2023-24 Program Assessment Report for B.S. Population Health Management

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To: Office of Academic Excellence

Section 1 – Program Mission and Educational Objectives

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

Section 2 – Program Student Learning Outcomes

- **PSLOs:** The following objectives are designed to outline the expectations faculty have of students as well as ensure the necessary skills needed for a wide range of career options for PHM majors. These outcomes stem from the program's mission of applied social science education based on theoretical and action-based learning opportunities. Many of the "hands on" components of the learning objectives are design for immediately use in prospective employment positions, whereas many of the theoretical social sciences learning outcomes are geared toward graduate's ability to navigate the employment landscape (new challenges, novel ideas, critical thinking, and political maneuvering) and seek new opportunities, promotion, and engage in effective leadership. Graduates of the BPHM program at Oregon Tech should be able to do the following:
- Work in a wide range of positions related to assessing, improving, or evaluating systems related to population health.
- Pursue advanced degrees or training in areas of Population Health, Public Health, Sociology, Social Work Medical School, Nursing School, or Health Science-related fields.
- Communicate effectively in the field of health and health care as well as everyday life.
- Critically and ethically assess the role of organizations and systems that influence population health.

Section 3 – Curriculum Map

- **Curriculum Map:** How are each of your program student learning outcomes (and institutional ISLO's) supported and scaffolded throughout the program's curriculum?

COURSE	PSLO 1	PSLO 2	PSLO 3	PSLO 4	PSLO 5	PSLO 6	ISLO 1 – Com/TW	ISLO 2 - I/A/QL	ISLO 3 – ER/DP
SOC 204	F							F	F
SOC 225	F	F						F	F
SOC 205						F			
SOC 301 SOC 302				P				P	F
SOC 335			P		F				P
PHM 321 PHM 435						C			C
SOC 325		F		F				F	
SOC 305					F				

Section 4 – Assessment Cycle

Table 1. Three-Year Cycle for Assessment of Student Learning Outcomes

	Program Learning Outcome	'18-19	'19-'20	'20-21	'21-22	'22-23	**'23-24**
1	Students explain basic theoretical frameworks of sociology and demonstrate an ability to apply social theory to behavioral trends.		X				
2	Students will demonstrate understanding of the impact of such factors as culture, ethnicity, nationality, age, gender, sexual orientation, mental and physical characteristics, family values, education, religious and spiritual values, and socio-economics status on the health and wellbeing of individuals	X			X		
3	**Students will synthesis ideas related to cultural competency and demonstrate skills related to cultural competency.**			X			**X**
4	Students will demonstrate an understanding of the sociological research methods, including an ability to organize, analyze, and present data.	X				X	
5	**Students will demonstrate an understanding of the roles, functions, and responsibilities of healthcare professionals and patients, including**			X			**X**

	alternative *(i.e. preventative, community-based, lifestyle)* approaches to healthcare.						
6	Students will explain theories and methods of health behavior change and demonstrate the skills needed to assess programs, interventions, and activities aimed at changing health-related behavior.		X			X	

Section 5 – Assessment Data Collection Processes

- **Performance Target**: 80% of students meeting each criterion
- **Activity**: Course assignments
- **Sample**: Approximately 50 students were assessed
- **Reliability**: Not able to adequately be assessed
- **Rubric**: Assignment rubrics, some adapted to include assessing additional components (i.e., higher standards for discussion posts used as assessments)

Section 6 – Assessment Data

We conducted a formal assessment of Outcomes #3 and #5 during 2023-2024.

Student Learning Outcome #3:

Students will synthesis ideas related to cultural competency and demonstrate skills related to cultural competency.

We assessed this outcome using two assignments from SOC 335 Health Inequality and Cultural Competency from Spring 2024.

Direct Assessment #1

Assignment: Discussion Post, Reflection on Cultural Humility and Cultural Competency reading material.

	Highly Proficient	Proficient	Adequate	Needs Improvement
Thoughtfully responds to prompt	100%			
Substantively responds to peers	75%		7%	16%
Includes a specific critique or insight	50%	50%		
Demonstrates competency in topic	92%			8%

Direct Assessment #2

Assignment: Quiz, Essay "Define and explain cultural competence. Also describe how cultural competency could be integrated into a local health clinic (what specific pieces would an organization need to be a culturally competency organization)."

	Highly Proficient	Proficient	Adequate	Needs Improvement
Definition of cultural competence	92%	8%		
Outlines at least two specific actions in integration into healthcare	59%	33%		8%

Student Learning Outcome #5:

Students will demonstrate an understanding of the roles, functions, and responsibilities of healthcare professionals and patients, including alternative *(i.e. preventative, community-based, lifestyle)* approaches to healthcare.

Direct Assessment #1

We assessed this outcome in SOC 305 in Spring 2024.

Direct assessment of role, functions and responsibilities of healthcare providers was assessed through a written assignment "Comparing CHAs and CHIPS". These collaborative documents are an important component of public health work to identify health issues and develop strategic plans to address them. Students were tasked to pick two counties (can be anywhere in the U.S.)-- one rural and one urban. Read both communities' CHA and CHIP. Write a 5-page (double spaced, Times New Roman, 12 pt font) paper that includes the following: Include the link to each CHA and CHIP. Briefly describe each community- location, population size, demographics, any notable features (key industry, geographical features, etc). Compare the health outcomes/indicators from each CHA. What are the biggest health issues? What are the top priorities? What key concepts from class do you notice in these CHAs and CHIPs when comparing the rural reports to the urban? All CHAs and CHIPs require detailed information on the need for services, use of services, and plans to improve healthcare services. Student performance was assessed with the following rubric. The % of achievement is noted in the table.

Criteria	% Highly Proficient or Proficient	% Needs Improvement
Description of communities	90%	0%
Comparison of CHA indicators	75%	15%
Comparison of CHIP goals and strategies	80%	15%

Comparison of health care needs and plans for improvement	90%	15%
Use of class concepts to explain differences and similarities	85%	0%

Students demonstrated an understanding of the roles, functions, and responsibilities of healthcare professionals and patients through comparison of community health assessments and plans to improve health and care outcomes.

Direct Assessment #2

We assessed this outcome SOC 305 Spring 2024.

Direct assessment of role, functions and responsibilities of healthcare providers was also assessed through two reading reflection assignments in which students had to explain the role of various healthcare providers in rural settings. Students were assigned readings on the topics of Oregon's unmet healthcare needs and proposed policies to address needs. Student performance was assessed with the following rubric. The % of achievement is noted in the table.

Criteria	% Highly Proficient or Proficient	% Needs Improvement
Response to Prompt	82%	13%
Role of public health in complimenting health care services	95%	0%
Needs of communities for oral, behavioral, and emergency services	82%	13%
Efforts to offering services in rural environments	100%	0%

Students demonstrated an understanding of the roles health care professionals play in rural environments and the difficulties of patients in those areas. Additionally, they demonstrated an understanding of the community components of health care, especially the role of public health.

The direct assessments of alternative health care was limited to public health and emergency services, which aren't typically considered "alternative". We need to determine if alternative healthcare should remain important enough to be included in program learning outcomes.

Evidence of Improvement in Student Learning

Section 7 – Data-driven Action Plans:

Students do well at reflection and comprehension in cultural competency (PSLO #3). However it is less apparent how students translate their skills. In the assignments assessed, a majority of students come up with insightful and practical ideas for integrating cultural competency into workplaces. These programmatic ideas can still be general, and integrating assignments where students can showcase the education models that develop in real world settings could enhance their skills.

Students have a general understanding of issues related to preventive health (PSLO#5), and the dynamics of patient-provider interactions. The measures we used do not adequately assess if students have a knowledge base of health care professionals outside of physicians and nurses. Moving forward we may integrate more content into courses, or consider revising the outcome to more accurately reflect our current course content and offerings.

What are the top 3 continuous improvements your program has made in the last 3 years, and what evidence/data did you use to make those changes? (For example: hired faculty, purchased more equipment, curriculum changes, etc.)

The top 3 continuous improvements made to the PHM program are:

1. Online certificate programs for pipelines
2. Renewed focus on externships with community partners
3. Hiring new adjunct faculty both in person and online from the field

Provide 3 examples of student achievement in your program over the last 3 years. (For example: graduation, persistence, retention, DFWI rates, presentations, participation in student competitions, etc.)

1. **Student Job Placement**: we have 100% job placement and 100% graduate school acceptance rates.
2. **Student Presentations and Internship Work for Community Partners:** Andy Martinson assisted with AIRE center projects, including presenting to Klamath County Public Health. He is now interning with Cascade Health Alliance to build a community grant collaborative to enhance processes for funding dissemination to local community organization. Sarah Walls is interning as the events coordinator for Citizens for Safe Schools, where she is responsible for community outreach and volunteer recruitment. Jayce Seavert interned at the Sky Lakes Wellness Center analyzing employee health initiative outcomes.
3. **IDEA Fest:** Sarah Walls presented her work with Cascade Health Alliance, and Jayce Seavert presented on her work with Sky Lakes.

Provide 3 examples of student success stories for your program over the last 3 years. (For example: job placement, published papers, paper or poster presentations, participation in

student competitions, industry impact, etc.)

1. Kate Hibbs accepted a position as Epic Analyst - EpicCare and Population Health at the Vancouver Clinic.
2. Krista Ward and Melody Height presented to the Oregon State Legislature on the importance of applied research experiences at Oregon Tech.
3. Daniel Craig was named the Health Equity Coordinator at Cascade Health Alliance.

Describe your efforts so far in closing equity gaps in your program? How have you assessed or identified equity gaps? What actions have you taken to help students achieve their potential (For example: project-based experiences, inclusivity exercises, TILT assignment instructions, etc.)?

We do not have a large enough student body in our program to adequately assess disparities by social factors, so we rely on our course content, building a culture of belonging, and advocating for student services and faculty awareness of issues related to diversity, equity and inclusion.

To provide awareness of equity among social groups, we have assigned readings and assignments related to equity in all of our classes as we focus on the social determinants of health. Our course, Health Inequality and Cultural Competency primarily focuses on disparities by race, class, gender, sexuality, and ethnicity.

In Intro to Sociology, the discussion posts revolve around inequality and students share their personal experiences with discrimination, inequality, mental health, and their academic journey. They are not required to share anything personal, but over the past few years the conversation has grown into the vast majority of students sharing personal experiences. The requirement to comment substantively on fellow student posts creates a culture of community and support. This means students feel less alone.

Many courses include a focus on society, culture, environment, and mental health, including statistics on these topics. The Integrated Student Health Center is discussed as a resource for students. We believe mental health struggles have social influences, and the lack of a sense of belonging or support for students who are in minority or marginalized populations at Oregon Tech is a factor.

Sophie Nathenson sits on the Diverse Perspectives and Ethical Reasoning committee, which is working on how to better assess understanding of diversity issues and how assignments can be tailored to this education.

Section 8 – Closing the Loop: Reflection on previous work

Closing the loop from our goals from last year:

1. Providing asynchronous courses: we have Current Health Issues online and are in the process of hiring an adjunct instructor to put Program Planning and Evaluation online

2. Material consistency: one professor is trialing a new book to potentially serve as the consistent textbook
3. More applied projects: development of the funded AIRE center has provided applied opportunities for students; increased internships with community partners
4. New assignments in cultural competency: there are few new assignments; the final project is set up as a group project
5. New more applied assignments: there are few new applied assignments

Goals for 2024-2025:

1. Review how cultural competency *skills* are assessed as opposed to knowledge (PSLO #3). This may include new assignments, teaching methods, or outside educators.
2. Revise PSLO#5 to match skills taught in additional courses.