical Practice II (DH Course)

The provision of clinical care to a diverse patient population is the major component of both of these senior level courses. Treatment plans require that students address cultural factors that may influence the delivery of care.

| B. Field-Based Learning: Clinical Experiences and Practical Applications (please describe) | Degree Level | Graded or Ungraded? | # of Credits / Hours | Required or Elective? | # of Student Completions |
|---|---------------------|----------------------------|-----------------------------|------------------------------|---------------------------------|
| CSLX 518: Community Service Learning—DDS, Yr 1. | Doctorate | Graded | 1 | Required | 131 |
| CSLX 548: Community Service Learning—DDS, Yr 4 | Doctorate | Graded | 6 | Required | 127 |
| CCPM 538: Comprehensive Care/Practice Management—DDS, Yr 3 | Doctorate | Graded | 8 | Required | 125 |
| CCPM 548: Comprehensive Care/Practice Management—DDS, Yr 4 | Doctorate | Graded | 12 | Required | 127 |
| DHPP 538P: Pediatric Dentistry—DDS, Yr 3 | Doctorate | Graded | 6 | Required | 125 |
| DHPP 548P: Pediatric Dentistry—DDS, Yr 4 | Doctorate | Graded | 6 | Required | 127 |
| DSCP 538: Oral Medicine and Diagnostic Sciences—DDS, Yr 3 | Doctorate | Graded | 5 | Required | 125 |
| DSCP 548: Oral Medicine and Diagnostic Sciences—DDS, Yr 4 | Doctorate | Graded | 3 | Required | 127 |
| DSCP 551: Geriatrics/Special Patient Clerkship I—DDS, Yr 4 | Doctorate | Graded | 10 | Elective | 8 |
| DSCP 552: Geriatrics/Special Patient Clerkship II—DDS, Yr 4 | Doctorate | Graded | 10 | Elective | 8 |
| DHYG 321: Prevention and Control of Oral Diseases—DH, Yr 1 | Bachelor | Graded | 5 | Required | 31 |
| DHYG 411: Advanced Clinical Practice I—DH, Yr 2 | Bachelor | Graded | 5 | Required | 34 |
| DHYG 421: Advanced Clinical Practice II—DH, Yr 2 | Bachelor | Graded | 5 | Required | 34 |

1. CSLX 548. Community Service Learning (DDS Course)

Currently, the community service learning course for senior dental students is a six-week experience. Of the six weeks, one three-week experience is outside the Dental School. The second three-week experience is at the University of Maryland School of Dentistry, Perryville (Cecil County).

The purpose of the external experience is to gain outside clinical expertise while gaining an appreciation for cultural diversity and the oral health needs of underserved populations. This aspect of the service learning experience can be fulfilled in several ways, such as working at community sites in Maryland treating underserved populations; working at specialty sites that prepare the student for postgraduate training; or working with health missions to foreign countries. Because of logistics, service learning experiences in foreign countries are a two-week rather than a three-week experience. Service learning includes both the clinical experience at the site, as well as the completion of a report that evaluates the student's experience in clinical procedures and service learning models. Sites at which students can complete a three-week externship outside the dental school include the following:

a) Community Service Sites such as Parkwest Medical Center, South Baltimore Family Health Center,

Kernan Hospital (rehabilitation center), local hospitals, and Indian Health Hospitals (Public Health Service); b) Foreign missions in Mexico, Honduras, and with Operation Smile in Vietnam.

The second service learning experience is at the new state-of-the-art University of Maryland Dental School facility in Cecil County. This 26-chair facility provides dental care for underserved populations in the Perryville and surrounding areas. The curriculum for the School was partially funded by a Robert Wood Johnson (RWJ) grant that was awarded to the School in 2007. The grant provided funds to enhance community-based dental education and focused on the provision of dental care by dental students to underserved population. Students also are required to read a book on cultural issues, fill out a pre/post test survey on cultural competence and access to care issues, complete a reflective portfolio that includes questions on cultural competence, and participate in seminars after their experience that include issues of cultural competence.

2. The University of Maryland School of Dentistry Clinics (DDS & DH)

The University of Maryland School of Dentistry is located in Baltimore City. Because of the School's urban location and accessibility by bus and light rail, the dental clinics provide care to a diverse patient population in the Baltimore area and surrounding counties. Fees charged in the Dental School clinics are lower than those charged by dentists in private practice. As a result, the Dental School's clinics attract a significant number of patients, including the following underserved populations:

1. Medicaid recipients (largest provider in the State of Maryland)
2. Recovering drug/substance abusers (Helping Up Mission)
3. Catholic Charities clients (Hispanic Apostolate)
4. Homeless veterans (Supported by an agreement with the VA)
5. Persons with AIDS (Ryan White Fund)
6. Individuals on social services role who are being readied to go back into the workforce (Work Opportunities Funding)
7. Individuals supported by Health Care for the Homeless

Also, the Dental School patients who cannot afford dental care and meet financial criteria (federal poverty guidelines relative to income and household size) receive support through the following School-based initiatives:

- a. Quest for Care, an internal not for profit charity.
- b. Care for the Needy (Individuals eligible for reduced fees can apply).

During mandatory block rotations in the Dental School clinics, students in years one through four regularly participate in activities/courses related to the treatment of patients from underserved populations. These courses are described below.

3. DHPP 538/548P. Pediatric Dentistry (DDS Course)

The majority of children and adolescents in the Dental School clinics are minorities and are covered under Medicaid. Students in years three and four participate in required Pediatric Dentistry block assignments to treat these patients.

4. DSCP 538/548. Oral Medicine and Diagnostic Sciences (DDS Course)

Students in years three and four have required block rotations in the urgent care clinic where many patients unable to afford dental care seek emergency treatment. Mandatory rotations also include patient admissions, screening, and the Special Patient Clinic (SPC). In the Special Patient Clinic, students treat medically compromised patients and those with handicaps or special needs.

5. DSCP 551/552. Special Patient Clerkship I (DDS Course)

Selected students in year four spend one-third of their clinical time in the treatment and management of patients with disabilities and special needs.

6. DHYG 413. Community Service Learning (DH Course)

This externship program provides opportunities for senior students to select experiences beyond those offered within the dental school setting. The selection of a community site is based on the students' interests and career goals. Sites include well-baby clinics, prenatal clinics, community health centers, nursing homes, senior citizen centers, facilities for the handicapped, hospitals, military clinics and school, day care centers, public health departments and research centers.

| C. Other Student-Centered Academic Activities (please describe) | Degree Level | Required or Elective? | # of Student Participants |
|---|--------------|-----------------------|---------------------------|
| The Dean's Outstanding Community Service Award* | Doctorate | Elective | 24 |
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* The Dean's Outstanding Community Service Award recognizes students for their outstanding commitment to bettering the community at large and demonstrating their ability to be a leader within the profession and the community.

3) Are the following changes in student cultural competency measured? (Please mark all that apply)

- Changes in knowledge
- Changes in skills
- Changes in attitudes

4a) If change is being measured, what are the methods used to assess such changes and how often do such assessments occur? (Examples of assessment methods include surveys, essays, written skill exams, clinical practice simulations, etc.)

Change is measured through the following.

- Reflective essays in which students reflect upon their experiences during the Community Service Learning course at Perryville.
- Students have required reading on social issues designed to spur discussions. Both students and faculty engage in conversation (round-table format) to discuss their experiences and attitudes related to cultural competence.
- Students complete a pre- and post-survey at the start and completion of their Perryville experience in order to assess their knowledge level on issues pertaining to dental service availability through out the state of Maryland, cultural factors that may be barriers to utilization of dental care, patient income and access to dental care in the state, and their (the students) willingness and expectations to practice in a rural community after graduation. Changes in their knowledge are assessed with the post-test.

4b) Please describe results of student cultural competency assessments, such as pre- and post-intervention changes, or provide other examples of how students have demonstrated progress toward developing cultural competence.

The reflective essays show that students gain considerable insight into their own attitudes and biases. They often describe the differences in the treatment needs and attitudes to oral health care between patients in Perryville and Baltimore. In general, students feel truly rewarded at having an opportunity to serve the underserved, understand social inequities, and render care for patients, who for the most part, are extremely grateful.

5) If change is not being measured, what resources would facilitate assessment of students on topics related to health disparities, health literacy, and cultural competency?

N/A

6) Please provide details about your program's involvement in other cultural competency and health disparities-reduction activities beyond the student-centered activities described in Question #2.

| Health Disparities-Reduction Activities (Please provide title, description of event, and intended outcome.) | Date | Target Audience | # of Participants (students) |
|---|-------------|------------------------|-------------------------------------|
| 1. Sealant Saturday (sealants are provided to children). | Annual | Children | ~ 60 |
| 2. Levindale (students treat geriatric patients in Baltimore) | On-going | Elderly | 127 |
| 3. College Park clinic (students treat regular patients from the community and the University) | On-going | All ages | Voluntary |
| 4. Special Olympics, Special Smiles (students treat people with intellectual disabilities) | On-going | Athletes | Voluntary |

[Note: Examples of other health disparities-reduction activities may include participation in activities of the Local Health Improvement Coalition or other health disparities-related groups and committees, community engagement and outreach, health disparities-focused faculty research activities, etc.]

**REPORT – INSTITUTIONS OF HIGHER EDUCATION:
CULTURAL COMPETENCY TRAINING AND
OTHER HEALTH DISPARITIES REDUCTION ACTIVITIES**

University of Maryland, Baltimore

Discipline: Allied Health: Public Health (offered through the School of Medicine)

Degree(s) Offered: Master's

1) How does your health profession training program incorporate instruction on cultural sensitivity, cultural competency, health literacy, and health disparities?

Addressing health disparities is at the core of the mission and values of the MPH program. Our mission statement includes advancing “the health of diverse populations in Maryland and elsewhere....” The MPH Program values the improvement of the health status of populations and reduction of health disparities along the continuum of health care, from outreach to prevention, diagnosis, treatment, and follow-up care. These values are operationalized in interdisciplinary research and service activities across the professional schools at UMB that address the root causes of health disparities.

Our competency-based MPH program utilizes the Association of Schools of Public Health MPH Core Competency Model from which our program competencies are derived. In keeping with the overarching *MPH Interdisciplinary Diversity and Culture Competencies*, we intend to graduate students who are able to “interact with both diverse individuals and communities to produce or impact an intended public health outcome.” At orientation, students are introduced to the mission of the program which is the advancement of health of diverse populations. Then, beginning with the first term required course (Social and Behavioral Foundations of Public Health), students are introduced to themes of identifying, understanding and/or addressing health disparities, understanding health literacy and cultural competency.

2) Regarding your training for students, which specific courses, clinical experiences, field training and other academic activities include an emphasis on cultural sensitivity, cultural competency, health literacy, and/or health disparities? Describe how the topics have been emphasized in the course (i.e., theory-oriented, skill building, etc.)

| A. Course Title | Description of Course Content and Objectives | Degree Level | # of Course Credits | Required or Elective? | # of Student Completions |
|--|--|---------------------|----------------------------|------------------------------|---------------------------------|
| Social and Behavioral Foundations of Public Health | This course will examine the complex set of factors that are associated with the health and disease of diverse populations, including the individual, organizational, community, and population. To encourage an appreciation of the wealth of | MPH | 3 | Required of all MPH students | 27 |

| | | | | | |
|--|---|--|--|--|--|
| | <p>conceptual and methodological approaches and disciplines that inform public health practice and research, course content will highlight the social and behavioral sciences, communication and informatics sciences, and public health ethics. We will go beyond the individual risk factor approach to health and disease, applying multidisciplinary models and social epidemiology to elucidate the economic, sociocultural, political, and behavioral context and processes underlying health care access and health outcomes. A primary goal is to better understand how, where, and why inequalities contribute to health disparities, and facilitate an appreciation of the health management processes that may reduce inequities in health.</p> <p><u>Relevant Objectives:</u></p> <ul style="list-style-type: none"> -Apply an ecological framework to the description and analysis of public health problems. -Appreciate world population forecasts and factors driving population growth, including US immigration and its impact on the population structure. -Analyze and predict the influence of major social constructs such as age, gender, health status, and ethnicity on health, health behavior, and the treatment of illness. -Understand how social and behavioral science theories and empirical research findings are used to understand public health issues at the individual, organizational, community, and population levels, and through the interaction of these levels; -Describe and compare theories and principles of behavior change. | | | | |
|--|---|--|--|--|--|

| | | | | | |
|----------------------|--|-----|---|------------------------------|----|
| | <p>Analyze their applicability to diverse populations and different types of health behavior problems, including interactions among biology, behavior, and environment</p> <ul style="list-style-type: none"> -Present evidence-based models of clinical preventive services, community-based interventions, and the management of common chronic conditions that address the social, economic, cultural, and individual barriers to optimal health. -Examine the context of racial and ethnic disparities in the broader historic and contemporary social and economic climates, and evidence of persistent racial and ethnic discrimination in many sectors of American life. -Review evidence-based models which describe the associations between patient-physician communication, patient behavior, and related health outcomes. | | | | |
| Public Health Ethics | <p>The goal of this course is to provide students with both content and skills in the field of the ethics of public health and the concept of health and human gifts. The course begins with an introduction to the field of public health and the underlying ethical framework that governs its existence and importance for society. The course next builds upon the theory linking health and human rights together in order to examine in depth the impact of health policies and programs on human rights; the impact of human rights violations on health and the synergistic relationship that flows between the two fields. Flowing from this synergy will be an exploration of power, health disparities, and</p> | MPH | 2 | Required of all MPH students | 19 |

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| | <p>health inequities and the possible solutions that can bridge the gap between such inequities. In essence, through a uniquely public health approach, this course will examine a spectrum of issues related to health and human rights including health as a human right, measurement and justifiability of the right to health, vulnerable populations and implications for public health practice. Case studies in each of these topics will be utilized throughout the course to support critical inquiry into the burgeoning field of health and human rights.</p> <p><u>Relevant Objectives:</u></p> <ul style="list-style-type: none"> -List issues involved with research involving vulnerable populations. -Explain the underlying basis of health care disparities. -Describe how various types of justice issues are manifest in public health. -Explain how public health can be informed by a concept of social justice. -Describe issues regarding justice in the health care setting. | | | | |
| Community-based Participatory Research | This course will provide a comprehensive understanding of the ways in which social scientists, health professionals, and community members can collaborate to address public health problems through research that leads to improvements in health and quality of life, and organizational or community change. Students and faculty from multiple scholarly disciplines will examine the approaches to community-based participatory research that go beyond the domain of any one discipline. Students will receive training in | MPH | 3 | Required of MPH-CPH students | 20 |

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| | <p>the skills and knowledge needed to apply mixed methods (qualitative and quantitative) approaches in designing, implementing, and evaluating public health programs and community-based participatory research. Attention will be given to the scholarly debates and practical/logistical issues in conducting community-based participatory research. Ethical principles of social justice will be applied to public health program planning and evaluation which uses community-based participatory methodology.</p> <p><u>Relevant Objectives:</u> -Apply strategies for developing community partnerships for the planning, implementation, and evaluation of CBPR interventions. -Understand issues of sustainability, and ways to engage community partners to accomplish this. -Apply ethical principles of social justice to CBPR program planning, implementation, evaluation, and advocacy.</p> | | | | |
| <p>Program Planning and Evaluation</p> | <p>Focus is on the systematic inquiry of the foundations of advanced practice in community/public health program planning and evaluation. Emphasis is on the assessment, planning and evaluation of population/community focused health promotion/disease prevention programs and projects.</p> <p><u>Relevant Objectives:</u> -Apply principles of effective planning, implementation and evaluation to the design of a successful community-focused health program; i.e., needs assessment, community</p> | <p>MPH</p> | <p>3</p> | <p>Required of MPH-CPH students</p> | <p>12</p> |

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| | <p>organization, community participation, policy coalition building, advocacy, education, strategic planning, priority setting, resources utilization, available services, access to acceptable services, evaluation of health disparities, assessing health and social policies and communication with the community.</p> <p>-Analyze social forces that affect health planning and utilization of health services by the community.</p> | | | | |
| Critical Issues in Global Health | <p><u>Description:</u> Using a series of seminars, lectures and reading assignments, this course is designed to give advanced students an overview of the global health problems facing the world today and equip them with a deeper understanding of the social and organizational determinants of health and the essential tools to navigate the world of international health. The course focuses on teaching students about the global burden of disease and pattern of disease variations between and within countries. It addresses cross-cutting issues such as poverty, environmental degradation, and the impact of globalization on health. Topics covered include maternal and child health, gender and violence, nutrition, and global climate change. The course will review pandemics such as HIV, TB, and malaria, as well as non-communicable diseases such as diabetes and mental health. The course will also introduce the student to the key players in global health and critical issues in global health governance that impact implementation of global health programs.</p> | MPH | 3 | Required of MPH-GH students | 14 |

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| | <u>Relevant Objective:</u> -Understand the impact of globalization on health and the role of cross-cutting issues such as poverty, urbanization, and environmental degradation in global health. | | | | |
| Varied | MPH students are required to take 9-10 credits of electives. These are selected from a list of approved elective courses, several of which relate to HD/CC/HL content, e.g. "Populations at Risk in Community and Public Health" and "Society, Health, and Social Justice". | MPH | Varied | Elective | Varied |

Note:

- Degree Level = Certificate, Bachelor, Master, or Doctorate-level Course

- # of Enrollees = Number of course enrollees during the 2011-2012 academic year

Column 2: Course descriptions are included verbatim. Below each description is a list of the course objectives that emphasize HD/HL/CC-related content.

Column 5: Please note that there are three MPH concentrations. The first two courses in the table above are required of all MPH students; the next three courses are "required concentration courses" which means that they are required of MPH students in given concentrations. CPH=Community and Population Health concentration; GH=Global Health concentration.

| B. Field-Based Learning: Clinical Experiences and Practical Applications (please describe) | Degree Level | Graded or Ungraded ? | # of Credits/ Hours | Required or Elective? | # of Student Completions |
|---|---------------------|-----------------------------|----------------------------|------------------------------|---------------------------------|
| <u>Capstone:</u> All MPH students complete a 240-hour placement experience in a public health agency that serves as the required culminating and field experiences for the program. This is an individualized experience in which each student works with faculty and an agency site preceptor on a public health project. Even though each project is unique and tailored to the student's interest and career goals and the agency's needs, they all address a core set of competencies including "identify ethical, social, and cultural issues related to policies, risks, research, and/or interventions in public health" | MPH | Graded | 6 credit hours | Required | 14 |

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| <p>contexts.” Examples of capstone projects for which health disparities, health literacy and/or cultural competency were central foci include: “Examining the Ramifications of Incarceration and Reentry on Health and Housing Status: A quantitative data analysis”; “Development of Community Engagement Training on Environmental Justice and Public Health”; “Pilot Study to Obtain a Baseline about Stigma towards Pharmacological Treatments for Mental Illness at Montgomery Cares Clinic, Montgomery County, Maryland”; and “Taking a Trauma-Informed Approach to Maternal and Child Health in Baltimore: Addressing Maternal Trauma to Reduce Infant Mortality Through the B'more for Healthy Babies Initiative”.</p> | | | | | |
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| C. Other Student-Centered Academic Activities (please describe) | Degree Level | Required or Elective? | # of Student Participants |
|---|--------------|-----------------------|---------------------------|
| N/A | | | |
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3) Are the following changes in student cultural competency measured? (Please mark all that apply)

- Changes in knowledge
- Changes in skills

4a) If change is being measured, what are the methods used to assess such changes and how often do such assessments occur? (Examples of assessment methods include surveys, essays, written skill exams, clinical practice simulations, etc.)

Within courses listed in 2A and 2B above, there are multiple types of assessments, e.g. written examinations, essays, proposals, individual and group projects with written and oral presentations. The periodicity of these assessments varies by course.

4b) Please describe results of student cultural competency assessments, such as pre- and post-intervention changes, or provide other examples of how students have demonstrated progress toward developing cultural competence.

In each course, assessments are used to gauge student achievement of course objectives. Faculty use those assessments to identify areas for improvement and work with students to identify ways to ameliorate deficiencies.

5) If change is not being measured, what resources would facilitate assessment of students on topics related to health disparities, health literacy, and cultural competency?

N/A

6) Please provide details about your program's involvement in other cultural competency and health disparities-reduction activities beyond the student-centered activities described in Question #2.

| Health Disparities-Reduction Activities (Please provide title, description of event, and intended outcome.) | Date | Target Audience | # of Participants |
|---|-----------------|--|----------------------------|
| 1. President's Outreach Council. Campus visits from Baltimore Southwest Charter School students and parents. The intended outcomes were health promotion and increased awareness of health-related career options among disadvantaged populations. This serves as a mechanism for addressing pipeline issues related to disparities in representation of people of color among the health workforce. | Nov 9, 2011 | Middle school students and their parents | ~25 |
| 2. President's Outreach Council. Campus visits from George Washington Elementary School students and parents. As listed in row 1 above, the intended outcomes were health promotion and increased awareness of health-related career options among disadvantaged populations. This serves as a mechanism for addressing pipeline issues related to disparities in representation of people of color among the health workforce. | Oct 13, 2011 | Elementary school students and their parents | ~25 |
| 3. National Public Health Week Commemoration Event. Set up a table to provide information about public health to staff and visitors at the University Hospital. Topics included healthy eating, exercise, health disparities and careers in public health. | April 4-6, 2012 | Medical Center Staff and Visitors | ~100 |
| 4. Leadership in HIV Summit. Technical direction and presentation at the Summit. Focus of the summit was the development of strategies to involve diverse communities in planning, prevention and developing partnerships to "Get to Zero." | April 16, 2012 | Public health and health care professionals | ~55 |
| 5. Radiation Therapy following Breast-Conserving Surgery in Low-Income Women: Communicating the Benefits and Risks. Research study aimed at reducing disparities in breast cancer outcomes among disadvantaged women. | 2011-2012 | Low-income women | 30 |
| 6. Improving Access to Care for Children with Suspected Abuse and Neglect. Expert medical evaluations for children with suspected physical abuse. Participation in | 2011-2012 | Children with suspected | 819 children, 40 providers |

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| Multidisciplinary Team meetings to review cases of physical abuse and neglect. Team members include child abuse pediatricians and social workers from University of Maryland and Johns Hopkins, and representatives from the Baltimore City Department of Social Services, Baltimore City Police, and Baltimore City State's Attorney's Office. Care-coordination with children's primary care providers. The intended outcome of this activity is improved access to healthcare for children with suspected maltreatment and their families, and reduction of recidivism. | | child abuse and neglect and primary care providers in Baltimore City | |
| 7. Strategies for Health after Breast Cancer: A Survivorship Guide for African American Women. Research study aimed to improve health outcomes among African American breast cancer survivors through development of a video educational program produced in collaboration with Sisters Network Inc (an African-American breast cancer survivor network). | 2011-2012 | African-American women | 88 |
| 8. Workgroup Session focused on the development of a Cultural Competency and Health Literacy Primer. The Primer was being created in response to Maryland statute [Md. Code Health-General § 20-1004 (15)] that recommends further development of cultural competency and health literacy curricula at health professions schools throughout the state. | Dec 9, 2011 | Health profession program faculty and staff | ~30 |

[Note: Examples of other health disparities-reduction activities may include participation in activities of the Local Health Improvement Coalition or other health disparities-related groups and committees, community engagement and outreach, health disparities-focused faculty research activities, etc.]

**REPORT – INSTITUTIONS OF HIGHER EDUCATION:
CULTURAL COMPETENCY TRAINING AND
OTHER HEALTH DISPARITIES REDUCTION ACTIVITIES**

University of Maryland, Baltimore

Discipline: Pharmacy

Degree(s) Offered: Doctor of Pharmacy (PharmD)

1) How does your health profession training program incorporate instruction on cultural sensitivity, cultural competency, health literacy, and health disparities?

The University of Maryland School of Pharmacy (SOP) successfully produces culturally competent and health literate PharmD graduates because those concepts are part of the School’s very essence. The SOP’s five core values support cultural competency:

- **Respect, Integrity and Professionalism:** We nurture mutual respect among faculty, staff, students and patients and require the highest standards of personal ethics and professional conduct.
- **Social Responsibility:** Our major purpose is to contribute to the health and well-being of both individuals and society. We will seek to shape public policy and health promotion at all levels.
- **Excellence:** We seek quality and excellence in all of our endeavors.
- **Diversity:** We recognize the worth of all individuals and work to ensure diversity among our faculty, students, and staff.
- **Leadership:** We recognize our responsibility to lead in education, research, pharmaceutical care, and public service, and to nurture leadership within our students, faculty and staff.

The SOP recognizes the significance of providing students with leaders and role models that reflect the diversity of the population, and has made significant progress in recent years to diversify its faculty:

| 2000 | 62 faculty | | current (04/2012) | 83 faculty | |
|---------------|------------|-----|-------------------|------------|-----|
| Female | 20 | 32% | Female | 43 | 52% |
| Non-Caucasian | 8 | 12% | Non-Caucasian | 24 | 29% |

Diversity of School of Pharmacy employees is notable as well: of the 293 current (04/2012) employees over .5 FTE, 59% are female and 39% report non-Caucasian ethnicity.

The SOP focuses its PharmD student recruitment strategies on underrepresented minority groups and historically minority schools to foster diversity in its applicant pool and admitted class, and has made considerable effort to recruit, admit, and retain a diverse student body in terms of ethnicity, place of origin, gender, age, marital status, and prior experience. In the Fall 2012, PharmD student enrollment was 56% minorities, compared to 38% overall among the professional practice doctoral students on the UMB campus.

The SOP has developed eight General Abilities for a well-educated pharmacist. Three of the eight address concepts of cultural sensitivity, cultural competency, health literacy, and health disparities. Throughout the curriculum, faculty engage students in activities that foster continued development of the general abilities.

GA 5: Social Awareness and Social Responsibility: The student shall demonstrate an understanding of self, the strengths and challenges of cultural diversity and the historic responses of society in times of rapid change.

- Level 1: Explain differences of opinion and approach in social, cultural, historical, economic, political and scientific issues in a given society.
- Level 2: Explain how social, historical, economic, political and scientific issues affect human behavior and events.
- Level 3: Adapt professional practice to a changing society and changing societal expectations for pharmacists.

GA 6: Social Interaction and Citizenship: The student shall demonstrate effective interpersonal and inter-group behaviors in a variety of situations and circumstances.

- Level 1: Identify interaction behaviors that are essential for maximum personal effectiveness in interpersonal, inter-group and leadership situations.
- Level 2: Function effectively in interpersonal, inter-group and leadership situations.
- Level 3: Apply personal interaction behaviors within professional and civic situations.

GA 8: Cultural Competency: The student shall possess an awareness of how culture impacts interpersonal and inter-group interactions and shall demonstrate effective behaviors to work in cross-cultural environments.

- Level 1: Recognize one's own cultural practices and behaviors
- Level 2: Accept and respect differences among people who have different customs, thoughts, ways of communicating, traditions, and institutions.
- Level 3: Develop behaviors and attitudes to work effectively in cross-cultural situations; transform one's knowledge of individuals and groups of people to increase the quality of services and improve outcomes.

Concepts of cultural sensitivity, cultural competency, health literacy, and health disparities are pervasive in the PharmD accreditation standards from the Accreditation Council for Pharmacy Education (ACPE). For example, Standard No. 9: The Goal of the Curriculum, Guideline 9.1 states that the college or school must ensure that the curriculum addresses patient safety, cultural appreciation, health literacy, health care disparities, and competencies needed to work as a member of or on an interprofessional team. In another example, students must achieve core performance domains prior to entering Advanced Pharmacy Practice Experiences including:

- Core Domain 2. Basic Patient Assessment: Collect record and assess subjective and objective patient data to define health and medication-related problems. Patient information must be collected in a manner demonstrating knowledge of patient educational level, the unique cultural and socioeconomic situations of patients, and comply with requirements for patient privacy.
- Core Domain 6. Ethical, Professional, and Legal Behavior: In all health-care activities, demonstrate knowledge of and sensitivity towards the unique characteristics of each patient. Comply with all federal, state, and local laws related to pharmacy practice. Demonstrate ethical and professional behavior in all practice activities.
- Core Domain 7. General Communication Abilities: Demonstrate effective communication abilities in interactions with patients, their families and care givers, and other health care providers.

Communication should be consistent with education level, cultural issues, and be empathetic. Elicit feedback validating understanding of communication.

Skills-based activities that support these core domains take place primarily in Abilities Labs, a series of 6 courses that occur each semester during the first three years of the curriculum. Self-directed activities and live exercises are taught and assessed in lab sessions, discussions, reflective journaling, and self-development assignments, as well as standardized patient encounters in Objective Structured Clinical Examinations (OSCEs).

The PharmD curriculum is mapped to foundational content, such as cultural influences on communication of health information and design of patient-centered, culturally relevant treatment plans; and to terminal performance outcomes, such as communicate with patients and caregivers to assure they understand the importance, nature, and scope of the therapeutic plan(s) being recommended.

2) Regarding your training for students, which specific courses, clinical experiences, field training and other academic activities include an emphasis on cultural sensitivity, cultural competency, health literacy, and/or health disparities? Describe how the topics have been emphasized in the course (i.e., theory-oriented, skill building, etc.)

| A. Course Title | Description of Course Content and Objectives | Degree Level | # of Course Credits | Required or Elective? | # of Student Completions |
|---|--|--------------|---------------------|-----------------------|--------------------------|
| PHAR 507. Professional Ethics and Pharmacy Practice | (P1 fall) PHAR 507 Professional Ethics and Pharmacy Practice emphasizes cultural diversity and the importance of independent and cooperative learning activities; professionalism, oral and written communication, ethics, and critical evaluation of problems are stressed. Students are introduced to diverse perspectives on goals, training, functions, settings, and opportunities in potential pharmacy careers. A highlight of this course is the Bafa Bafa activity – a nationally recognized program on cultural sensitivity. In this activity, students are divided into two groups or "cultures" and are introduced to the values, rules, expectations, and the social norms of their new culture. Observers are exchanged between the two cultures. After a fixed time, the observers return to their respective groups and report on what they saw. Each group tries to develop hypotheses about the most effective way to interact | PharmD | 2 | Required | 160 |

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| | with the other culture. After the exercise, the participants discuss and analyze the experience and generalize it to other groups in the real world. Benefits include enhancing teaching and learning in a culturally diverse classroom, dealing with racial and ethnic conflict, and developing an understanding of the needs of different racial and ethnic groups. (knowledge and skill-building) | | | | |
| PHAR 522 Context of Health Care | (P1 spring) PHAR 522 Context of Health Care covers international health care systems and reviews different approaches to health care in other nations, as well as health literacy with diverse patients and vulnerable populations, and includes a patient-related case activity that integrates issues of diverse populations. (knowledge) | PharmD | 3 | Required | 160 |
| PHAR 567 Abilities Lab 6 | (P3 spring) PHAR 567 Abilities Lab 6 has a 3-hour lab dedicated to cultural competency which addresses overcoming communication, cultural or health literacy barriers; and demonstrating empathy and sensitivity when a patient presents with special needs. Some components of the lab incorporate information from EthnoMed http://ethnomed.org/ , which contains information about cultural beliefs, medical issues and related topics pertinent to the health care of immigrants to Seattle or the US, many of whom are refugees fleeing war-torn parts of the world. (knowledge and skill-building) | PharmD | 1 | Required | 160 |
| PHMY electives | Several electives address health disparities within special populations, including Comprehensive Pediatric Care, Pharmacology & Aging, Perspectives of Mental Health, Care of the Terminally Ill, Geriatric Pharmacotherapy, Diabetes, Women's Health, Medical Spanish (knowledge and skill-building) | PharmD | variable | Electives | variable |

Note:

- Degree Level = Certificate, Bachelor, Master, or Doctorate-level Course
- # of Enrollees = Number of course enrollees during the 2011-2012 academic year

| B. Field-Based Learning: Clinical Experiences and Practical Applications (please describe) | Degree Level | Graded or Ungraded ? | # of Credits / Hours | Required or Elective? | # of Student Completions |
|---|---------------------|-----------------------------|---------------------------------|--------------------------------|---------------------------------|
| APPE455: Longitudinal Ambulatory Care – during this advanced pharmacy practice experience, students are assessed on the following outcomes: during patient/caregiver interviews, the student is able to: adapt to literacy and cultural needs; utilize patient-related variables (i.e. age, family/social history, etc.) to identify risk factors for diseases. | Pharm D | Graded | 1 credit (40 hours) | Required | 160 |
| APPE453: Community Pharmacy Practice – during this advanced pharmacy practice experience, students are assessed on the following outcomes: during patient/caregiver interviews, the student is able to: adapt to literacy and cultural needs; utilize patient-related variables (i.e. age, family/social history, etc.) to identify risk factors for diseases. | Pharm D | Graded | 5 credits (200 hours) | Required | 160 |
| APPE451: Acute Care General Medicine – during this advanced pharmacy practice experience, students are assessed on the following outcomes: during patient/caregiver interviews, the student is able to: adapt to literacy and cultural needs; utilize patient-related variables (i.e. age, family/social history, etc.) to identify risk factors for diseases. | Pharm D | Graded | 5 credits (200 hours) | Required | 160 |
| Advanced Practice Patient Care (APPC 456-488) Electives – during each of these advanced pharmacy practice experiences, students are assessed on the following outcomes: during patient/caregiver interviews, the student is able to: adapt to literacy and cultural needs; utilize patient-related variables (i.e. age, family/social history, etc.) to identify risk factors for diseases. | Pharm D | Graded | 5 credits each (200 hours each) | One required; more if selected | 160 |

| C. Other Student-Centered Academic Activities (please describe) | Degree | Required or | # of Student |
|--|---------------|--------------------|---------------------|
|--|---------------|--------------------|---------------------|

| | Level | Elective? | Participants |
|---|------------|-----------|--------------|
| <p>Special Projects with faculty (individualized research opportunities), such as:</p> <ul style="list-style-type: none"> • working with a faculty member who received a grant from PCORI to investigate methods for eliciting perspectives from hard to reach patients with a focus on minority patients and patients with impairments such as hearing loss; • student participation in an interdepartmental/multidisciplinary seed grant project focusing on inner city children with asthma • Other examples that address health disparities include projects completed as part of the HP-Star program and address age and race disparities: <ul style="list-style-type: none"> ○ adherence to ICU best practice guidelines in older adults – examined age disparities in receipt of best practices in the ICU; ○ age-related differences in chemotherapy effectiveness in Stage III colon cancer patients; ○ disparities in medication use and adherence post-myocardial infarction between black and white Medicare beneficiaries | Pharm D | Elective | 100+ |
| Pharmacy students on advanced pharmacy practice rotations at the Mercy Hospital Clinic are exposed to cultural differences in diabetes care and learn to work with interpreters when counseling patients. | Pharm D | Elective | 10 |
| Pharmacy students may select didactic and experiential elective opportunities in the Maryland Poison Center (MPC). MPC has printed educational materials (brochures and telephone stickers) in Spanish. The brochure is downloadable in thirteen languages: English, Spanish, Chinese, French, Thai, Haitian Creole, Vietnamese, Portuguese, Korean, Russian, Hmong, Polish, and Arabic. Non-English speakers can use the emergency services of the Maryland Poison Center 24/7, as MPC contracts with Language Line to provide translational services. Multi-lingual pharmacy students are encouraged to participate. Future goals include additional translations and a multi-cultural speakers bureau to help out with events. | Pharm D | Elective | 25+ |
| Community outreach, such as a high school student from a STEM magnet school currently working in a lab on a Pharmaceuticals research project for a senior internship, titled the creation of an excipient database containing spectral and physical properties. | other | Elective | 1 |
| Interprofessional Patient Management Competition (IPMC), challenges multidisciplinary teams to devise a treatment strategy for a hypothetical patient whose case presented complex medical as well as legal issues. Members of the teams have to pool their knowledge while working under tight time limits. | Pharm D | Elective | 40 |

3) Are the following changes in student cultural competency measured? (Please mark all that apply)

Changes in knowledge

Changes in skills

4a) If change is being measured, what are the methods used to assess such changes and how often do such assessments occur? (Examples of assessment methods include surveys, essays, written skill exams, clinical practice simulations, etc.)

Examples of assessment methods in knowledge-based courses include multiple choice questions and to a lesser extent open-ended or case-based questions, presentations and debates. Assessments are given periodically throughout the semester as the course managers determine to be appropriate. Practical examinations and Objective Structured Clinical Examinations (OSCEs) are used in skills-based courses; Teaching OSCEs, or TOSCEs, are also used to give formative feedback; students experience either a TOSCE or OSCE once each semester throughout the curriculum. Reflective activities are also used for student self-assessment.

Advanced Pharmacy Practice Experiences use the following grading scale to assess skill performance at the midpoint and at the end of the rotation:

- **Exceeds Competency (EC)** - Able to complete the criterion elements $\geq 90\%$ of the time without assistance.
- **Meets Competency (MC)** - Able to complete the criterion elements $75\text{--}89\%$ of the time without assistance.
- **Needs Improvement (NI)** - Able to complete the criterion elements $50\text{--}74\%$ of the time without assistance.
- **Significant Deficiency (SD)** - Able to complete the criterion elements $\leq 49\%$ of the time without assistance.

4b) Please describe results of student cultural competency assessments, such as pre- and post-intervention changes, or provide other examples of how students have demonstrated progress toward developing cultural competence.

An example of changes in the development of cultural competence is from the SOP student surveys in Spring 2012, with the level of agreement on the question "My pharmacy practice experiences allowed me to have direct interaction with diverse patient populations (e.g., age, gender, ethnic and/or cultural background, disease states, etc.)." Only 85% of continuing (P1-P3) students agreed (n=429), while 100% of graduating (P4) students agreed (n=127). This compares to 97% agreement among graduating students at peer institutions (seven comparable pharmacy schools that are large, public, research institutions with satellite PharmD campuses were selected for peer comparison (n=777): University of Florida, University of Illinois at Chicago, The University of Kansas, University of Minnesota, University of North Carolina at Chapel Hill, The University of Texas at Austin, Virginia Commonwealth University).

5) If change is not being measured, what resources would facilitate assessment of students on topics related to health disparities, health literacy, and cultural competency?

N/A

6) Please provide details about your program's involvement in other cultural competency and health disparities-reduction activities beyond the student-centered activities described in Question #2.

| Health Disparities-Reduction Activities (Please provide title, description of event, and intended outcome.) | Date | Target Audience | # of Participants |
|--|--|------------------------|--------------------------|
| <p>1. Faculty Research-</p> <p>Beardsley, Pradel: Responsible for evaluating and tweaking the set of instructions that come with anthrax kits for its ease of use and understandability. Conducting focus groups with people of varying literacy levels to gauge their ability to understand and implement the instructions. Research is in conjunction with the FDA and the CNBL Clinical Pharmacology Center, Inc.</p> <p>dosReis: Surveying parents on their preferences for how their children with emotional and behavioral issues are cared for by the medical community. Investigating patient-centered preferences in treatment within Maryland's various communities with eye toward hypothesis that if patient preferences are incorporated into the treatment plan, there will be better adherence to medications and better outcomes.</p> <p>Onukwugha: Studies the decision-making process patients and providers use in determining treatment options, medication use, screenings, doctor's visits, etc. Looks at disparities in this process Now looking at men with prostate cancer and the disparities that exist in being diagnosed and receiving treatment. Just completed a five year, K12 grant looking at why some patients leave the hospital against medical advice. Found that providers need to think about the patient experience in the hospital and how they communicate with patients.</p> <p>Shaya: Lead the Maryland Men's Cardiovascular Program, which utilized social networks (direct contact amongst peers) to help improve the health of African-Americans with cardiovascular disease. Did an MVP Jr. program using the same approach but focused on obesity.</p> | <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>2012</p> <p>2012</p> | | |

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| <p>2. Service –</p> <p>Devabhakthuni: Serves on the Society of Critical Care Medicine’s patient safety committee where they are working on developing guidelines for safe medication use.</p> | Ongoing | | |
| <p>3. Outreach –</p> <p>Thirty students and faculty members gave free flu shots to 159 people at Langley Park Community Center in Prince George’s County and 62 people at the Lula G. Scott Community Center in Anne Arundel County as part of a “Vote & Vax” initiative. Both centers were adjacent to voting places. Immunizing 221 people was important, but equally important was the six months of student planning to identify locations with health disparities and organize the effort with the county health departments.</p> <p>In July 2012, Birdie Nguyen, a fourth-year student pharmacist at the University of Maryland School of Pharmacy and member of the Association for Prevention Teaching and Research’s Paul Ambrose Scholars Program, launched a project to promote awareness about how certain medications can contribute to falls in older adults. Concentrating her efforts in Allegany County and Garrett County – two rural areas that consistently report the highest number of falls among older adults in the State of Maryland -- Nguyen used the local health system’s “Just Bring It!” format to standardize medication lists. In addition to giving 30-minute presentations about medication safety at select senior centers in the area, Nguyen also set up a table at various health fairs hosted at senior centers, churches, and community health clinics at which she provided older adults with information to help educate them about the risk of falls associated with certain medications.</p> | <p>Nov 4, 2012</p> <p>Summer 2012</p> | <p>Voters</p> <p>Rural elderly</p> | <p>221</p> <p>unknown</p> |
| 4. | | | |
| 5. | | | |

[Note: Examples of other health disparities-reduction activities may include participation in activities of the Local Health Improvement Coalition or other health disparities-related groups and committees, community engagement and outreach, health disparities-focused faculty research activities, etc.]

**REPORT – INSTITUTIONS OF HIGHER EDUCATION:
CULTURAL COMPETENCY TRAINING AND
OTHER HEALTH DISPARITIES REDUCTION ACTIVITIES**

University of Maryland, Baltimore

Discipline: Social Work

Degree(s) Offered: Master's

1) How does your health profession training program incorporate instruction on cultural sensitivity, cultural competency, health literacy, and health disparities?

The School of Social Work (SSW) incorporates instruction on cultural sensitivity, cultural competency, and health disparities by infusing values, knowledge, and skills relevant to developing these competencies throughout the curriculum. Consistent with the National Association of Social Work (NASW) Standards for Cultural Competence in Social Work Practice, the SSW curriculum reflects course objectives that appreciate the need for students to progress from cultural awareness to cultural sensitivity to cultural competence, conceptualized as an ongoing process of expanding awareness, knowledge, and expertise. The mission of the social work profession is to work with, and advocate for, groups that are traditionally marginalized; therefore, the SSW seeks to improve students' knowledge of these populations (based on race, ethnicity, sexual orientation, etc.) and develop skills to work with them effectively, including the use of culturally-informed interventions. In order to graduate from the SSW, students must complete: (1) two internships in which their attitudes, knowledge and skills in working with diverse clients are assessed and (2) a diversity course that includes an assessment of cultural competence.

2) Regarding your training for students, which specific courses, clinical experiences, field training and other academic activities include an emphasis on cultural sensitivity, cultural competency, health literacy, and/or health disparities? Describe how the topics have been emphasized in the course (i.e., theory-oriented, skill building, etc.)

| A. Course Title | Description of Course Content and Objectives | Degree Level | # of Course Credits | Required or Elective? | # of Student Completions |
|---|---|--------------|---------------------|-----------------------|--------------------------|
| SOWK 789 Independent Research Project: Reducing Global Social and Behavioral Health | Course objectives: increase the capacity of social workers to reduce global social and behavioral health disparities by helping them serve as advocates for social and behavioral health parity. Course included the option for students to participate | Master's | 3 | Elective | 6 |

| | | | | | |
|--|---|----------|---|--|-----|
| Disparities | in a one-month on-site HIV/AIDS social and behavioral disparities project in Abuja, Nigeria from June 2-29, 2012. | | | | |
| SWCL 749 Clinical Social Work with Lesbian and Gay Clients | Advanced practice course that provides information about effective assessment and intervention techniques for clients who identify themselves as gay and lesbian. Practice models using individual, couple, family, and group modalities are included. The student's own biases and values are explored. | Master's | 3 | Elective | 22 |
| SOWK 783 Qualitative Cross-Cultural Research | Advanced research class focused on conducting an independent qualitative research project. Students select an ethnocultural study population and a cultural question for study. | Master's | 3 | Elective | 107 |
| SWOA 713 Social Policy and Health Care | Advanced policy course that prepares students to assess and understand the impact of American medical and health service programs and policies on human well-being, including consideration of impact on diverse groups. | Master's | 3 | Required for Health Specialization | 76 |
| SWCL 752 Best Practices and Innovations in School Mental Health | Advanced practice course addresses dimensions of effective practice in the schools and the delivery of culturally competent mental health services to diverse populations including immigrants. | Master's | 3 | Elective | 21 |
| SWCL 726 Clinical Social Work with African American Families | Advanced practice course that uses a conceptual framework for understanding and treating social problems confronting African-American families, based on a nondeviant perspective that acknowledges African-American families' experiences with enslavement, oppression, and institutional racism. Emphasizes application and use of clinical knowledge and skills in the assessment and formulation of | Master's | 3 | Elective | 25 |

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|---|---|----------|---|--|-----|
| | treatment interventions. | | | | |
| SWOA 706 Multicultural Practice in Organizations and Communities | Advanced practice class examines concepts and techniques of multicultural macro practice and evaluates relevant strategies and tactics that promote multiculturalism, including pluralistic coalition building, empowerment processes, intercultural communication, diversity training, and cross-cultural supervision. | Master's | 3 | Elective | 16 |
| SWOA/SWCL 750 Social Work in Education | Advanced practice course that examines practice issues, including working with diverse populations, in pre-school through high school settings. | Maste'rs | 3 | Elective | 24 |
| SOWK 715 Children and Social Services Policy | Advanced policy course that encompasses consideration of a social services system for children and families of diverse ethnic, racial, and cultural identities that includes family policy and, advocacy. | Master's | 3 | Required for Families and Children Specialization | 105 |
| SOWK 726 Aging and Social Policy | Advanced policy course that focuses on existing and proposed programs and services for older adults at federal, state, and local levels, including their impact on special populations of older persons. | Master's | 3 | Required for Aging Specialization | 21 |
| SWOA 703 Community Organization | Advanced practice course with particular emphasis on direct practice with advocacy for disempowered groups in society, such as ethnic, racial, and other minorities, low-income people, women, the aged and the disabled. | Master's | 3 | Required for Macro concentration | 81 |
| SOWK 641 Special Topics: Critical Issues in Global Health | Interdisciplinary course providing overview of global health problems facing the world today, including the global burden of disease and pattern of disease variations between and within countries. Topics covered include maternal and child | Master's | 3 | Elective | 3 |

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|---|---|----------|---|----------|----|
| | health, gender and violence, nutrition, and global climate change. | | | | |
| SOWK 699 Special Topics: Prevention and intervention with intimate partner violence | Course provides overview of prevention and intervention strategies and approaches to intervention with women, men, and children who are victims of intimate personal violence. Course includes a special section on work with minority women. | Master's | 3 | Elective | 14 |
| SOWK 699: Special Topics: A brief history of oppression | Web-based course offered through arrangement with UNC School of Social Work. Focus on minority groups' experiences of oppression. | Master's | 1 | Elective | 37 |
| SOWK 699: Special Topics: International Social Work | Special attention on role played by culture and cultural identity in human development. Emphasis on theories that provide conceptual base for interventions used in international social work as well as with work with refugee, immigrant, migrant individuals and families. | Master's | 1 | Elective | 21 |
| SOWK 699 Special Topics: HIV - The Social Work Challenge | Course covers psychosocial issues and public health challenges among diverse groups | Master's | 3 | Elective | 12 |
| SOWK 699 Special Topics: Social Work with Immigrant and Refugee Populations | Course examines the causes of migration domestically and worldwide and how they impact the lives of immigrants and refugees, at individual, family, and community levels. Focus on the need for cultural competency in order to assess, communicate, and provide culturally sensitive services. | Master's | 3 | Elective | 4 |
| SOWK 699 Special Topics: Substance abuse during pregnancy | Course explores complex effects of substance abuse during pregnancy by looking at social determinants of health (e.g., institutional racism, legal implications, and economic disparity) and outcomes in | Master's | 1 | Elective | 61 |

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|--|---|----------|---|----------|---|
| | maternal health and child health. | | | | |
| SOWK 699 Special Topics: Social Justice and Social Work Practice | Course focuses on social justice concepts and theories and how they can be applied to micro and macro practice. | Master's | 3 | Elective | 9 |

Note:

- Degree Level = Certificate, Bachelor, Master, or Doctorate-level Course
- # of Enrollees = Number of course enrollees during the 2011-2012 academic year

| B. Field-Based Learning: Clinical Experiences and Practical Applications (please describe) | Degree Level | Graded or Ungraded ? | # of Credits / Hours | Required or Elective? | # of Student Completions |
|---|---------------------|-----------------------------|-----------------------------|------------------------------|---------------------------------|
| <p>International Field Placement: Cochin, India partnered with Rajagiri College</p> <p>The internship covered a period of 6 months (20 to 22 weeks) from June 2011 to November 2011 which included 3-4 days of field practicum and two classes. Objectives include: building relationships; networking; developing as a social worker in a developing country; speaking other language; new cultural experiences; multicultural learning; value development; and intercultural competence. Field settings include: hospital settings, health centers, outreach Migrant projects, welfare offices and community/village outreach; women's reproductive health counseling and education, HIV outreach.</p> | Master's | Graded | 18 | Elective | 2 |
| <p>SOWK 705 International Social Work - El Salvador</p> <p>Course familiarized students with social work practice in El Salvador. Students participated in field visits to social work, human service, health agencies, and communities on the front line of social service programs. Classroom preparation followed by trip to El Salvador January 2-13, 2012.</p> | Master's | Graded | 2 | Elective | 10 |
| | | | | | |

| C. Other Student-Centered Academic Activities (please describe) | Degree Level | Required or Elective? | # of Student Participants |
|---|---------------------|------------------------------|----------------------------------|
| Military Sexual Assault sponsored by Coalition for Military Awareness | MSW | Elective | 8 |
| Social Work and Empowerment: International Social Work in a Reflection of Global Solidarity sponsored by International Social Work Organization | MSW | Elective | 23 |
| From Neo-Nazi Skinhead to Advocate: A Paradigms Shift Personified sponsored by Latin American Solidarity Organization | MSW | Elective | 20 |
| The Prep School Negro (Movie) sponsored by Latin American Solidarity Association | MSW | Elective | 77 |
| Allies Celebration Week sponsored by the Lesbian Gay Bisexual Transgender Queer Allies Union | MSW | Elective | 5 |
| Blacks in Latin America (Movie/presentation/discussion) sponsored by the Organization of African American Students in Social Work | MSW | Elective | 4 |
| Innocent on Death Row sponsored by Student Coalition for Peace and Equality | MSW | Elective | 79 |
| Planning meeting for "Purim" sponsored by TIKKUN (Jewish Student Organization) | MSW | Elective | 6 |
| What to Expect from a Praise Party sponsored by Christian Social Work Fellowship | MSW | Elective | 16 |

3) Are the following changes in student cultural competency measured? (Please mark all that apply)

- Changes in knowledge
- Changes in skills
- Changes in attitudes

4a) If change is being measured, what are the methods used to assess such changes and how often do such assessments occur? (Examples of assessment methods include surveys, essays, written skill exams, clinical practice simulations, etc.)

Field Practicum: All Master's students complete two field placements during their course of study; each placement spans fall and spring semesters. Students are graded Pass/Fail at the completion of both semesters.

For their first placement students spend 16 hours per week in an agency that provides social services, e.g., public schools, local welfare agencies, health centers and hospitals, foster care agencies. One of the eight areas on which students are assessed is working with diversity. Student must demonstrate an ability to work with people of diverse backgrounds by identifying stereotypes, biases or negative attitudes that might interfere with building effective working relationships [skills and attitudes]. For their second field placement students spend 24 hours per week in an agency concentrating on developing more advanced skills in either clinical or management/community organization settings.

Students are assessed on their ability to: (1) describe the diverse characteristics of their clients and how these characteristics impact access to services and client interactions; and (2) apply appropriate culturally effective interventions in working with diverse populations [knowledge, skills, attitudes].

Diversity Courses: As a graduation requirement every student must pass a diversity course which includes specific content on one or more areas of diversity (e.g., race, gender, ethnicity, sexual orientation, age) and an assignment that assesses skill in cultural competency. Diversity courses include the following listed in #2a: Independent Research Project: Reducing Global Social and Behavioral Health Disparities for Africans Living at Home or in the Diaspora; Clinical Social Work with Lesbian and Gay Clients; Qualitative Cross-Cultural Research; Social Policy and Health Care; Best Practices and Innovations in School Mental Health; Clinical Social Work with African-American Families; Multicultural Practice in Organizations and Communities; Children and Social Services Policy; Aging and Social Policy; Community Organization. Assessment measures are typically written exams or papers focused on skills.

4b) Please describe results of student cultural competency assessments, such as pre- and post-intervention changes, or provide other examples of how students have demonstrated progress toward developing cultural competence.

At present, assessments are not pre- and post- intervention, but a summative measure of student knowledge and/or ability at the conclusion of the course.

5) If change is not being measured, what resources would facilitate assessment of students on topics related to health disparities, health literacy, and cultural competency?

6) Please provide details about your program’s involvement in other cultural competency and health disparities-reduction activities beyond the student-centered activities described in Question #2.

| Health Disparities-Reduction Activities (Please provide title, description of event, and intended outcome.) | Date | Target Audience | # of Participants |
|---|----------------|---------------------------|-------------------|
| 1. Anger Management Group Therapy for Adolescents - This workshop provided an understanding of adolescent risk assessment and the provision of effective interventions. Intended Outcome: Participants will learn the ways that racism, classism and zero-tolerance laws influence the experiences of adolescents, assisting the practitioner in forming positive therapeutic bonds and in providing helpful interventions. | April 13, 2012 | Social Work Practitioners | 20 |
| 2. Waiting for Superman: Film Screening and Panel Discussion - Intended Outcome: Participants will explore ways in which poverty impacts education. Attendees will have the opportunity to reflect of the many different dynamics raised in the film (race, class, prejudices) and learn strategies on how to move forward. | Nov 14, 2012 | Social Work Practitioners | 38 |

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|--|-----------------|---|------|
| 3. Cultural Competence: Integral to Effective Clinical Supervision. Intended Outcomes: This workshop focuses on the supervisor's effectiveness in being culturally competent when supervising staff that differ in the areas of race class, age, gender, religion, sexual orientation and physical/ mental challenges | Oct 18-19, 2012 | Social Work Practitioners | 45 |
| 4. Human Trafficking and Social Work Practice: Ethical Consideration and Clinical Skills of Effective Work. Intended Outcomes: Participants will achieve a basic understanding of federal and state laws against human trafficking, learn to identify and work effectively with victims of various cultures and develop coalition- building skills | Oct 10, 2012 | Social Work Practitioners | 40 |
| 5. Provided information to ACA Research and Evaluation Work group regarding the federal measurement of race and ethnicity in surveys. For the development of data collection protocols in the states implementation of the ACA (Affordable Care Act)- Dr. Carlessia Hussein (DHMH) | May 7, 2012 | All racial and ethnic groups | N/A |
| 6. Llewellyn Cornelius and Judy Sabino (Lehigh Health Systems) Completion of a research paper assessing services provided to Latinos served by the Lehigh Valley Health System. | July 9, 2012 | Puerto Ricans, Cuban, Mexican Americans | 1300 |

[Note: Examples of other health disparities-reduction activities may include participation in activities of the Local Health Improvement Coalition or other health disparities-related groups and committees, community engagement and outreach, health disparities-focused faculty research activities, etc.]

**REPORT – INSTITUTIONS OF HIGHER EDUCATION:
CULTURAL COMPETENCY TRAINING AND
OTHER HEALTH DISPARITIES REDUCTION ACTIVITIES**

University of Maryland, Baltimore

Discipline: Nursing

Degree(s) Offered: Bachelor's, Master's, Doctor of Nursing Practice, Doctor of Philosophy and Certificates

1) How does your health profession training program incorporate instruction on cultural sensitivity, cultural competency, health literacy, and health disparities?

On May 24, 2010, the School of Nursing's BSN, MS and DNP programs were accredited by the Commission in Collegiate Nursing Education (CCNE) for 5 years. These accreditation actions were effective as of November 16, 2009 which is the first day of the programs' recent CCNE on site evaluation. The accreditation team reported that the School's programs at all degree levels met the standard for curriculum, teaching-learning practices, and student learning outcomes, which include diversity and cultural competency components. CCNE addresses diversity and cultural competency in the curriculum by requiring compliance with the essential elements of nursing education established by the American Association of Colleges of Nursing (AACN) for each degree level. The core components of AACN's essential elements of nursing education acknowledge the diversity of the nation's population and mandate inclusion of content addressing cultural, spiritual, and ethnic, gender, and sexual orientation diversity to ensure that nursing professionals are "prepared to practice in a multicultural environment and possess the skills needed to provide culturally competent care." The CCNE Report cited one of the strengths of the school as having a diverse student background and experience.

2) Regarding your training for students, which specific courses, clinical experiences, field training and other academic activities include an emphasis on cultural sensitivity, cultural competency, health literacy, and/or health disparities? Describe how the topics have been emphasized in the course (i.e., theory-oriented, skill building, etc.)

Bachelors

The BSN program emphasizes the need to assess cultural diversity in all the course work and clinical experiences. The students learn to accept individual differences, recognize the influence of culture on well-being and health and to provide culturally sensitive care in a variety of settings across the life span.

| A. Course Title | Description of Course Content and Objectives | Degree Level | # of Course Credits | Required or Elective? | # of Student Completions |
|-----------------|---|--------------|---------------------|-----------------------|--------------------------|
| NURS 304 | Introduction to Professional Nursing Practice | BSN | 3 | Required | 152 |
| NURS 333 | Health Assessment | BSN | 4 | Required | 153 |
| NURS 315 | Pathopharmacology | BSN | 5 | Required | 155 |
| NURS 330 | Adult Health Nursing | BSN | 3 | Required | 135 |
| NURS 325 | Contest of Health Care | BSN | 2 | Required | 71 |
| NURS 331 | Gerontological Nursing | BSN | 3 | Required | 62 |
| NURS 308 | Nursing Care of Infants and Children | BSN | 2 | Required | 131 |

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|----------|---|-----|---|----------|-----|
| NURS 402 | Nursing Care of the Childbearing Family | BSN | 3 | Required | 63 |
| NURS 407 | Psychiatric/Mental Health Nursing | BSN | 3 | Required | 62 |
| NURS 403 | Community Health Nursing | BSN | 3 | Required | 133 |
| NURS 487 | Clinical Emphasis Practicum and Seminar | BSN | 2 | Required | 69 |

| B. Field-Based Learning: Clinical Experiences and Practical Applications (please describe) | Degree Level | Graded or Ungraded | # of Credits / Hours | Required or Elective? | # of Student Completions |
|---|---------------------|---------------------------|-----------------------------|------------------------------|---------------------------------|
| NURS 304 – Clinical laboratory learning experiences, 32 hours in clinical setting, experiences with standardized patients | BSN | Pass/Fail | 1 | Required | 152 |
| NURS 330 – 180 hours of direct patient care. Assessment of cultural considerations, health disparities, health literacy integrated into clinical activities | BSN | Pass/Fail | 4 | Required | 135 |
| NURS 308 – 90 clinical hours working with pediatric populations across the healthcare continuum, includes issues related to access to care and health disparities, as well as cultural considerations | BSN | Pass/Fail | 2 | Required | 131 |
| NURS 402 - 90 clinical hours working with maternal-child populations across the healthcare continuum, includes issues related to access to care and health disparities, as well as cultural considerations | BSN | Pass/Fail | 3 | Required | 131 |
| NURS 407 - 90 clinical hours working with psychiatric patients, in acute, chronic and outpatient settings across the healthcare continuum, includes issues related to access to care and health disparities, as well as cultural considerations | BSN | Pass/Fail | 2 | Required | 132 |
| NURS 403 - 90 clinical hours in a community/public health setting with a focus on health disparities and health literacy at the population level, also incorporates issues related to access to care and cultural considerations | BSN | Pass/Fail | 2 | Required | 133 |
| NURS 487 – 180 practicum hours in a precepted clinical setting. Concepts related to health disparities, cultural considerations, and health literacy are integrated in to care delivery. | BSN | Pass/Fail | 4 | Required | 69 |

Master'sMaster's Core Courses

The first two courses are required of all masters' students and integrate cultural sensitivity, cultural competence, health literacy and health disparities into their content.

| A. Course Title | Description of Course Content and Objectives | Degree Level | # of Course Credits | Required or Elective? | # of Student Completions |
|--|---|---------------------|----------------------------|------------------------------|---------------------------------|
| NURS 622 Systems and Populations in Health Care | This core course provides an analysis of critical issues in health care delivery and population health. Issues of cultural diversity, health disparities, and social justice in health care are analyzed. | MS | 3 | Required | 48 |
| NURS 659 Organizational and Professional Dimensions of Adv Nurs Practice | This core course provides content related to organizational and professional challenges experienced by nurses in advanced practice whether in clinical care, education, management, or research. | MS | 3 | Required | 50 |

NPHY 612 is a required course for Adult & Gerontological Nurse Practitioner, Family Nurse Practitioner, Pediatric Nurse Practitioner, Psychiatric Mental Health Nursing, Trauma Critical Care and Nurse Anesthesia Programs

| | | | | | |
|--|---|----|---|----------|-----|
| NPHY 612 Advanced Physiology and Pathophysiology | This course focuses on the relationship between physiology and pathophysiology across the life span and provides content necessary for understanding the scientific basis of advanced practice nursing. | MS | 3 | Required | 216 |
|--|---|----|---|----------|-----|

Adult & Gerontological Nurse Practitioner

The Adult Nurse Practitioner/Gerontology program incorporates a focus on cultural diversity with regard to diagnosis and management of all clinical problems addressed. This expands to the area of health literacy and assuring that our education related to disease and disease management is appropriate given cultural diversity.

| A. Course Title | Description of Course Content and Objectives | Degree Level | # of Course Credits | Required or Elective? | # of Student Completions |
|---|--|---------------------|----------------------------|------------------------------|---------------------------------|
| NURS 723 Clinical Pharmacology and Therapeutics | Provides advanced knowledge of commonly prescribed pharmacologic agents. | MS | 3 | Required | 137 |
| NURS 777 Diagnosis and | The student will focus on | MS | 4 | Required | 23 |

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|--|---|----|---|----------|----|
| Management of Adults Across of Lifespan | development of critical thinking skills to address health care problems of adults across the life span, develop differential problem-solving skills. Traditional nursing strategies such as education, interpersonal communication, and counseling will continue to be stressed. | | | | |
| NURS 789 Advanced Diagnosis and Management of Adults Across the Lifespan | This course prepares the student to diagnosis and manage complex, multiple and chronic health needs of adults across the life span in primary care settings. Specific attention is paid to role, legal, policy and health care finance issues relative to primary care nurse practitioners. | MS | 4 | Required | 23 |

| B. Field-Based Learning: Clinical Experiences and Practical Applications | Degree Level | Graded or Ungraded | # of Credits /Hours | Required or Elective? | # of Student Completions |
|---|---------------------|---------------------------|----------------------------|------------------------------|---------------------------------|
| NURS 687 Comprehensive Health Assessment of the Older Adult | MS | Pass/Fail | 1 credit 40 hrs. | Required | 24 |
| NURS 768 Clinical Practicum for Adults Across the Lifespan | MS | Pass/Fail | 5 credits 225 hrs. | Required | 23 |
| NURS 788 Complex Clinical Practicum for Adults Across the Lifespan | MS | Pass/Fail | 4 credits 180 hrs. | Required | 45 |
| NURS 794 Advanced Clinical Practicum for Adults Across the Lifespan | MS | Pass/Fail | 5 credits 225 hrs. | Required | 23 |
| NURS 795 Clinical Syndrome Management of Older Adults | MS | Pass/Fail | 2 credits 90 hrs. | Required | 21 |

Community/Public Health Nursing

Program incorporates a focus on cultural diversity and health disparities in the community. This also includes an emphasis on evaluation of health literacy.

| A. Course Title | Description of Course Content and Objectives | Degree Level | # of Course Credits | Required or Elective? | # of Student Completions |
|-------------------------------|---|---------------------|----------------------------|------------------------------|---------------------------------|
| NURS 730 Environmental Health | Provides an overview of environmental areas of study. Recognition of the need for | MS | 3 | Required | 29 |

| | | | | | |
|---|---|----|---|----------|----|
| | interdisciplinary teamwork in assessment, diagnosis and community-wide or population-based health promotion/disease prevention interventions. | | | | |
| NURS 769 Society, Health and Social Justice | This course examines social, cultural, and political-economic determinants of health from sociological and social epidemiological perspectives. The concept of social justice is used as a conceptual framework to investigate population health inequities that exist in social class, race, ethnic and gender groups in the US. | MS | 3 | Required | 27 |
| NURS 671 Epidemiological Assessment Strategies | This course focuses on assessment of physical and social indicators of public health. | MS | 3 | Required | 19 |
| NURS 732 Program Planning and Evaluation in Community/Public Health | Systematic inquiry of the foundations of advanced community/public health program planning and evaluation of population/community focused health promotion/disease prevention programs and projects. | MS | 3 | Required | 40 |
| NURS 761 Populations at Risk in Community/Public Health | Focuses on the mission of public health and the various organizations that support the responsibilities of public health at the international, national, and local levels. | MS | 3 | Required | 20 |

| B. Field-Based Learning: Clinical Experiences and Practical Applications | Degree Level | Graded or Ungraded | # of Credits /Hours | Required or Elective? | # of Student Completions |
|---|---------------------|---------------------------|----------------------------|------------------------------|---------------------------------|
| NURS 762 Program Planning and Evaluation in Community/Public Health Practicum | MS | Graded | 3 | Required | 10 |
| NURS 753 Practicum in Leadership in Community/Public Health Nursing | MS | Graded | 4 | Required | 8 |

Family Nurse Practitioner

Students participate in clinical rotations with FNP faculty practice sites in federally qualified health centers, HIV primary care and the School of Nursing Wellmobile within rural and urban underserved regions of the State of Maryland each semester during their 5 clinical courses. The FNP student body has an expressed special interest in underserved and vulnerable populations and to meet their learning goals, faculty have focused on the development of clinical practicum sites located within medically underserved areas serving an ethnically diverse population.

| A. Course Title | Description of Course Content and Objectives | Degree Level | # of Course Credits | Required or Elective? | # of Student Completions |
|--|---|---------------------|----------------------------|------------------------------|---------------------------------|
| NURS 660 Advanced Health Assessment Across the Lifespan | This course focuses on assessment and clinical decision-making in advanced nursing practice with a family context. Students develop and strengthen skills related to health assessment including physical, psychosocial, cultural, and family dimensions of assessment. | MS | 4 | Required | 11 |
| NURS 630 FP I: Health Promotion and Disease Prevention | This course emphasizes the multidimensionality of health promotion and disease prevention within emergent family systems. | MS | 2 | Required | 23 |
| NURS 723 Clinical Pharmacology and Therapeutics Across the Lifespan | Provides advanced knowledge of commonly prescribed pharmacologic agents. | MS | 3 | Required | 137 |
| NURS 632 FP II: Clinical Management of Common Health Care Problems | Develops a knowledge base for effective diagnosis and management of selected acute, commonly occurring health care problems throughout the life span. | MS | 3 | Required | 25 |
| NURS 640 FP III: Management of Complex Health Care Problems | Focuses on the disease management of complex chronic health care problems in patients across the life span. | MS | 2 | Required | 33 |
| NURS 755 Families in Crisis | Introduces the systems theory orientation for understanding human functioning with a family system; personal, patient/family, and health care delivery systems. | MS | 2 | Required | 29 |
| NURS 731 FP IV: Integrative Management of Primary Health Care Problems | Emphasizes the multi-faceted implications of the role of the advanced practice nurse. | MS | 2 | Required | 33 |

| B. Field-Based Learning: Clinical Experiences and Practical Applications | Degree Level | Graded or Ungraded | # of Credits/ Hours | Required or Elective? | # of Student Completions |
|--|---------------------|---------------------------|----------------------------|------------------------------|---------------------------------|
| NURS 631 FP I: Practicum: Health Promotion and Disease Prevention | MS | Pass/Fail | 1 45 hrs. | Required | 18 |
| NURS 633 FP II: Practicum: Clinical Management of Common Health Care Problems | MS | Pass/Fail | 4 180 hrs. | Required | 9 |
| NURS 703 Specialty Topics in Family Practice | MS | Pass/Fail | 2 45 hrs. | Required | 59 |
| NURS 644 FP III: Practicum: Management of Complex Health Care Problems | MS | Pass/Fail | 3 135 hrs. | Required | 14 |
| NURS 741 FPIV: Practicum: Integrative Management of Primary Health Care Problems | MS | Pass/Fail | 7 315 hrs. | Required | 10 |

Health Services Leadership and Management

Program addresses cultural diversity and cultural competency as critical components of health care administration. All courses include health disparities when appropriate.

| A. Course Title | Description of Course Content and Objectives | Degree Level | # of Course Credits | Required or Elective? | # of Student Completions |
|---|--|---------------------|----------------------------|------------------------------|---------------------------------|
| NURS 696 Leadership Analysis – A Cinematic Approach | This course focuses on the influence of culture, motivation, conflict resolution, and teamwork has on leadership and leadership skills. The course uses current movies and books to build upon basic leadership tenets. Students are exposed to a cultural simulation in this course | MS/DN P | 3 | Elective | 48 |
| NURS 691 Organizational Theories: Applications to Health Service Management | The content of this course is based upon social science theories and the administrative elements of planning, organizing, leading, and evaluating in the organizational setting. | MS | 3 | Required | 46 |
| NURS 692 Nursing and Health Services Administration | Focuses on professional and organizational dynamics of administration such as strategic planning, resource analysis, quality improvement, grievance and labor relations, and prototypic technology that impact future health care systems. | MS | 3 | Required | 35 |

| B. Field-Based Learning: Clinical Experiences and Practical Applications | Degree Level | Graded or Ungraded | # of Credits/Hours | Required or Elective? | # of Student Completions |
|---|---------------------|---------------------------|---------------------------|------------------------------|---------------------------------|
| NURS 695 Practicum in Health Services in Leadership and Management | MS | Pass/Fail | 5 | Required | 68 |

Pediatric Nurse Practitioner

Program students learn in their course work and clinical settings to assess health literacy. The course work incorporates a focus on cultural diversity with regard to the diagnosis and management of clinical problems of the pediatric patient and family.

| A. Course Title | Description of Course Content and Objectives | Degree Level | # of Course Credits | Required or Elective? | # of Student Completions |
|---|---|---------------------|----------------------------|------------------------------|---------------------------------|
| NURS 626 Primary Health Care of the Newborn and Neonate | Focuses on care of the newborn, neonate and their family. Pediatric nurse practitioner's role as a provider of safe and effective care incorporating current theories and evidenced based practice guidelines relevant to the newborn and neonate. Synthesizing data from a variety of resources, and learning specific assessment skills are included in this course. | MS | 2 | Required | 40 |
| NRSNG 709 Management of the Well Child and Adolescent in the Primary Care Setting | Provides beginning preparation for the student to assume the role of primary care provider and role collaboration in the provision of quality ambulatory pediatric health care. It presents in-depth analysis of theories and behaviors relevant to the health promotion and health maintenance of the infant, child and adolescent. Cultural, ethical and practice considerations are examined in the context of child health. | MS | 4 | Required | 40 |
| NURS 713 Common Health Problems of Children I | Prepares the student to identify common health care problems within primary care practice with an emphasis on development of | MS | 2 | Required | 40 |

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|---|---|----|---|----------|----|
| | pathophysiological and psychopathological processes. | | | | |
| NURS 743 Neonatal and Pediatric Pharmacology | Focuses on pharmacologic, pharmacogenetic, pharmacogenomic basis of prescribing, assessing and managing medications and their responses in infants, children and adolescents. | MS | 3 | Required | 29 |
| NURS 643 Advanced Nursing of Children I: Diagnostic Reasoning | Emphasizes the role of the Advanced Practice Nurse in the management of acutely ill infants, children and adolescents with focus on the development of foundational diagnostic reasoning to include, advanced psychophysiological assessment, diagnostic skills, and the formulation of differential diagnoses necessary for the care of acutely and critically ill children. | MS | 2 | Required | 21 |
| NRS 730 Pediatric Acute Care II: Management and Evaluation | Emphasizes the role of the Acute Care NP in the management and evaluation of infants, children and adolescents with acute and critical presentations of disease process, focusing on differential diagnosis, pathophysiology and evidence based management. | MS | 2 | Required | 21 |
| NURS 646 Advanced Practice Roles Seminar | Focuses on the emerging role of the advanced practice nurse in the acute care setting. Areas of emphasis are professional practice, role realignment, organizational theory, legal and ethical decision-making, Students participate in a cultural competency seminar and a health policy experience which incorporate health care disparities. | MS | 2 | Required | 40 |

| B. Field-Based Learning: Clinical Experiences and Practical Applications | Degree | Graded or | # of Credits/ | Required or | # of Student |
|---|---------------|------------------|----------------------|--------------------|---------------------|
|---|---------------|------------------|----------------------|--------------------|---------------------|

| | Level | Ungraded | Hours | Elective? | Completions |
|---|-------|-----------|-------------------|-----------|-------------|
| NURS 611 Pediatric Assessment in Advanced Practice Nursing | MS | Pass/Fail | 3 cr. 45 hrs. | Required | 24 |
| NRSG 716 Primary Care Clinical I | MS | Pass/Fail | 3 cr. 135 hrs. | Required | 24 |
| NRSG 624 Advanced Nursing of Children I: Clinical Practicum | MS | Pass/Fail | 3 cr. 135 hrs. | Required | 30 |
| NRSG 731 Pediatric Acute Care II: Clinical Practicum | MS | Pass/Fail | 4 cr. 180 hrs. | Required | 21 |
| NURS 645 Advanced Nursing of Children II: Clinical | MS | Pass/Fail | 5 cr. 225 hrs. | Required | 18 |

Psychiatric Mental Health Nursing

The Psychiatric Health Nurse Practitioner (PMHNP) speciality introduces cultural competency in each of its clinical courses. Students incorporate developmental features, family considerations, spiritual beliefs, and social/cultural context into the psychosocial assessment of patients with psychiatric symptoms or complaint. Students learn that in order to diagnosis a psychiatric disorder, the symptoms must be considered outside of cultural norms and beliefs. DSM-IV culturally-specific psychiatric diagnoses and others that do not appear in the DSM are reviewed. PMHNP students integrate knowledge of ethical, cultural, and legal aspects of advanced practice nursing into psychotherapy approaches.

| A. Course Title | Description of Course Content and Objectives | Degree Level | # of Course Credits | Required or Elective? | # of Student Completions |
|--|--|--------------|---------------------|-----------------------|--------------------------|
| NURS 752 Neurophysiology of Mental Disorders | This course introduces the neurobiological aspects of psychiatric disorders. The fundamentals of neuroimaging, EEG, and other neurodiagnostic approaches. | MS | 2 | Required | 34 |
| NRSG 765 Development and Psychopathology: Issues Through the Lifespan in Advanced Practice Nursing | Introduces graduate/advanced practice nursing students to concepts of developmental psychopathology, including the origins and course of individual patterns of behavioral mal-adaption, the vulnerability to stress perspective, and factors and contribute to resilience and adaptive functioning. | MS | 2 | Required | 22 |
| NURS 664 Therapeutic Interventions across the Lifespan in Mental Health Nursing | This course introduces students to selected theoretical constructs and therapy processes related to various models of individual therapy and group therapy practice. Legal, cultural, and ethical implications of individual and group therapy are | MS | 2 | Required | 21 |

| | | | | | |
|---|---|----|---|----------|-----|
| | discussed. | | | | |
| NURS 723 Clinical Pharmacology and Therapeutics | Provides advanced knowledge of commonly prescribed pharmacologic agents. | MS | 3 | Required | 137 |
| NURS 751 Psychopharmacology | Provides advanced knowledge of commonly prescribed psychopharmacologic agents. Legal, ethical and cultural implications of pharmacotherapy are also critically reviewed. | MS | 3 | Required | 15 |
| NURS 754 Seminar in Psychopharmacology for Child and Adolescent | Provides the opportunity for case study discussion on the use of psychopharmacologic agents with children and adolescents, using applied practicum cases at advanced level. Current research, ethical, and legal issues surrounding the use of psychopharmacology with children are emphasized. | MS | 1 | Required | 10 |
| NURS 655 Conceptual Foundations in Family Therapy | This course is an orientation to family theory and various methods and techniques directed toward the delineations of family systems and identification of possible directions and methods of affecting changes in such systems. | MS | 2 | Required | 14 |

| B. Field-Based Learning: Clinical Experiences and Practical Applications | Degree Level | Graded or Ungraded | # of Credits /Hours | Required or Elective? | # of Student Completions |
|---|---------------------|---------------------------|----------------------------|------------------------------|---------------------------------|
| NURS 660 Advanced Health Assessment across the Lifespan | MS | Pass/Fail | 4 cr. 90 hrs. | Required | 11 |
| NRS 669 Differential Diagnosis of Mental Disorders Practicum | MS | Pass/Fail | 2 cr. 90 hrs. | Required | 12 |
| NURS 665 Therapeutic Interventions across the Lifespan in Mental Health | MS | Pass/Fail | 3 cr. 135 hrs. | Required | 15 |
| NURS 656 Conceptual foundations of Family Therapy: Practicum | MS | Pass/Fail | 3 cr. 135 hrs. | Required | 14 |
| NURS 740 Advanced Practice Psychiatric and Mental Health | MS | Pass/Fail | 4 cr. 180 hrs. | Required | 18 |

Trauma, Critical Care, and Emergency Nursing

Examples of curriculum include a course in the Trauma/Critical Care/Emergency program specifically addressing cultural diversity from the perspective of patient/family assessment, planning and interventions, and developing strategies to enhance staff nurse's responses to diversity, through readings, student role analysis and synergy papers, and in case scenario discussions.

| A. Course Title | Description of Course Content and Objectives | Degree Level | # of Course Credits | Required or Elective? | # of Student Completions |
|---|---|--------------|---------------------|-----------------------|--------------------------|
| NURS 723 Clinical Pharmacology and Therapeutics | Provides advanced knowledge of commonly prescribed pharmacologic agents. | MS | 3 | Required | 60 |
| NPHY 620 Pathophysiological Alterations in the Critically Ill | This course provides the student opportunity to gain an in-depth knowledge of specific pathophysiologic processes often experienced by critically ill patients. | MS | 2 | Required | 40 |
| NURS 755 Families in Crisis | Introduces the systems theory orientation for understanding human functioning with a family system; personal, patient/family, and health care delivery systems. | MS | 2 | Required | 19 |

| B. Field-Based Learning: Clinical Experiences and Practical Applications | Degree Level | Graded or Ungraded | # of Credits/Hours | Required or Elective? | # of Student Completions |
|--|--------------|--------------------|--------------------|-----------------------|--------------------------|
| NURS 605 Comprehensive Adult Health Assessment | MS | Graded | 3 cr. 40 hrs. | Required | 23 |
| NURS 623 Advanced Assessment of the Critically Ill | MS | Graded | 3 cr. 45 hrs. | Required | 23 |
| NURS 647 Diagnosis and Management of Common Acute Care Problems | MS | Graded | 5 cr. 200 hrs. | Required | 22 |
| NURS 726 Diagnosis and Management of Complex Acute Care Problems | MS | Graded | 4 cr. 150 hrs. | Required | 22 |
| NURS 679 Advanced Practice/Clinical Nurse Specialist Roles in Health Care Delivery Systems | MS | Graded | 3 cr. 150 hrs. | Required | 22 |
| NURS 727 Advanced Acute Care Management | MS | Graded | 4 cr. 150 hrs. | Required | 22 |

Nurse Anesthesia

In the Nurse Anesthesia Program a cultural diversity workshop is given annually to all students by a nationally recognized expert in cultural diversity. In addition, all Nurse Anesthesia faculty have presented at the Diversity in Nurse Anesthesia Mentorship Program.

| A. Course Title | Description of Course Content and Objectives | Degree Level | # of Course Credits | Required or Elective? | # of Student Completions |
|---|---|--------------|---------------------|-----------------------|--------------------------|
| NURS 613 Principles of Anesthesia Nursing I | This course focuses on the basic principles of Nurse Anesthesia to include basic monitoring, anesthesia care delivery systems and physical principles governing | MS | 3 | Required | 31 |

| Nurse Anesthesia | | | | | |
|---|--|----|---|----------|----|
| NURS 605 Comprehensive Health Assessment of Adults | Builds on previously learned skills and knowledge to develop advanced skills in obtaining and completing a comprehensive health history and physical, and develop competence in describing and communicating normal and abnormal findings in a written and oral format. | MS | 3 | Required | 31 |
| NRS 603 Introduction to Pharmacology for NA | This course discusses pharmacodynamics, kinetics and genomics to include a discussion of pKa, acid-base, lipid solubility and inhalational and IV induction drugs | MS | 3 | Required | 31 |
| NPHY 625 Pathophysiology for Nurse Anesthesia | This course expands on NPHY 612 to discuss in detail the impact anesthesia has on a variety of disease states and processes to include cultural, ethnic and gender differences. | MS | 3 | Required | 31 |
| NURS 614 Principles of Anesthesia Nursing II | This course expands on the basic principles discussed in N613 to include more advanced principles of anesthesia to include specialty core groups such as pediatrics, obstetrics and the elderly. In addition this course implements active simulation exercises to augment didactic instruction to include workshops | MS | 3 | Required | 31 |
| NURS 617 Technology and Physics of Anesthesia Nursing | This course discusses all of the physics involved in the delivery of anesthesia to include gas laws, diffusion, solubility, and electricity as well as a discussion regarding the technology used | MS | 2 | Required | 31 |
| NURS 604 Advanced Pharmacology for NA | This course expands on the pharmacology discussed in NRS 603 to include an in-depth discussion on opioids, local anesthetics, and all adjunct medications that Nurse Anesthetists encounters in practice | MS | 3 | Required | 31 |
| NURS 654 Principles of Anesthesia Nursing III | This course reviews many of the advanced concepts of Nurse anesthesia to include cardiac, neurology and thoracic anesthesia as well as integration of high definition simulation exercises on | MS | 3 | Required | 27 |

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|---|---|----|---|----------|----|
| | more complex patients | | | | |
| NURS 642 Professional Aspects of Anesthesia Nursing | This course discusses all of the professional issues of nurse anesthesia to include local and national issues, billing, licensure and credentialing. In addition students receive instruction in legal and social issues facing nurse anesthesia | MS | 1 | Required | 27 |
| NURS 672 Principles of Anesthesia Nursing IV | This course discusses all advanced aspects of nurse anesthesia with a heavy emphasis on high fidelity simulation, evidenced-based practice and independent nurse anesthesia practice | MS | 3 | Required | 27 |
| NRS 670 Anesthesia Nursing Seminar I | This course focuses on advanced issues in nurse anesthesia with an emphasis on cultural diversity and differences. Students do several workshop seminars discussing cultural issues in Nurse anesthesia and participate in a workshop with a nationally recognized expert in cultural diversity | MS | 2 | Required | 27 |
| NURS 675 Anesthesia Nursing Seminar II | This course focuses advanced principles in nurse anesthesia and reviews all of the basic and advanced principles to better prepare the students to take the national board certification examination following graduation. | MS | 4 | Required | 24 |

| B. Field-Based Learning: Clinical Experiences and Practical Applications | Degree Level | Graded or Ungraded | # of Credits /Hours | Required or Elective? | # of Student Completions |
|---|---------------------|---------------------------|----------------------------|------------------------------|---------------------------------|
| NURS 637 Anesthesia Nursing Practicum I | MS | Pass/Fail | 3 | Required | 31 |
| NURS 657 Anesthesia Nursing Practicum II | MS | Pass/Fail | 5 | Required | 31 |
| NURS 673 Anesthesia Nursing Practicum III | MS | Pass/Fail | 5 | Required | 31 |
| NURS 615 Regional Anesthesia and Practicum | MS | Pass/Fail | 3 | Required | 31 |
| NURS 674 Anesthesia Nursing Practicum IV | MS | Pass/Fail | 3 | Required | 24 |
| NURS 676 Anesthesia Nursing Practicum V | MS | Pass/Fail | 5 | Required | 24 |

Nursing Informatics

The Nursing Informatics specialty program incorporates cultural diversity and health disparities in the required course work. In particular, it emphasizes diverse ways in which people seek, evaluate, and use information and the influence of culture, gender, age, economics, education, and ethnicity on interactions with technology, information and knowledge.

| A. Course Title | Description of Course Content and Objectives | Degree Level | # of Course Credits | Required or Elective? | # of Student Completions |
|---|--|--------------|---------------------|-----------------------|--------------------------|
| NURS 736 Technology Solutions for Generating Knowledge in Health Care | This introductory course builds knowledge, skills and abilities necessary to work in an information technology enabled healthcare environment. It focuses on the analysis and application of information technologies that support the provision of care including social context, availability of technology, and type of information along with social-technical, legal, regulatory and ethical concerns. Emerging technologies and contemporary issues are highlighted. | MS | 3 | Required | 48 |
| NURS 691 Organizational Theory: Application to Health Services Management | The content of this course is based upon social science theories and the administrative elements of planning, organizing, leading, and evaluating in the organizational setting. | MS | 3 | Required | 51 |
| NURS 786 Systems Analysis and Design | Information systems development is a process in which technical, organizational, and human aspects of a system are analyzed and changed with the goal of creating an improved system. This course will give students an understanding of the most common tools, techniques, and theories currently used in systems analysis and design. In this course, students are exposed to the concepts of health/computer literacy and rural health informatics. | MS | 3 | Required | 29 |
| NURS 770 Human Factors and Human-Computer Interaction | This course examines systems in which people interact with technology, with a focus on information systems in the healthcare setting specifically. There will be an emphasis on examining and critiquing current literature on the topics with a focus on various research methodologies. | MS | 3 | Required | 33 |

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|---|---|----|---|----------|----|
| NRS 720 The Changing world of Informatics in Healthcare | This course focuses on the rapid changes in information technology, informatics theory and policy that irrevocably reshape healthcare delivery practice and research. The course examines current trends in the changing world of informatics and technology as they pertain to nursing and healthcare | MS | 3 | Required | 26 |
| NURS 738 Practicum in Nursing Informatics | Practical experience in selected agencies/businesses with preceptors reinforces and enhances the skills needed by informatics nurse specialists to analyze, select, develop, implement, and evaluate information systems that impact nursing and healthcare. Experiences also allow students to analyze the information technology roles of their preceptors. Experience in project management, consultation, user interface, systems design, evaluation of system and role effectiveness, and application of research skills are emphasized. | MS | 3 | Required | 32 |

Clinical Nurse Leader

In the Clinical Nurse Leader (CNL) program students learn in their course work and clinical settings to define culture according to the needs of the client, family, and/or community and learn to accept individual differences, recognize the influence of culture on well-being and health, and to provide culturally sensitive care in a variety of settings across the life span.

| A. Course Title | Description of Course Content and Objectives | Degree Level | # of Course Credits | Required or Elective? | # of Student Completions |
|--|---|--------------|---------------------|-----------------------|--------------------------|
| NURS 505 Introduction to Professional Nursing Practice | This course will guide the student in the application of theory to clinical practice and in the development of cognitive, psychomotor, communication, and therapeutic skills necessary to address common needs and responses of persons experiencing various health states. | MS | 3 | Required | 90 |
| NURS 503 Health | This course is designed to provide | MS | 4 | Required | 172 |

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|--|--|----|---|----------|----|
| Assessment | the nursing student with the knowledge and skills necessary to assess individual health as a multi-dimensional expression of bio-psycho-social-cultural well being. | | | | |
| NURS 501 Pathopharmacology | This course focuses on the pathophysiologic disruption to system functioning and on the use of therapeutic drugs in the health care setting. | MS | 5 | Required | 87 |
| NURS 514 Adult Health Nursing | This course is designed to introduce Clinical Nurse Leader students to the application of the nursing process for clients in acute care units. | MS | 3 | Required | 80 |
| NURS 507 Introduction to Nursing and the CNL Role | This course provides an overview of the nature of nursing as an evolving profession and its relationship to the structure and function of the U.S. health care delivery system. Consideration is given to the impact of social, political, economic, and technological factors on the health care system and the nursing profession. | MS | 2 | Required | 74 |
| NURS 625 Gerontological Nursing | This course is designed to provide the student with the opportunity to systemically explore concepts relevant to successful aging. Factors that affect the delivery of health services and Gerontological nursing care are critically discussed. | MS | 3 | Required | 37 |
| NURS 517 Nursing Care of Infants and Children | The biological, psychological, social, cultural, and spiritual aspects of the child within the context of the family unit are examined. This course provides an understanding of how family-centered atraumatic care in the pediatric setting facilitates the health and well-being of infants, children, and adolescents. | MS | 2 | Required | 66 |
| NURS 509 Nursing Care of the Childbearing Family | This course provides an understanding of prenatal, women, and family nursing principles through classroom and seminar experiences. An | MS | 3 | Required | 77 |

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| | evidence-based practice approach is used and emphasis is placed on the biological, psychological, social, cultural, and spiritual aspects of the childbearing experience. | | | | |
| NURS 511 Psychiatric/ Mental Health Nursing | This course uses an integrated biological, psychological, sociocultural, environmental, and spiritual approach, students with psychiatric disorders. | MS | 3 | Required | 70 |
| NURS 508 Community Health Nursing | This course provides the foundational principles of community and public health nursing. Ethical principles and concepts of social justice are incorporated by analyzing the origins of health disparities especially in cases of vulnerable populations. | MS | 3 | Required | 90 |
| NURS 523 Clinical Emphasis Practicum and Seminar | This course provides the student with opportunities to apply knowledge from nursing courses and critical thinking skills to clinical situations, patient care leadership, and case studies. | MS | 1 | Required | 48 |
| NURS 525 Clinical Nurse Leader | This course focuses on the leadership roles and management functions expected of the clinical nurse leader in a contemporary health care environment. The integration of leadership and management theory and the social responsibility of the nursing profession are emphasized. | MS | 3 | Required | 97 |

| B. Field-Based Learning: Clinical Experiences and Practical Applications (please describe) | Degree Level | Graded or Ungraded ? | # of Credits / Hours | Required or Elective? | # of Student Completions |
|---|---------------------|-----------------------------|-----------------------------|------------------------------|---------------------------------|
| NURS 505 – Clinical laboratory learning experiences, 32 hours in clinical setting, experiences with standardized patients | MS | Pass/Fail | 1 cr | Required | 90 |
| NURS 514 – 135 hours of direct patient care. Assessment of cultural considerations, health disparities, health literacy integrated into clinical activities | MS | Pass/Fail | 2 cr | Required | 48 |
| NURS 517 – 90 clinical hours working with pediatric populations across the healthcare | MS | Pass/Fail | 2 cr | Required | 66 |

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|---|----|-----------|------|----------|----|
| continuum, includes issues related to access to care and health disparities, as well as cultural considerations | | | | | |
| NURS 509 - 90 clinical hours working with maternal-child populations across the healthcare continuum, includes issues related to access to care and health disparities, as well as cultural considerations | MS | Pass/Fail | 3 cr | Required | 77 |
| NURS 511 - 90 clinical hours working with psychiatric patients, in acute, chronic and outpatient settings across the healthcare continuum, includes issues related to access to care and health disparities, as well as cultural considerations | MS | Pass/Fail | 2 cr | Required | 70 |
| NURS 508 - 90 clinical hours in a community/public health setting with a focus on health disparities and health literacy at the population level, also incorporates issues related to access to care and cultural considerations | MS | Pass/Fail | 2 cr | Required | 90 |
| NURS 523 – 300 practicum hours in a precepted clinical setting. Concepts related to health disparities, cultural considerations, and health literacy are integrated into care delivery. | MS | Pass/Fail | 7 cr | Required | 48 |

Doctor of Nursing Practice (DNP)

Throughout the DNP program students are involved in a variety of opportunities to be involved with culturally diverse populations especially those from rural communities and medically underserved. To date, we have evaluated various cultural competency models and selected a model to implement throughout the curriculum. The Campinha-Bacote model was selected.

| A. Course Title | Description of Course Content and Objectives | Degree Level | # of Course Credits | Required or Elective? | # of Student Completions |
|--|---|---------------------|----------------------------|------------------------------|---------------------------------|
| NDNP 802 Methods for Evidence-Based Practice | This course focuses on the skills and advanced knowledge necessary for critical analysis of evidence on which to base nursing practice. Students will be able to apply analytical methods to develop best practices and practice guidelines and to facilitate the evaluation of systems of care that will improve patient outcomes. | DNP | 3 | Required | 15 |
| NDNP 804 Theoretical and Philosophical Foundations of Nursing Practice | This course integrates nursing science with knowledge from biophysical, social, and organizational sciences as the basis for the highest level of nursing | DNP | 3 | Required | 16 |

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| | practice. | | | | |
| NDNP 805 Design and Analysis in Evidence-Based Practice | This course extends foundational competencies in research methods and design for experienced advanced practice nurses. Common approaches to statistical analyses are examined as well as epidemiological approaches to evaluate population health. | DNP | 4 | Required | 20 |
| NDNP 807 Information Systems and Technology for the Improvement and Transformation of Health Care | This course is designed to provide the DNP student with the knowledge and skills necessary to correctly utilize information systems and technology and to lead information systems and technology through transitions in order to improve and transform health care. | DNP | 3 | Required | 22 |
| NDNP 809 Complex Health Care Organizations | This course focuses on the analysis, synthesis, and application of complexity science and quantum theory to health care systems. This includes the contribution of organizational theories, organizational culture, and systems infrastructure in dynamic interplay across complex health care systems. | DNP | 3 | Required | 40 |
| NDNP 815 Leadership and Interprofessional Collaboration | This course focuses on the system dynamics as they affect highly collaborative teams and requirements for leadership. | DNP | 3 | Required | 26 |

| B. Field-Based Learning: Clinical Experiences and Practical Applications | Degree Level | Graded or Ungraded | # of Credits /Hours | Required or Elective? | # of Student Completions |
|---|---------------------|---------------------------|----------------------------|------------------------------|---------------------------------|
| NDNP 810 Capstone Project Identification | DNP | Pass/Fail | 1 | Required | 13 |
| NDNP 811 Capstone II: Project Development | DNP | Pass/Fail | 1 | Required | 17 |
| NDNP 812 Capstone III: Project Implementation | DNP | Pass/Fail | 1 | Required | 16 |
| NDNP 813 Capstone IV: Project Evaluation & Dissemination | DNP | Pass/Fail | 1 | Required | 21 |

Doctor of Philosophy (PhD)

The PhD program incorporates the concepts of cultural diversity and cultural sensitivity in all required course work. Individual dissertations have focused on health disparities in immigrant and urban populations.

| A. Course Title | Description of Course Content and Objectives | Degree Level | # of Course Credits | Required or Elective? | # of Student Completions |
|------------------------|---|---------------------|----------------------------|------------------------------|---------------------------------|
| NURS 840 Philosophy of | Reviews the nature of knowledge | PhD | 3 | Required | 8 |

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|--|---|-----|---|----------|----|
| Science and Development of Theory | and theory in the various scientific disciplines. | | | | |
| NURS 850 Experimental Nursing Research Designs | This course focuses on the relationship between theory and design and selected experimental and quasi-experimental research designs. | PhD | 3 | Required | 10 |
| NURS 851 Analysis for Experimental Nursing Research Designs | This course provides the theoretical and practical knowledge to conduct analyses of experimental data. | PhD | 3 | Required | 10 |
| NURS 841 Theory and Conceptualization in Nursing Science | This course focuses on the nature of theory in scientific disciplines, nursing theory within the context of the philosophy of science, and the evolution of nursing science and the application of conceptualization to the process and conduct of nursing research. | PhD | 3 | Required | 7 |
| NURS 814 Design and Analysis for Non-Experimental | This course provides an overview of non-experimental research designs (e.g., cohort, case-control, survey), measures such as incidence and prevalence, and related analytic procedures (e.g., logistic regression) for the study of nursing problems. | PhD | 3 | Required | 8 |
| NURS 815 Qualitative Methods in Nursing Research | Provides an overview to the qualitative paradigm and major approaches to qualitative research. Emphasis is placed on the appropriate use of qualitative methods and differences across qualitative approaches. | PhD | 3 | Required | 9 |
| NURS 811 Measurement of Nursing Phenomena | The theoretical basis of measurement is presented as a foundation for the development and evaluation of measurement instruments for use in nursing research. | PhD | 3 | Required | 10 |
| NURS 816 Multivariable Modeling Approaches in Health Sciences Research | This course covers several most commonly used multivariable modeling approaches for both normal and non-normal data, including linear regression, multiple linear regression, binary, multinomial, ordered logistic regression, log-linear models, and generalized linear models for analysis of health science and | PhD | 4 | Required | 9 |

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| | medical. | | | | |
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| B. Field-Based Learning: Clinical Experiences and Practical Applications | Degree Level | Graded or Ungraded | # of Credits /Hours | Required or Elective? | # of Student Completions |
|---|---------------------|---------------------------|----------------------------|------------------------------|---------------------------------|
| NURS 818 Research Practicum | PhD | Graded | 6 | Required | 7 |
| NURS 819 Research Rotation | PhD | Graded | 5 | Required | 17 |
| NURS 899 Dissertation Research | PhD | Graded | 12 | Required | 29 |

Certificates

Environmental Health

The Environmental Health Certificate is uniquely focused on the complex interplay of environmental health, urban and rural communities, health literacy and health disparities.

| A. Course Title | Description of Course Content and Objectives | Degree Level | # of Course Credits | Required or Elective? | # of Student Completions |
|--|---|---------------------|----------------------------|------------------------------|---------------------------------|
| NURS 730 Environmental Health | Explores the relationship between human health and the environment. Students learn basic assessment techniques to determine risks in their personal lives and health care settings. | Cert. | 3 | Required | 29 |
| NURS 735 Applied Toxicology | This course provides nurses with a basic understanding of the physiology of toxicological mechanisms. | Cert. | 3 | Required | 3 |
| NURS 764 Advanced Environmental Health | Introduces students to a more in-depth exploration of environmental health issues. | Cert | 3 | Required | 10 |

| B. Field-Based Learning: Clinical Experiences and Practical Applications | Degree Level | Graded or Ungraded | # of Credits/ Hours | Required or Elective? | # of Student Completions |
|---|---------------------|---------------------------|----------------------------|------------------------------|---------------------------------|
| None | | | | | |

Global Health

The Global Health Certificate focus is on the impact of health disparities and health literacy of nations throughout the world. The courses focus on the problems of equality, health and social justice.

| A. Course Title | Description of Course Content and Objectives | Degree Level | # of Course Credits | Required or Elective? | # of Student Completions |
|------------------------|---|---------------------|----------------------------|------------------------------|---------------------------------|
|------------------------|---|---------------------|----------------------------|------------------------------|---------------------------------|

| | | | | | |
|---|--|-------|---|----------|----|
| NURS 769 Society, Health, & Social Issues | This course examines social, cultural, and political-economic determinants of health from sociological and social epidemiological perspectives. | Cert. | 3 | Required | 27 |
| NRS 664 Critical Issues in Global Health | This course provides an overview of global health problems and equips students with tools to navigate the world of international health. | Cert. | 3 | Required | 14 |
| NURS 732 Program Planning & Evaluation in Community/Public Health | Systematic inquiry of the foundations of advanced community/public health program planning and evaluation of population/community focused health promotion/disease prevention programs and projects. | Cert. | 3 | Required | 40 |
| NRS 610 Global Health Seminar | This course familiarizes students with the challenges of designing and performing Global Health research and practice. Students will be introduced to the scientific literature on cultural differences in health and illness, and issues of health disparities and health care and cultural competencies. | Cert. | 1 | Required | 6 |

| B. Field-Based Learning: Clinical Experiences and Practical Applications | Degree Level | Graded or Ungraded | # of Credits/ Hours | Required or Elective? | # of Student Completions |
|---|---------------------|---------------------------|----------------------------|------------------------------|---------------------------------|
| NRS 611 Global Health Field Experience | Cert. | Pass/Fail | 2 | Required | 11 |

Teaching in Nursing and Health Professions

In each course of the Teaching in Nursing and Health Professions Certificate, particular emphasis is given to cultural sensitivity and diversity.

| A. Course Title | Description of Course Content and Objectives | Degree Level | # of Course Credits | Required or Elective? | # of Student Completions |
|---|---|---------------------|----------------------------|------------------------------|---------------------------------|
| NURS 787 Theoretical Foundations of Teaching and Learning in Nursing and Health Professions | This course will provide a foundation in theory and application of essential knowledge for teaching students, consumers, and continuing education in a variety of settings. | Cert. | 3 | Required | 22 |
| NURS 791 Instructional Strategies and Assessment of Learning in Nursing | This course prepares the student to select and implement instructional strategies and media that are | | | | |

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|------------------------|--|-------|---|----------|----|
| and Health Professions | appropriate to the learning style of the learner, the content to be taught, the behavioral objectives of the learning material, and the processes of learning. | Cert. | 3 | Required | 52 |
|------------------------|--|-------|---|----------|----|

| B. Field-Based Learning: Clinical Experiences and Practical Applications | Degree Level | Graded or Ungraded | # of Credits /Hours | Required or Elective? | # of Student Completions |
|---|---------------------|---------------------------|----------------------------|------------------------------|---------------------------------|
| NURS 792 Practicum in Teaching in Nursing and Health Professions | Cert. | Graded | 3 | Required | 30 |

Note:

- Degree Level = Certificate, Bachelor, Master, or Doctorate-level Course
- # of Enrollees = Number of course enrollees during the 2011-2012 academic year

| C. Other Student-Centered Academic Activities (please describe) | Degree Level | Required or Elective? | # of Student Participants |
|--|---------------------|------------------------------|----------------------------------|
| N/A | | | |
| | | | |
| | | | |

3) Are the following changes in student cultural competency measured? (Please mark all that apply)
No change is being measured.

4a) If change is being measured, what are the methods used to assess such changes and how often do such assessments occur? (Examples of assessment methods include surveys, essays, written skill exams, clinical practice simulations, etc.)

N/A

4b) Please describe results of student cultural competency assessments, such as pre- and post-intervention changes, or provide other examples of how students have demonstrated progress toward developing cultural competence.

N/A

5) If change is not being measured, what resources would facilitate assessment of students on topics related to health disparities, health literacy, and cultural competency?

It would assist us if we had valid and reliable instruments (which are easily scored) to measure health disparities, health literacy, and cultural competency.

6) Please provide details about your program's involvement in other cultural competency and health disparities-reduction activities beyond the student-centered activities described in Question #2.

| Health Disparities-Reduction Activities (Please provide title, description of event, and intended outcome.) | Date | Target Audience | # of Participants |
|---|-------------|------------------------|--|
| 1. Outreach – Fahie: two training grants which target middle, high school and undergraduate students who are from educationally and environmentally disadvantaged backgrounds and who are underrepresented in nursing. | Ongoing | Potential admits | Unlimited |
| 2. Service – Fahie: serves on the Maryland Alliance a panel which promotes increase diversity of the health care workforce. | Ongoing | Potential admits | Unlimited |
| 3. Grants – The Nurse Anesthesia program has a Health Resources and Services Administration grant to recruit underrepresented groups into the program. This grant provides funds to increase mentorship of minority nurses interested in becoming Nurse Anesthetists. Five \$10,000 scholarships were awarded by the Robert Wood Foundation to newly admitted students in the Clinical Nurse Leader program who are from groups underrepresented in nursing or from disadvantaged backgrounds. The PhD program was awarded \$177,000 a year for 3 years from the Department of Education's Graduates in Areas of Academic National Need for 5 fellows from underrepresented areas of nursing. The Enhancing the Doctor of Nursing Practice Program to Improve Healthcare for Underserved Populations of Maryland's purpose is to improve access to quality health care by providing a diverse and culturally competent workforce of Doctor of Nursing Practice (DNP) graduates through the enhancement of a DNP program at the UMSO. This funding allows us to increase the number of well prepared, ethnically diverse and culturally sensitive DNP graduates for faculty, clinical practice, and leadership positions. These DNP graduates will increase access to quality care for minorities and the underserved will help to reduce disparities in health care. The project will help to increase the quality and safety of health care by supporting evidence-based practice and strengthening health care systems. In the first year of the grant (2011-2012) a consultant led the review of the DNP program curriculum, enhancing cultural competence and sensitivity in each course. These grants are a great opportunity to increase student diversity. | Ongoing | Potential admits | Unlimited 5 5 unlimited |
| 4. | | | |

[Note: Examples of other health disparities-reduction activities may include participation in activities of the Local Health Improvement Coalition or other health disparities-related groups and committees, community engagement and outreach, health disparities-focused faculty research activities, etc.]

**REPORT – INSTITUTIONS OF HIGHER EDUCATION:
CULTURAL COMPETENCY TRAINING AND
OTHER HEALTH DISPARITIES REDUCTION ACTIVITIES**

University of Maryland, Baltimore

Discipline: Allied Health: Physical Therapy (offered through the School of Medicine)
Degree(s) Offered: Doctor of Physical Therapy (DPT)

1) How does your health profession training program incorporate instruction on cultural sensitivity, cultural competency, health literacy, and health disparities?

Physical therapy is a profession that demands a high level of technical, clinical expertise; but in order for practitioners to be effective they must develop interpersonal and affective skills that can be utilized appropriately with all patient populations. To reinforce development of these skills, the curriculum has identified seven curricular threads that are intentionally incorporated in teaching—one of which is cultural competence. In our working model, cultural sensitivity is viewed as a foundation for increasing competence.

To deliver instruction in this curricular thread, various teaching methods are used including lectures, case-based scenarios, simulations, independent learning modules, discussions, clinical experiences and assessment of learning. Inter-professional education is also being explored as a means to broaden student's exposure to other programs on the campus that seek to enrich learning around patient education strategies that can increase health literacy and address public health concerns related to health disparities.

Faculty deliver content related to cultural sensitivity and competence based on frameworks developed by the American Physical Therapy Association. Content related to health literacy and health disparities is based on public health models similar to those that appear in literature published through the Association of Schools of Public Health. In an outcomes study of our students conducted in conjunction with the Global Initiative Project (described later in this document), the educational training modules used were based on the framework for cultural competence education developed by Campinha-Bacote (1998).

The *Guide to Culturally Competent Health Care* (Purnell, 2008) is used as a recommended textbook because it is organized around a domain-model for the development of culturally sensitive health care practitioners and addresses a large number of cultural groups.

In preparation for clinical internships, students engage in learning modules that emphasize professionalism, cultural sensitivity and competency. The period preceding clinical placement is a particularly impressionable time in the student's academic career, and this focused learning helps bring together the exposure they have had throughout the curriculum related to this thread.

2) Regarding your training for students, which specific courses, clinical experiences, field training and other academic activities include an emphasis on cultural sensitivity, cultural competency, health literacy, and/or health disparities? Describe how the topics have been emphasized in the course (i.e., theory-oriented, skill building, etc.)

| A. Course Title | Description of Course Content and Objectives (All course descriptions/objectives on subsequent pages) | Degree Level | # of Course Credits | Required or Elective? | # of Student Completions |
|--|--|--------------|---------------------|-----------------------|--------------------------|
| Basic Sciences I | Content Focus: Increasing knowledge and skill building | Doctorate | 9 | Required | 57 |
| Basic Sciences II | Content Focus: Increasing knowledge and skill building | Doctorate | 15 | Required | 57 |
| Basic Sciences III | Content Focus: Increasing knowledge and skill building | Doctorate | 12 | Required | 57 |
| Professional Issues I | Content Focus: Increasing knowledge and skill building | Doctorate | 3 | Required | 57 |
| Professional Issues II | Content Focus: Increasing knowledge and skill building | Doctorate | 2 | Required | 57 |
| Professional Issues III | Content Focus: Increasing knowledge and skill building | Doctorate | 4 | Required | 57 |
| Medical Issues I | Content Focus: Increasing knowledge and skill building | Doctorate | 6 | Required | 57 |
| Medical Issues II | Content Focus: Increasing knowledge and skill building | Doctorate | 6 | Required | 57 |
| Musculoskeletal I I | Content Focus: Increasing knowledge and skill building | Doctorate | 7 | Required | 57 |
| Musculoskeletal I II | Content Focus: Increasing knowledge and skill building | Doctorate | 7 | Required | 57 |
| Neuromuscular I | Content Focus: Increasing knowledge and skill building | Doctorate | 7 | Required | 57 |
| Neuromuscular II | Content Focus: Increasing knowledge and skill building | Doctorate | 7 | Required | 57 |
| Clinical Qualifying Measures/Under-served Populations and Rural Health | Content Focus: Increasing knowledge and skill building | Doctorate | 1 | Required | 57 |

Note:

- Degree Level = Certificate, Bachelor, Master, or Doctorate-level Course
- # of Enrollees = Number of course enrollees during the 2011-2012 academic year

Doctor of Physical Therapy Course Descriptions Curricular Sequence

DPTE 511 (9SHC): Basic Sciences I

Basic Sciences Block 1 provides a study of the morphology of the human body including the macro-anatomy (gross anatomy), microanatomy (histology) of the basic tissues, and provides an introduction into the mechanisms of diseases. It includes the study of the bones, ligaments, muscles, nerves, blood vessels, and their associated organs. Emphasis is placed on the musculoskeletal and neuromuscular systems. Consideration is given to clinical entities, by including imaging and clinical cases. Formal lectures, laboratory experiences (including cadaver dissections, observation of radiographs, and microscopy sessions) are supplemented by required reading, CD-ROM material and web-based resources.

DPTE 512 (3SHC): Professional Issues I

Professional Issues Block 1 will be focused on the orientation of the student to the Department of Physical Therapy and the American Physical Therapy Association policies and procedures. This orientation is designed to insure student compliance with all departmental, university, and professional regulations and guidelines for conduct. As such, the student will be completing many of the administrative tasks necessary for enrollment as a full time student. Lecture, and discussion of the *Maryland Physical Therapy Practice Act* and self directed exercises on the *Guide to Physical Therapy Practice* will provide the opportunity for the student to examine the ethical and professional issues surrounding physical therapy practice and conduct as a student in this program. Extemporaneous speaking and computer laboratory sessions with PowerPoint software will give the student the skills to prepare and give professional presentations that can contribute to the body of physical therapy knowledge.

DPTE 513 (15SHC): Basic Sciences II

Basic Sciences Block 2 provides an integrated "systems-oriented" approach to the morphological and developmental organization of the human body. Integrated study of neuroanatomy, embryology, histology, physiology, pathology and pharmacology is employed in this block to prepare students for the rest of the professional curriculum. Formal lectures, laboratory experiences, and clinical correlation conferences, supplemented by required readings are used to help students gain mastery of the essential concepts of these foundational sciences. Each of the body's major organ systems will be studied beginning with structural and functional aspects of individual cell types and progressing to tissue and systems levels. Basic pathology, pathophysiology, and system-related pharmacology are addressed before moving to each new subject area. The interdependence of structure and function of tissues and organs is emphasized throughout the lifespan. The block faculty includes basic and clinical scientists as well as physical therapy clinicians.

DPTE 514 (12SHC): Basic Sciences III

This block will integrate and consolidate the foundations of movement sciences and bio-physical sciences pertaining to human and function across the life span. It will likewise serve as an interface between the previous basic science blocks and the clinical sciences blocks. Students will acquire knowledge in the application of biomechanical and patho-mechanical correlates and motor behavior theories to the analyses of movements in health and pathology and use this knowledge to develop basic screening, evaluation, assessment and performance measures and skills. They will develop the basic skills of documenting and reporting the findings of the studied evaluation measures and intervention outcomes. The student will learn to describe, operate and apply skillfully various therapeutic

technologies used in habilitation and rehabilitation of patients with musculoskeletal, neuromuscular, cardio-pulmonary, vascular, and integument deficits. Instruction will foster critical thinking and an evidence-based approach to problem solving skills necessary for developing effective and efficient independent clinicians. Lectures, laboratory activities, numerous case presentations and problem-based learning will be used in this block. Successful mastery of the material presented in the block will be measured through performance on written and practical examinations.

DPTE 515 (2SHC): Professional Issues 2

The second Professional Issues block will prepare the student to communicate and appropriately interact with other health care providers, third party payers, patients, clients, and their families. Educational experiences will include panel discussions with professionals in rural, community, teaching, and research settings. A visit to the APTA headquarters is scheduled to demonstrate the role of the national organization in physical therapy legislation and practice. Extensive exercises in documentation and ethics will provide the student with a foundation to communicate clinical decisions and conduct themselves professionally to other health care professionals, patients, clients, and their caregivers

DPTE 516 (6SHC): Medical Issues 1

This block will provide the student with knowledge of common medical and surgical conditions presenting throughout the lifespan. The hospital clinical practice setting will serve as the introductory benchmark for instruction and will highlight, compare and contrast the variety of settings reflective of patient acuity – emergency room, intensive care unit, transitional care unit and general medical/surgical units. Instruction will then be elaborated beyond the hospital setting to foster the critical thinking and clinical problem solving skills necessary for effective and efficient functioning in the role of primary clinical care provider in both inpatient and outpatient settings. Lectures, laboratory exercises, clinical visits and independent learning modules will assist students in demonstrating the clinical relevance of information obtained via analysis of laboratory and medical/surgical data, patient co-morbidities/risk factors, resource availability and information gained through interdisciplinary professional interactions. The block outcome will be the demonstration of competency and proficiency in prioritizing, executing and modifying safe and evidence-supported examinations and interventions.

DPTE 521 (6SHC): Medical Issues 2

This block will provide the student with an integrated framework of the interplay of vascular function/integrity upon integumentary hygiene and the maintenance of a viable limb. Through directed instruction, students will learn the varied techniques of vascular and integumentary examination to discern pathologic etiologies to enable directed and efficacious therapeutic interventions. Clinical wound management practices will be outlined for multiple types of open wounds, burns and common dermatologic disorders. A significant portion of this block will also be dedicated to the comprehensive understanding of the etiology and management of congenital, traumatic and acquired pathological amputations. Lectures, laboratory exercises, clinical visits and independent learning modules will assist students in demonstrating appropriate decision making and the clinical relevance of presented information. This block will encompass age-appropriate and setting-specific principles of prevention, examination, thoughtful analysis and outcome-based interventions. Appropriate documentation strategies will also be highlighted, discussed and practiced.

DPTE 522 (7SHC): Musculoskeletal 1

The material presented in Musculoskeletal Block 1 will address orthopedic injuries and diseases of the upper and lower extremities. Learning experiences will include lectures, laboratory sessions, real and simulated patient cases, in addition to small group discussions that focus on clinically relevant examination and management techniques of persons throughout the lifespan. Upon completing this block, the student should be able to critically examine, communicate, and effectively document the information gathered during the initial examination, as well as, appropriately manage persons with orthopedic injuries and diseases. Weekly laboratory and seminar sessions will assist the student to understand the evidence supporting the concepts presented during the block and integrate these concepts into independent practice.

DPTE 523 (1SHC): Part-time affiliation 1

Part-time affiliations associated with Neuromuscular I and Musculoskeletal I blocks will introduce students to the clinical environment in order to practice their clinical skills under direct supervision of a clinical instructor. The students will be afforded the opportunity to apply didactic knowledge, develop professional behaviors, and practice hand-on skills.

DPTE 524 (7SHC): Neuromuscular 1

This block will cover advanced study of neurological disorders of the central, sympathetic, and peripheral nervous systems across the lifespan. The emphasis will be on problem-solving and integrating the examination skills and intervention skills covered in previous courses to help students further develop their skills in establishing and executing a comprehensive plan of care for the neurological population. Students will be introduced to the identification and critique of evidenced to support clinical practice and the begin training in decision making to develop the skills necessary for independence practice for neurologic patient populations.

DPTE 525 (7SHC): Musculoskeletal 2

The material presented in Musculoskeletal Block 2 will address orthopedic injuries and diseases affecting the spine, sacroiliac joints and hip. Learning experiences will be based on lectures, laboratory sessions, real and simulated patient cases, as well as from small group discussions that focus on clinically relevant examination and management of persons throughout the lifespan. Upon completing this block the student should be able to critically examine, communicate, and document the information gathered during the initial examination and appropriately manage persons with orthopedic injuries and diseases. The design of the block incorporates suggestions from the Guide to Physical Therapist Practice. Weekly laboratory and seminar sessions will assist the student to understand the evidence supporting the concepts presented during the block and to integrate these concepts into independent practice.

DPTE 526 (1SHC): Part-time affiliation 2

Part-time affiliations associated with Neuromuscular II and Musculoskeletal II blocks will place students in the clinical environment in order to practice their clinical skills under direct supervision of a clinical instructor. The students will be afforded the opportunity to apply didactic knowledge, develop professional behaviors, and practice hand-on skills.

DPTE 527 (7SHC): Neuromuscular 2

This block will continue the advanced study of neurological disorders of the central, sympathetic and peripheral nervous system across the lifespan. The emphasis will be on problem-solving and integrating the examination and intervention skills covered in previous blocks to facilitate the development of competency in establishing and executing a comprehensive plan of care for the

neurologic population. Concepts presented in Neuromuscular Block I will be built upon, especially the identification and critique of evidence to support practice and clinical decision making necessary to function as an independent practitioner. Students will have the opportunity to document and communicate their findings appropriately. Small group seminars will further skills in critique of evidence to support clinical practice. Students will receive additional training in decision making to develop the skills necessary for an independent practitioner.

DPTE 528 (4SHC): Professional Issues 3

Professional Issues Block 3 will focus on how to manage, market, and act as a supervisor in a physical therapy practice. By the end of this block students should be able to understand topics including billing and reimbursement, applying and interviewing for a job, staff development, productivity, quality improvement, legal issues of physical therapy practice, and practice and program marketing. In addition, students should be able to apply these principles to their clinical decision making and professional interactions with other health care providers, third party payers, patients, clients, and their caregivers. Learning experiences will include guest lectures, mock interviews, billing cases, role playing, and small group discussions. A block project will be assigned to simulate a marketing plan for a community based wellness program. This project will integrate concepts of wellness, communication, and use of web based technology addressed in previous blocks.

DPTE 530 (1SHC): Clinical Qualifying Measures

Clinical Qualifying Measures (CQM) is a multifaceted process wherein student professional growth, development and skill is assessed in a triangulated fashion. Students, peers, faculty and simulated patients provide data that is reviewed in composite to ascertain student readiness to proceed to the full-time clinical internship phase of the curriculum. CQM components include, but are not limited to: basic skills checks, portfolio reviews, simulated patient encounters and clinical documentation. Prior to the simulated patient encounter, students engage in active learning techniques to help synthesize and integrate information gained throughout the didactic phase of the curriculum. Emphasis is on clinical problem-solving, prioritization and use of evidence-based strategies.

DPTE 532 (1 to 4 SHC): Independent Study – Educational Development

This course provides the opportunity for students to become involved with subjects, topics, and projects that are relevant to Physical Therapy but are not included in the rest of the curriculum. Advanced applications will also be included on an individual basis. Completion of the IAPP will be embedded within this course, with the number of credits reflective of individual circumstances.

DPTE 545: Full Time Clinical Internship I [10 SHC]

In this first in a series of three full-time internships, students are provided the opportunity to apply didactic knowledge, develop professional behaviors, and practice patient/client management in a clinical setting. Students will perform all aspects of the patient-client management model, including: examination, evaluation, diagnosis, prognosis, and plan-of-care, documentation, delegation, legal and financial issues related to physical therapist practice. The internship is 11.5 weeks in length [10 week clinical phase]. A one-week preparatory phase is utilized to prepare academically, clinically, and administratively for the clinical portion. Clinical hours are determined by the clinic and may vary between 35-50 hours per week. These hours may occur from Sunday through Saturday, including evenings and weekends. The Clinical Instructor [CI] and the student, at midterm and conclusion of the internship, use the APTA-developed web-Clinical Performance Instrument [webCPI] to provide formal written performance evaluations. In addition to clinical care, the student is required to attend an

introductory on-campus orientation, complete the web-CPI certification training, and complete an on-line case report quiz. By the conclusion of the internship, the student will meet “Entry-level” standard for the first five Professional Practice criteria of the CPI and “Advanced Intermediate” standard for the Patient Management criteria and Professional Development criterion of the web-CPI.

DPTE 546: Full Time Clinical Internship II [10 SHC]

In this second full-time internship, students are provided the opportunity to continue to apply their didactic knowledge, develop professional behaviors, and practice patient/client management in another clinical setting. They will perform all aspects of the patient-client management model, as described in DPTE 545. The internship is 11.5 weeks in length [10 week clinical phase]. A one-week preparatory phase is utilized to prepare academically, clinically, and administratively for the clinical portion. Clinical hours are determined by the clinic and may vary between 35-50 hours per week. These hours may occur from Sunday through Saturday, including evenings and weekends. The CI and the student, at midterm and conclusion of the internship, use the webCPI to provide formal written performance evaluations. To successfully pass the block, the student must meet “Entry-level” standard for all the Professional Practice and Patient Management criteria of the web-CPI. In addition to clinical care, participation in Career Day / Clinical Education seminar held on UMB campus during preparatory week and completion of either a Case Report or Consultation Project assignment is required.

DPTE 547: Full Time Clinical Internship III [10 SHC]

In this third, and final, full-time internship, students are provided the opportunity to continue to apply their didactic knowledge, develop professional behaviors, and practice patient/client management in another clinical setting. They will perform all aspects of the patient-client management model, as described in DPTE 545. The internship is 11.5 weeks in length [10 week clinical phase]. A one-week preparatory phase is utilized to prepare academically, clinically, and administratively for the clinical portion. Clinical hours are determined by the clinic and may vary between 35-50 hours per week. These hours may occur from Sunday through Saturday, including evenings and weekends. The CI and the student, at midterm and conclusion of the internship, use the webCPI to provide formal written performance evaluations. To successfully pass the block, the student must meet “Entry-level” standard for all of the Professional Practice and Patient Management criteria. In addition to clinical care, completion of either a Case Report or a Consultation Project assignment and an on-campus Clinical Education conclusion session is required.

| B. Field-Based Learning: Clinical Experiences and Practical Applications (please describe) | Degree Level | Graded or Ungraded | # of Credits / Hours | Required or Elective? | # of Student Completions |
|--|---------------------|---------------------------|-----------------------------|------------------------------|---------------------------------|
| Global Initiatives Project Participating students travel to low-resourced countries with faculty member for supervised short-duration internships | Doctorate | Graded | 1 | Elective | 7 |
| Professional Practice Opportunity Students may choose to perform clinical activities under supervision with under-served populations | Doctorate | Graded | 1 | Elective | 14 |
| Medical Issues II—Underserved Populations and Rural Health | Doctorate | Graded | 6 | Required | 57 |

| | | | | | |
|--|-----------|----------|-----|----------|----|
| Students engage in educational modules to prepare them for this experience with the medically indigent, homeless, and underserved for low healthcare-access populations | | | | | |
| Part-time Affiliation I In Part-time Affiliations students are prepared for and interact with patient populations that require cultural sensitivity/competence | Doctorate | Graded | 1 | Required | 57 |
| Part-time Affiliation II As listed above | Doctorate | Graded | 1 | Required | 57 |
| Clinical Internship I Students develop clinical competence in these Internships and are graded by the clinical instructor on their demonstration of cultural sensitivity/competence and health literacy | Doctorate | Graded | 7.5 | Required | 46 |
| Clinical Internship II As listed above | Doctorate | Graded | 7.5 | Required | 46 |
| Clinical Internship III As listed above | Doctorate | Graded | 7.5 | Required | 46 |
| Service Learning Center Students may volunteer to participate in this department sponsored and faculty supervised clinic that serves the uninsured/underinsured in the Baltimore community | Doctorate | Ungraded | N/A | Elective | 10 |

| C. Other Student-Centered Academic Activities (please describe) | Degree Level | Required or Elective? | # of Student Participants |
|--|---------------------|------------------------------|----------------------------------|
| President's Outreach Council School Visit Day Program Student volunteers host elementary school students in this program that provides exposure to a variety of healthcare professions in order to increase their knowledge of career options | Doctorate | Elective | 15 |

3) Are the following changes in student cultural competency measured? (Please mark all that apply)

- Changes in knowledge
- Changes in skills
- Changes in attitudes

Other changes: emotional resilience; flexibility; openness; professional autonomy; and perceptual ability.

4a) If change is being measured, what are the methods used to assess such changes and how often do such assessments occur? (Examples of assessment methods include surveys, essays, written skill exams, clinical practice simulations, etc.)

Cultural competence is a curricular thread in the program and included in each Block (Course) of the curriculum. In most Blocks, students encounter case-based patient scenarios that incorporate concepts and skills in cultural competence, sensitivity and health literacy. Written exams are used to assess learning of affective skills and issues related to health disparities. Assignments are included in many Blocks that reinforce the professional expectation for students to develop cultural competence. Interactions with simulated patients provide realistic practice experience in a supervised setting with faculty grading and feedback. Self-reflection activities encourage students to process learning and examine their learned and acquired biases. At the conclusion of each Block, students are required to complete a Block Evaluation in which they are asked to identify whether or not the thread of cultural competence was evident in the Block content.

In Clinical Internships students are graded mid-term and at the end of the 10 week internship by use of the *Clinical Performance Instrument (CPI)*, which is a standardized assessment tool used in physical therapy clinical education. The student's ability to demonstrate cultural sensitivity is graded on a scale that indicates "entry-level practitioner" skill, which is required for student to pass. These skills are measured three times within one clinical year for each student in the program.

Students who participated in the Global Initiatives Project were given pre- and post-assessments using the *Cross-Cultural Adaptability Index* tool. Prior to the immersion experience in a developing country they received a module of educational training in cultural competency with a focus on adaptability in attitudes and skills based on the work of Campinha-Bacote. These students were compared to program-peers who completed the educational module only, but did not travel for the immersion.

4b) Please describe results of student cultural competency assessments, such as pre- and post-intervention changes, or provide other examples of how students have demonstrated progress toward developing cultural competence.

For the referenced academic year, in most Blocks greater than 70% of students identified that the curricular thread of cultural competence was "evident". (N=57)

This same year, no student failed Clinical Internships due to a low assessment of their cultural competence assessment on the CPI.

Based on the small sample of students who were able to participate in the Global Initiatives Project, there was a greater change in cross-cultural adaptability among students who received the educational training module plus immersion experience than with the group of students who had the educational training module only.

At the conclusion of their professional education, students must sit for and pass the National Physical Therapy Examination (NPTE) in order to become licensed to practice. Data received from the NPTE compares our students to other national cohorts of first-time exam takers. One of the NPTE content

areas, *Teaching & Learning*, measures the graduate's ability to create a learning environment in which information is effectively communicated to patients/clients to ensure that they receive appropriate instruction to support patient/client management decisions. While cultural competence is not specifically measured in this content area of the NPTE, the ability to be effective with diverse patients/clients is considered to be necessary. Overall, this year the national mean scale score was 645.5. Our students scored above the national average with a mean scale score of 649.3.

Anecdotally, students who engaged in cultural experiences provided by the program reported an increased level of cultural awareness, a reflective knowledge of their own personal biases, a greater level of what is demanded to be culturally sensitive and respectful, and gratitude for having had the experience.

5) If change is not being measured, what resources would facilitate assessment of students on topics related to health disparities, health literacy, and cultural competency?

Student change is being measured in many areas of our program components; however, increased financial resources would allow us to expand the current initiatives we have, particularly related to Global Initiatives so that more students can participate. Additionally, greater financial resources would allow the program to increase the use of standardized tools to measure and report outcomes.

In order to implement a study measuring parameters of cultural competence with an entire class cohort of DPT students (excluding the global immersion experience), funding support is needed to analyze and interpret the data points pre- and post- curricular initiatives.

Increased human resources to assist in training and tracking outcomes could help the program realize maximal benefit.

6) Please provide details about your program's involvement in other cultural competency and health disparities-reduction activities beyond the student-centered activities described in Question #2.

| Health Disparities-Reduction Activities (Please provide title, description of event, and intended outcome.) | Date | Target Audience | # of Participants |
|---|-------------|------------------------|--------------------------|
| 1. Publications - Reicherter, Health Literacy: physical therapists' perspectives | 2012 | Clinicians | Unlimited |
| Reicherter, The translation and use of The Profile of Chronic Pain to assess impact of pain on lives of Chinese-born older adults residing in the United States | 2011 | Clinicians | Unlimited |
| Conroy and Reicherter, Interdisciplinary student-provided service to underserved populations: implementation at a geriatric community in Baltimore, Maryland | 2011 | Clinicians | Unlimited |
| Reicherter, Sustainable Service Learning Strategies: outcomes in physical therapy and rehabilitation science | 2012 | Clinicians | 100 |

| | | | |
|--|--------------|--------------------------------|------------|
| Gordes, Dissertation on Childhood Obesity (In process) Intended Outcome: Education of clinicians in areas of health disparities, health literacy and cultural sensitivity | In process | Clinicians | In process |
| 2. Faculty Participation in Health Volunteers Overseas and Global Health Initiative Counsel – Glickman | Present | Low-resourced global countries | Unlimited |
| 3. Mid-Atlantic Burn Camp- Kalil: Twenty-five year old history of providing services to diverse children and youth who are living with burn sequela. Founder and director is faculty member. | 1987-Present | Children, youth and families | Unlimited |
| 4. Faculty Development “Lunch & Learn” with Cultural Competence Topics – These annual seminars will provide faculty/staff with on-going state of the art information related to teaching/learning in this area | 2013 | Faculty and Staff | 30 |
| 5. Community Presentations on Health Literacy, Health Disparities, Health Promotion and Illness Prevention in Low-Resourced Countries – Baker: Presentations in countries throughout the world designed to promote increased health literacy and provide the goals of public health. | 2008-Present | Community populations | Unlimited |
| 6. Community Outreach Projects by Faculty/Staff/Students - Students, faculty and staff participate in many, varied community outreach projects that serve culturally diverse populations, such as national non-profits to raise health awareness and literacy among underserved populations and local entities that serve the Baltimore community. These are often events that generate funds for research and scientific advances. | 1992-Present | Local and national populations | Unlimited |

**REPORT – INSTITUTIONS OF HIGHER EDUCATION:
CULTURAL COMPETENCY TRAINING AND
OTHER HEALTH DISPARITIES REDUCTION ACTIVITIES**

University of Maryland, Baltimore

Discipline: Allied Health: Clinical Laboratory Science/Medical Technology (offered through the School of Medicine)

Degree(s) Offered: Bachelor's, Master's

1) How does your health profession training program incorporate instruction on cultural sensitivity, cultural competency, health literacy, and health disparities?

The Department of Medical and Research Technology is housed in the School of Medicine. Our academic program offers both Bachelor of Science and Master of Science degrees. At either level, students may choose from specialized tracks of study which include clinical laboratory science and biotechnology at the undergraduate level and laboratory management and biomedical science research at the graduate level. The undergraduate program is accredited by the National Accrediting Agency for Clinical Laboratory Scientists (NAACLS).

Clinical laboratory scientists, formerly known as medical technologists, perform essential laboratory testing that is critical to the detection, diagnosis, and treatment of disease. They prepare and analyze body tissues, blood and fluids for doctors and researchers and are responsible for confirming the accuracy of test results and reporting laboratory findings to the pathologist and other doctors. Because this profession is laboratory based, clinical laboratory scientists have virtually no direct contact with the patients whose samples they assay. The American Society for Clinical Pathology (ASCP) and the American Society for Clinical Laboratory Science (ASCLS) are the two most prominent professional societies for clinical laboratory scientists. With respect to cultural competency training and health disparities reduction activities, neither the ASCP nor the ASCLS has provided guidance on training laboratory professionals, other than the recognition that the profession, itself, is evidencing increased ethnic and cultural diversity among its practicing clinical laboratory scientists. Likewise, NAACLS has not offered any recommendations with respect to curricular content in these areas.

Graduates of our program who selected the clinical laboratory science or laboratory management tracks find employment primarily in hospital-based clinical laboratories of pathology; however, the career opportunities are quite broad and our alumni are employed by government agencies such as the FDA and the NIH. Graduates of our program who selected the biotechnology or biomedical science research track are highly marketable in private and public research laboratories. While clinical laboratory scientists and biomedical research scientists have no direct contact with patients, they practice in culturally and geographically diverse work settings.

2) Regarding your training for students, which specific courses, clinical experiences, field training and other academic activities include an emphasis on cultural sensitivity, cultural competency, health literacy, and/or health disparities? Describe how the topics have been emphasized in the course (i.e., theory-oriented, skill building, etc.)

| A. Course Title | Description of Course Content and Objectives | Degree Level | # of Course Credits | Required or Elective? | # of Student Completions |
|-----------------------------------|--|--------------|---------------------|-----------------------|--------------------------|
| MEDT 452 Clinical Chemistry | Students to access an on-line learning module on Rural Interdisciplinary Healthcare Teams. This module focuses on disparities in infant mortality rates as well as higher incidences of breast cancer, colon and lung cancer and coronary disease among ethnically, and socio-economically diverse populations in medically underserved areas. | Bachelor | 4 | Required | 16 |
| MEDT 409 Laboratory Management | Course contains teaching modules on cultural diversity from the human resources perspective which prepares our students to function both as members of a culturally diverse healthcare team as well as supervisors and laboratory managers of an increasingly culturally diverse clinical or research-based laboratory. | Bachelor | 3 | Required | 31 |
| MEDT 680 Laboratory Management | Course contains teaching modules on cultural diversity from the human resources perspective which prepares our students to function both as members of a culturally diverse healthcare team as well as supervisors and laboratory managers of an increasingly culturally diverse clinical or research-based laboratory. | Master | 3 | Required | 12 |
| | | | | | |
| | | | | | |
| | | | | | |

Note:

- Degree Level = Certificate, Bachelor, Master, or Doctorate-level Course
- # of Enrollees = Number of course enrollees during the 2011-2012 academic year

| B. Field-Based Learning: Clinical Experiences and Practical Applications (please describe) | Degree Level | Graded or Ungraded ? | # of Credits / Hours | Required or Elective ? | # of Student Completions |
|--|---------------------|-----------------------------|-----------------------------|-------------------------------|---------------------------------|
| | | | | | |
| | | | | | |

| C. Other Student-Centered Academic Activities (please describe) | Degree Level | Required or Elective ? | # of Student Participants |
|--|---------------------|-------------------------------|----------------------------------|
| | | | |

3) Are the following changes in student cultural competency measured? (Please mark all that apply)

No change is being measured

4a) If change is being measured, what are the methods used to assess such changes and how often do such assessments occur? (Examples of assessment methods include surveys, essays, written skill exams, clinical practice simulations, etc.)

N/A

4b) Please describe results of student cultural competency assessments, such as pre- and post-intervention changes, or provide other examples of how students have demonstrated progress toward developing cultural competence.

N/A

5) If change is not being measured, what resources would facilitate assessment of students on topics related to health disparities, health literacy, and cultural competency?

Students' knowledge of issues related to health disparities and cultural competency as assessed using conventional course quizzes and examinations. Change in perception, i.e. pre- and post-testing is not part of the assessment process.

6) Please provide details about your program's involvement in other cultural competency and health disparities-reduction activities beyond the student-centered activities described in Question #2.

| Health Disparities-Reduction Activities (Please provide title, description of event, and intended outcome.) | Date | Target Audience | # of Participants |
|---|-------------|------------------------|--------------------------|
| 1. | | | |
| 2. | | | |

Supplement B

USM Requested

2012 Demographic Data

University of Maryland, Baltimore

March, 2013

Employees by Employee Type, Race, and Gender

| Employee Type | Year | Race | Total | Pct | Gender | | |
|-------------------------------|-------------------------------|-------------------------------|--------|--------|--------|-----|-----|
| | | | | | F | M | |
| 1 - Tenured/Tenure-Track | 2008 | African American | 36 | 6.15% | 16 | 20 | |
| | | Asian/Pacific Islander | 75 | 12.82% | 21 | 54 | |
| | | Hispanic | 18 | 3.08% | 4 | 14 | |
| | | Native American | 2 | 0.34% | 1 | 1 | |
| | | White | 454 | 77.61% | 134 | 320 | |
| | | | | 585 | | 176 | 409 |
| | 2009 | African American | 34 | 5.76% | 14 | 20 | |
| | | Asian/Pacific Islander | 77 | 13.05% | 19 | 58 | |
| | | Hispanic | 15 | 2.54% | 4 | 11 | |
| | | Native American | 2 | 0.34% | 1 | 1 | |
| | | White | 462 | 78.31% | 136 | 326 | |
| | | | | 590 | | 174 | 416 |
| | 2010 | African American/Black | 30 | 5.26% | 12 | 18 | |
| | | American Indian/Alaska Native | 2 | 0.35% | 1 | 1 | |
| | | Asian | 77 | 13.51% | 15 | 62 | |
| | | Hispanic/Latino | 15 | 2.63% | 5 | 10 | |
| | | Other Pacific Islander | 1 | 0.18% | . | 1 | |
| | | White | 445 | 78.07% | 133 | 312 | |
| | | | | 570 | | 166 | 404 |
| | 2011 | African American/Black | 29 | 5.14% | 12 | 17 | |
| American Indian/Alaska Native | | 2 | 0.35% | 1 | 1 | | |
| Asian | | 80 | 14.18% | 16 | 64 | | |
| Hispanic/Latino | | 14 | 2.48% | 5 | 9 | | |
| Not Reported | | 1 | 0.18% | 1 | . | | |
| Other Pacific Islander | | 1 | 0.18% | . | 1 | | |
| White | | 437 | 77.48% | 135 | 302 | | |
| | | | 564 | | 170 | 394 | |
| 2012 | African American/Black | 31 | 5.54% | 13 | 18 | | |
| | American Indian/Alaska Native | 2 | 0.36% | 1 | 1 | | |
| | Asian | 82 | 14.64% | 17 | 65 | | |
| | Hispanic/Latino | 12 | 2.14% | 4 | 8 | | |
| | Not Reported | 1 | 0.18% | 1 | . | | |
| | White | 432 | 77.14% | 135 | 297 | | |
| | | | 560 | | 171 | 389 | |

Employees by Employee Type, Race, and Gender

| Employee Type | Year | Race | Total | Pct | Gender | | |
|----------------------|-------------------------------|-------------------------------|--------|--------|--------|------|-----|
| | | | | | F | M | |
| 2 - Non-Tenure Track | 2008 | African American | 169 | 9.53% | 106 | 63 | |
| | | Asian/Pacific Islander | 266 | 15.00% | 118 | 148 | |
| | | Hispanic | 46 | 2.59% | 31 | 15 | |
| | | Native American | 7 | 0.39% | 4 | 3 | |
| | | Not Reported | 22 | 1.24% | 12 | 10 | |
| | | White | 1263 | 71.24% | 654 | 609 | |
| | | | | 1773 | | 925 | 848 |
| | 2009 | African American | 187 | 9.98% | 122 | 65 | |
| | | Asian/Pacific Islander | 276 | 14.73% | 125 | 151 | |
| | | Hispanic | 56 | 2.99% | 41 | 15 | |
| | | Native American | 6 | 0.32% | 3 | 3 | |
| | | Not Reported | 34 | 1.81% | 13 | 21 | |
| | | White | 1315 | 70.17% | 698 | 617 | |
| | | | | 1874 | | 1002 | 872 |
| | 2010 | African American/Black | 189 | 9.72% | 124 | 65 | |
| | | American Indian/Alaska Native | 5 | 0.26% | 3 | 2 | |
| | | Asian | 308 | 15.84% | 138 | 170 | |
| | | Hispanic/Latino | 54 | 2.78% | 33 | 21 | |
| | | Not Reported | 26 | 1.34% | 10 | 16 | |
| | | Other Pacific Islander | 6 | 0.31% | 2 | 4 | |
| | | Two or More Races | 5 | 0.26% | 4 | 1 | |
| White | | 1352 | 69.51% | 735 | 617 | | |
| | | | 1945 | | 1049 | 896 | |
| 2011 | African American/Black | 200 | 9.70% | 136 | 64 | | |
| | American Indian/Alaska Native | 4 | 0.19% | 3 | 1 | | |
| | Asian | 335 | 16.25% | 164 | 171 | | |
| | Hispanic/Latino | 46 | 2.23% | 28 | 18 | | |
| | Not Reported | 29 | 1.41% | 11 | 18 | | |
| | Other Pacific Islander | 5 | 0.24% | 3 | 2 | | |
| | Two or More Races | 5 | 0.24% | 4 | 1 | | |
| | White | 1437 | 69.72% | 791 | 646 | | |
| | | | 2061 | | 1140 | 921 | |
| 2012 | African American/Black | 216 | 9.96% | 147 | 69 | | |
| | American Indian/Alaska Native | 3 | 0.14% | 3 | . | | |
| | Asian | 375 | 17.30% | 174 | 201 | | |
| | Hispanic/Latino | 46 | 2.12% | 24 | 22 | | |
| | Not Reported | 36 | 1.66% | 15 | 21 | | |
| | Other Pacific Islander | 5 | 0.23% | 2 | 3 | | |
| | Two or More Races | 5 | 0.23% | 3 | 2 | | |
| | White | 1482 | 68.36% | 824 | 658 | | |
| | | | 2168 | | 1192 | 976 | |

Employees by Employee Type, Race, and Gender

| Employee Type | Year | Race | Total | Pct | Gender | | |
|-------------------------------|-------------------------------|------------------------|------------------------|--------|--------|------|------|
| | | | | | F | M | |
| 3 - Non-Faculty | 2008 | African American | 1370 | 34.20% | 983 | 387 | |
| | | Asian/Pacific Islander | 342 | 8.54% | 227 | 115 | |
| | | Hispanic | 70 | 1.75% | 46 | 24 | |
| | | Native American | 12 | 0.30% | 8 | 4 | |
| | | Not Reported | 54 | 1.35% | 29 | 25 | |
| | | White | 2158 | 53.87% | 1446 | 712 | |
| | | | | 4006 | | 2739 | 1267 |
| | | 2009 | African American | 1353 | 32.90% | 955 | 398 |
| | Asian/Pacific Islander | | 365 | 8.87% | 245 | 120 | |
| | Hispanic | | 76 | 1.85% | 49 | 27 | |
| | Native American | | 12 | 0.29% | 8 | 4 | |
| | Not Reported | | 52 | 1.26% | 30 | 22 | |
| | White | | 2255 | 54.83% | 1527 | 728 | |
| | | | | 4113 | | 2814 | 1299 |
| | | 2010 | African American/Black | 1392 | 33.13% | 988 | 404 |
| | American Indian/Alaska Native | | 8 | 0.19% | 5 | 3 | |
| | Asian | | 374 | 8.90% | 239 | 135 | |
| | Hispanic/Latino | | 93 | 2.21% | 60 | 33 | |
| | Not Reported | | 43 | 1.02% | 24 | 19 | |
| | Other Pacific Islander | | 6 | 0.14% | 6 | . | |
| | Two or More Races | | 18 | 0.43% | 14 | 4 | |
| | White | | 2268 | 53.97% | 1506 | 762 | |
| | | | | 4202 | | 2842 | 1360 |
| | | 2011 | African American/Black | 1347 | 32.61% | 952 | 395 |
| American Indian/Alaska Native | 7 | | 0.17% | 4 | 3 | | |
| Asian | 397 | | 9.61% | 244 | 153 | | |
| Hispanic/Latino | 83 | | 2.01% | 52 | 31 | | |
| Not Reported | 33 | | 0.80% | 18 | 15 | | |
| Other Pacific Islander | 5 | | 0.12% | 5 | . | | |
| Two or More Races | 13 | | 0.31% | 11 | 2 | | |
| White | 2246 | | 54.37% | 1494 | 752 | | |
| | | | 4131 | | 2780 | 1351 | |
| | 2012 | African American/Black | 1325 | 31.95% | 934 | 391 | |
| American Indian/Alaska Native | | 6 | 0.14% | 4 | 2 | | |
| Asian | | 399 | 9.62% | 254 | 145 | | |
| Hispanic/Latino | | 87 | 2.10% | 57 | 30 | | |
| Not Reported | | 47 | 1.13% | 29 | 18 | | |
| Other Pacific Islander | | 2 | 0.05% | 2 | . | | |
| Two or More Races | | 12 | 0.29% | 11 | 1 | | |
| White | | 2269 | 54.71% | 1494 | 775 | | |
| | | | 4147 | | 2785 | 1362 | |

Students by Race and Gender

| Year | Race | Total | Pct | Gender | |
|------|-------------------------------|-------|--------|--------|------|
| | | | | F | M |
| 2008 | African American | 1069 | 17.37% | 838 | 231 |
| | Asian/Pacific Islander | 821 | 13.34% | 555 | 266 |
| | Hispanic | 239 | 3.88% | 165 | 74 |
| | Native American | 19 | 0.31% | 13 | 6 |
| | Not Reported | 461 | 7.49% | 297 | 164 |
| | White | 3547 | 57.62% | 2562 | 985 |
| | | 6156 | | 4430 | 1726 |
| 2009 | African American | 1103 | 17.28% | 868 | 235 |
| | Asian/Pacific Islander | 894 | 14.01% | 597 | 297 |
| | Hispanic | 239 | 3.74% | 163 | 76 |
| | Native American | 18 | 0.28% | 14 | 4 |
| | Not Reported | 481 | 7.54% | 309 | 172 |
| | White | 3647 | 57.15% | 2614 | 1033 |
| | | 6382 | | 4565 | 1817 |
| 2010 | African American/Black | 943 | 14.85% | 751 | 192 |
| | American Indian/Alaska Native | 15 | 0.24% | 11 | 4 |
| | Asian | 880 | 13.86% | 591 | 289 |
| | Hispanic/Latino | 272 | 4.28% | 188 | 84 |
| | International | 208 | 3.28% | 129 | 79 |
| | Not Reported | 154 | 2.43% | 99 | 55 |
| | Other Pacific Islander | 7 | 0.11% | 4 | 3 |
| | Two or More Races | 142 | 2.24% | 102 | 40 |
| | White | 3728 | 58.72% | 2625 | 1103 |
| | | 6349 | | 4500 | 1849 |
| 2011 | African American/Black | 905 | 14.15% | 702 | 203 |
| | American Indian/Alaska Native | 13 | 0.20% | 8 | 5 |
| | Asian | 899 | 14.06% | 614 | 285 |
| | Hispanic/Latino | 305 | 4.77% | 218 | 87 |
| | International | 225 | 3.52% | 140 | 85 |
| | Not Reported | 152 | 2.38% | 106 | 46 |
| | Other Pacific Islander | 3 | 0.05% | 1 | 2 |
| | Two or More Races | 162 | 2.53% | 124 | 38 |
| | White | 3731 | 58.34% | 2594 | 1137 |
| | | 6395 | | 4507 | 1888 |
| 2012 | African American/Black | 873 | 13.71% | 685 | 188 |
| | American Indian/Alaska Native | 9 | 0.14% | 5 | 4 |
| | Asian | 913 | 14.34% | 619 | 294 |
| | Hispanic/Latino | 336 | 5.28% | 230 | 106 |
| | International | 235 | 3.69% | 145 | 90 |
| | Not Reported | 157 | 2.47% | 111 | 46 |
| | Other Pacific Islander | 1 | 0.02% | . | 1 |
| | Two or More Races | 190 | 2.98% | 145 | 45 |
| | White | 3654 | 57.38% | 2532 | 1122 |
| | | 6368 | | 4472 | 1896 |