



Annual Health Disparities Reduction Reports § 20-904 of the Health General Article

MICUA Member Institutions Required to Report:

Hood College
Johns Hopkins University
Notre Dame of Maryland University
Stevenson University
Washington Adventist University

December 12, 2024



140 South Street, Annapolis, MD 21401
410-269-0306
www.micua.org

December 12, 2024

The Honorable Bill Ferguson
President
Senate of Maryland
State House, H-107
Annapolis Maryland 21401

The Honorable Adrienne A. Jones
Speaker
Maryland House of Delegates
State House, H-101
Annapolis, Maryland 21401

Re: Report required by Health General Article § 20-904 (MSAR # 9026)

Dear President Ferguson and Speaker Jones:

On behalf of the member institutions of the Maryland Independent College and University Association (MICUA), I am pleased to submit the MICUA Health Disparities Reduction Reports for 2024. These reports are required by § 20-904 of the Health-General Article of the Annotated Code of Maryland, as enacted by the Maryland Health Improvement and Disparities Reduction Act of 2012. The law requires an annual report from “each institution of higher education in the State that offers a program necessary for the licensing of health care professionals in the State ... on the actions taken by the institution to reduce health disparities.” Five MICUA institutions were required to report: Hood College, Johns Hopkins University, Notre Dame of Maryland University, Stevenson University, and Washington Adventist University.

We appreciate the opportunity to provide this information, and we thank the Governor and the members of the General Assembly for the meaningful inquiry into these policies and practices. If you have any questions about information contained within these reports or would like further information, please contact Irnande Altema, Associate Vice President for Government and Business Affairs, at ialtema@micua.org.

Sincerely,

Matt Power
President

Enclosure

cc: Sarah Albert, Department of Legislative Services (5 copies)

Hood College

HOOD COLLEGE NURSING CURRICULUM

The Hood College BSN program prepares students at the generalist nurse level to be licensed as Registered Nurses, and the MSN program prepares RNs for certification and practice as an adult-gero primary care nurse practitioner. The American Association of Colleges of Nursing (AACN) Essential Domains, Concepts and Competencies (2021) are integrated into the curriculum, beginning with the BSN and MSN Foundations course. At the BSN level, expected learning outcomes relate to discussing health disparities and provide local examples of health disparities as part of Domain 2 (Person-Centered Care) and Domain 7 (Systems-Based Practice). Health disparities are also a key part of service-learning that has been introduced into the level 3 /junior year adult health courses. These students, along with senior nursing students in the Community Health Nursing course (NUR 403) participate in an annual county health fair that serves hundreds of uninsured and underserved individuals. In the community health nursing course, students are intentionally assigned to community clinical sites where they are asked to reflect in a journal assignment about health disparities they observe. For example, some travel with a mobile unit to provide vaccines to those with limited access, assess clients who have been abused, work with school nurses in public schools that receive public funding for students, or do home visits for seniors who are homebound and have limited resources.

Additionally, professional nurses are held to non-negotiable Code of Ethics for Nurses, which expects that nurses will, for example, protect the rights of health, be accountable, promote health and safety, maintain and improve the ethical environment, and integrate principles of social justice into nursing and health policy. The Code of Ethics for Nurses is integrated into the Hood Nursing curriculum through classroom discussions and simulation and clinical experiences.

HOOD COLLEGE PUBLIC HEALTH CURRICULUM

At the heart of the PH program is an unwavering commitment to understanding and addressing health disparities. Every course is meticulously designed to examine how factors such as socioeconomic status, education, access to healthcare, and environmental conditions contribute to the inequalities seen in health outcomes across different populations. Students delve deeply into the ways systemic factors—like poverty, racism, and inadequate healthcare infrastructure—create and perpetuate disparities in health. The program’s curriculum is rooted in the pursuit of health equity, encouraging students to not only grasp the theoretical aspects of public health but also to engage directly in real-world challenges. Graduates are not just public health experts—they become advocates for marginalized communities, dedicated to reducing inequities and improving health outcomes for those who need it most. This highly interdisciplinary program epitomizes Hood’s mission of providing students with a compressive liberal arts education integrated with professional offerings.

A bachelor’s degree in public health offers core curriculum with an array of specialized coursework [Public Health Major, B.A. - Course Map](#), all of which is purposefully aligned to achieve specific academic competencies. Governance is offered through the [Council for Education in Public Health \(CEPH\)](#), the accrediting agency for standalone academic programs in public health. As part of the public health core curriculum, majors complete a year-long applied learning experience and may use elective credits to pursue a related course of study (minor or certificate). An understanding of

public health is a critical component of good citizenship and a prerequisite for taking responsibility for building healthy societies. It serves as a vehicle for the development of written and oral communication skills, critical and creative thinking, quantitative and information literacy, and teamwork and problem solving. It incorporates civic knowledge and engagement—both local and global intercultural competence, and ethical reasoning and action, while forming the foundation for lifelong learning. Moreover, current students enrolled in the program are trained and certified in ethical conduct as it relates to social and behavioral research.

Further, the emphasis on public health practice for students as interns, emerging professionals, and practitioners is the ongoing effort through tireless work to achieve health equity through delivery of the Ten Essential Public Health Services (EPHS) [10 EPHS](#). Hence, at the heart of the public health curriculum at Hood College is the central premise of health equity, which is understood as industry practice to prevent and/or mitigate health disparities and can be evidenced in Table 1: *Public Health Curriculum and the Connection to Health Disparities (see Table 1)*.

Table 1 : Public Health Curriculum and the Connection to Health Disparities

Course Number	Course Title	Connection to Health Disparities
PH 101	Introduction to Public Health	<p>For the Community Health Intervention project (public health issue presentation), students chose a public health issue and described the social determinants of health (SDOH) and health disparities that exist as part of the issue. This is the start of their exploration about how culture, other determinants of health and disparities impact health. Additionally, students engaged with local community agencies to identify and assess evidence-based interventions (programs), which seek to address the public health issue (topic of interest) along with understanding the dynamic process of the social determinants of health (SDOH) to fully address issues of health inequities and health disparities.</p> <p>Discussions of health disparities are interwoven into the various class lectures and discussions through the identification and comprehension of graphic data trends and patterns. There is a specific lecture focused on underserved populations, during which we delve further into the concept of health equity and the interconnected factors that contribute the health disparities and health inequities. Also, during the Environmental Health module, students watched “Flint’s Deadly Water” PBS documentary, which highlights how where you live can inequitably impact your health.</p>
PH 102	Introduction to the U.S. Healthcare System	<p>Students completed a case study focused on an assessment of the social determinants of health for each assigned person. They determined what each SDOH was, and examined how each SDOH is a determinant of good or poor health outcomes. Students watched the 2022 documentary: “Color of Care.” This documentary explores racial inequities in America’s health care system and how COVID-19 exposed the tragic consequences of these inequities, which further exacerbated existing health disparities, origins and the impact of racial health.</p>

PH 201	Research Methods in Public Health	<p>Students watched the movie: “Miss Evers’ Boys.” This film explores issues of health disparities, health inequity, research ethics, cultural competency, and cultural sensitivity. The film’s emphasis is the: Untreated Syphilis Study at Tuskegee (1932-1972). Subsequently, a discussion lecture engaged students in the aforementioned topics with a more in-depth vantage point and inclusion of context that framed the period piece to present day understanding and application of health disparities (e.g., social and behavioral risk factors that contribute to health disparities, racial/ethnic disparities, and health inequity). Additionally, discussion questions (in narrative format) were included as a follow-up deliverable to assess students’ learning comprehension and application for public health practice.</p>
PH 202	Biostatistics in Public Health	<p>Throughout the course, the curriculum fosters theoretical and applied learning concepts of quantitative literacy, which allows learners to describe, quantify, measure, and assess health disparities as health outcomes/disease burden (e.g., incidence, prevalence, relative risks, and odds ratio, etc.).</p> <p>Further, the culminating analytical research project afforded students the opportunity to utilize the “Framingham Heart Study” dataset as provided by the National Heart, Lung, and Blood Institute to assess the longitudinal findings of cardiovascular disease (CVD) and relative risk factors, which highlight health disparities that exist with respect to the lack of a comparable cultural appropriate studies for non-white residents of the U.S. Hence, the connection to health disparities also lends itself to non-generalizability of results although there have been three generations (cohorts) of study participants and respective key findings that are only specific to Framingham, MA residents; however, the study findings are representative of a national dataset with respect to CVD outcomes.</p>
PH 203	Social/ Behavioral Aspects of Public Health	<p>Throughout the course, students learn how social, behavioral, and environmental factors are determinants of health disparities and inequities. By studying these factors and learning about social and behavioral theories, students learn how health interventions can be developed to address health inequities.</p> <p>One example of this is the culminating Health Promotion Assessment project, where learners critically examine health behavior and an existing public health (evidence-based) program that attempts to address a public health issue related to college-aged students with respect to health disparities; further, students evaluate the (identified health promotion) program (based on personal interest) to determine if it considers and accounts for the social and behavioral risk factors that contribute to the public health issue along with health disparities. Further, students analyze the social and behavioral factors, stakeholders, and relevant legislation that must be considered to successfully implement a targeted and competent public health program that aligns with the needs of said community to successfully address health inequities and health disparities.</p>

<p>PH 204</p>	<p>Environmental Health</p>	<p>With the completion of the Environmental Health Promotion and Assessment Project, learners analyze the significant gaps in the current knowledge base concerning the health effects of environmental agents and identify areas of uncertainty in the risk assessment process specific to the selected topic. Further, a portion of the project requires that students explore the social determinants of health, which aid public health practitioners to understand some of the challenges, health disparities, and health inequities that exist at disproportionate rates in the U.S. Additionally, students delineate the biological, behavioral, socioeconomic, environmental, and other factors as determinants of health, and make intersections with the health disparities and health inequities relevant to their research topic along with weekly reporting of Public Health in the News (PHITN) to scaffold learning.</p> <p>There were guest speakers throughout the course to discuss real-life environmental health issues. One example was a presentation by guest lecturer, Dr. Rene Najera, an epidemiologist who presented on “Cancer Clusters.” During the presentation he discussed social determinants of health and the context for higher rates of cancer in communities of color and lower socioeconomic communities.</p>
<p>PH 205</p>	<p>Concepts of Disease/ Population Health</p>	<p>Students learn about health disparities related to African American maternal and infant mortality along with the impact on their families and the health of the nation.</p> <p>Students view the 2022 documentary, "Maternal Health Disparities ncIMPACT Public Broadcasting Service (PBS) North Carolina": https://www.youtube.com/watch?v=uSwbPAvRS0M and engage in conversation with a guest lecturer panel about African American women, infants, and health outcomes associated with systemic and institutional racism.</p> <p>As a supplement for the documentary and in exploration of lived experiences, students heard guest lecturer (women of color): Danielle Haskins, MPH (local department of health; local advocacy expert; she provided a guest lecture discussion on the local landscape relevant to maternal child health (MCH). Abstract: “This presentation will explore the role of population health equity in advancing public health outcomes, with a particular focus on the implementation of Public Health 3.0 principles. It will provide an overview of the Frederick County Health Department, Equity Office’s work, highlighting key concepts such as place-based initiatives and cross-sector collaboration, which are essential to addressing the social determinants of health. Central to the discussion will be an examination of current initiatives, including the Black Maternal Health Community Improvement Plan, and equity-driven grant programs aimed at shifting power and dismantling upstream systemic barriers. By emphasizing community-driven solutions and partnerships across sectors, the presentation will showcase how these efforts contribute to a more equitable public health landscape, aiming to reduce disparities and improve health outcomes for historically marginalized populations.”</p> <p>Through utilization of these resources (documentary, guest lecturers, modular content), students completed a written case study (laboratory) deliverable in small group, which connect these topics</p>

		<p>to course content about African Americans’ experiences with maternal child health disparities and inequities.</p> <p>Students engaged in a learning module: Community Health During the COVID-19 Pandemic. During this discussion lecture students learned about: The COVID-19 pandemic exposed the glaring health inequities and disparities that persist across different communities, particularly affecting low-income populations and racial/ethnic minorities. These disparities were deeply tied to a combination of systemic factors that limited access to essential healthcare, economic resources, and public health protections, exacerbating the health crisis for the most vulnerable populations. The discussion lecture addressed the points listed below.</p> <p>Health Inequities: Root Causes of Disparities At the core of these health disparities is the lack of access to fundamental resources necessary for maintaining health and well-being. The lack of access to health insurance was one of the most significant barriers to adequate care. According to the Kaiser Family Foundation (2020), millions of individuals, particularly in low-income communities, did not have health insurance coverage, which prevented them from seeking timely medical care or accessing necessary treatments. Without insurance, many individuals were forced to delay care, leading to worse health outcomes, especially when it came to preventing or managing chronic conditions that made them more vulnerable to COVID-19.</p> <p>Additionally, the pandemic revealed how lack of access to telework jobs disproportionately affected lower-income workers. The Economic Policy Institute (2020) found that individuals working in service industries, manufacturing, and retail sectors—jobs that cannot be done remotely—were at higher risk of exposure to the virus. In contrast, those with the ability to telework, typically in higher-income professions, had greater protection from the virus due to their ability to stay at home. The inability to work from home not only put workers in essential industries at risk of contracting COVID-19 but also increased their economic vulnerability, as they had fewer options to protect themselves or support their families. Moreover, many communities also faced limited access to quality healthcare. According to the American Public Health Association (APHA, 2020), under-resourced areas often lacked hospitals or clinics that could provide the comprehensive care needed to combat COVID-19, along with essential health services. In many cases, individuals living in these communities had to travel long distances for care, or they simply lacked access to affordable medical services altogether. This inequitable access to healthcare resources meant that individuals in these communities were not only at higher risk of contracting COVID-19 but also faced barriers to timely treatment and care during the pandemic.</p> <p>The pandemic also exposed how the inability to isolate during periods of illness disproportionately affected vulnerable populations. The CDC (2020) noted that isolation, a critical measure to prevent the spread of the virus, was not feasible for many people living in overcrowded housing or multi-generational households. Without the space or financial means to safely isolate, individuals in these communities were more likely to spread the virus within their</p>
--	--	--

		<p>families or neighborhoods, exacerbating the scale of the pandemic in these areas.</p> <p>Finally, the lack of community resources further intensified the impact of the pandemic on already marginalized populations. The Robert Wood Johnson Foundation (2021) reported that many under-resourced communities lacked access to basic services such as food assistance, mental health support, and safe spaces for physical activity, all of which are crucial to maintaining health during a crisis. The absence of these resources left people vulnerable to the direct and indirect effects of the pandemic, contributing to higher rates of infection, stress, and mental health issues.</p> <p>Health Disparities:</p> <p>The structural inequities and lack of resources resulted in stark health disparities, particularly during the COVID-19 pandemic. Under-resourced communities experienced significantly higher rates of COVID-19 cases, as documented by the COVID-19 Health Equity Task Force (2021). These communities, already facing high levels of poverty, poor housing conditions, and limited access to healthcare, saw faster transmission rates of the virus. The lack of access to preventative care, combined with crowded living conditions and limited economic mobility, created an environment where COVID-19 could spread more rapidly, affecting entire neighborhoods and populations.</p> <p>Moreover, racial and ethnic groups—including Black, Latino, and Indigenous populations—faced disproportionate rates of COVID-19 infection. According to the JAMA Network (2020), these communities had higher cases of COVID-19 compared to their White counterparts. This was due, in part, to higher levels of exposure, as these groups were more likely to hold frontline jobs and live in densely populated areas where social distancing was more difficult. In addition, systemic racism in healthcare meant that many racial and ethnic minorities faced barriers to testing, care, and information, further contributing to their elevated infection rates. The higher numbers of COVID-19 fatalities among racial and ethnic groups were another stark example of these disparities. The CDC (2020) reported that Black, Latino, and Indigenous populations suffered higher death rates due to a combination of factors, including pre-existing health conditions, socioeconomic stressors, and limited access to quality care. In many cases, these communities lacked the necessary healthcare infrastructure to manage severe cases of COVID-19, resulting in higher mortality rates.</p> <p>Additionally, minorities were more likely to experience comorbidities, which compounded the severity of COVID-19. The National Institute on Minority Health and Health Disparities (2020) highlighted that conditions such as diabetes, hypertension, and asthma were more prevalent in racial and ethnic minority populations, putting them at greater risk of severe illness or death from the virus. These pre-existing health conditions, often exacerbated by limited access to healthcare and socioeconomic challenges, made it more difficult for individuals in these communities to recover from COVID-19, leading to disproportionate suffering and loss.</p> <p>For the summative population health assessment, learners critically examined an existing population health issue from the past as</p>
--	--	--

		<p>identified from “Philadelphia Negro” by W.E.B. DuBois and compared it to a present-day city as it relates to population health, health behavior, the biological onset of disease among humans, health disparities, and health inequities. Subsequently, students evaluate social and behavioral risk factors that contribute to the public health issue. For the heart of the population health assessment, students analyzed the important chemical, physical, and biological exposures in the environment that can affect health of human populations, through the application of basic scientific principles of epidemiology and exposure to evaluate population health problems and identify solutions that consider population health sustainability. Further, learners queried a relevant intervention to address the aforementioned public health issue.</p>
PH 301	Public Health Communication / Marketing	<p>In order to provide context for present day health disparities, the students read in plenary format, the Institute of Medicine (National Academy of Medicine [NAM]), “Speaking of Health: Assessing Health Communication for Diverse Populations” articles:</p> <p>The Mammography Exemplar https://www.ncbi.nlm.nih.gov/books/NBK222228/ Module: Introduction to Public Health Communication & Informatics</p> <p>Diabetes Exemplar https://www.ncbi.nlm.nih.gov/books/NBK222235/ Module: A Public Health Communication Planning Framework</p> <p>Speaking of Health: Assessing Health Communication Strategies for Diverse Populations. https://www.ncbi.nlm.nih.gov/books/NBK222240/ Module: Informatics and Public Health</p> <p>As a follow up to each in-class plenary session reading, there was a reflection learning activity (discussion questions) for each article that students completed and submitted to their e-health communication journals to align with the respective modular topics and make broader connections with the key text-related health disparities through identification of the health inequities, which perpetuate the preventable differences in disease burden. Students created a video through production of the Blazer’s Radio Station to discuss the Public Health program at Hood College and discuss key health disparities within the larger communities and nationally.</p>
PH 302	Epidemiology	<p>Throughout the course, students are encouraged to think about the role of health disparities in public health practice. As students present their weekly Public Health in the News (PHITN), there is a plenary discussion about the role of disparities, the significance, and relevant, required intervention ideas for the public health problems (disparities), which are presented.</p> <p>Also, there is critical thinking applied by learners through discussions and completion of laboratory activities (case studies) and the role of disparities in study designs along with the need to include underrepresented populations in research; the absence of which will not extend research benefits to all and will likely continue leading to non-generalizability of results. Further, there is a class discussion on social and behavioral epidemiology; students engage in a learning activity to explore the issue of health</p>

		disparities and health inequities for <i>Deamonte Driver</i> , as it relates to lack of access for pediatric dental services in Prince George’s County, MD and the relevant legislation enacted. Student final projects can also focus on health disparities allowing in-depth exploration of research papers and interventions to reduce health disparities.
PH 303	Regulatory Dimensions of Public Health	Students engaged in a learning module about the Social Determinants of Health and their relevance to health disparities and health inequities through pertinent health care delivery services; Social Determinants of Health (SDOH) conditions are drivers that influence each individual’s general health, well-being and overall quality of life.
PH 445 A / PH 446 A	Public Health Capstone Experience 1A/2A	During the two-semester practicum experience, students apply public health knowledge and practice at a local organization/agency as service-learning. For the culminating project, they completed a program evaluation research paper and plenary presentation that incorporates an analysis of which social determinants of health are being addressed by the local program, the program’s effectiveness, and how the community agency is addressing health disparities among the intended target population through delivery of the 10 EPHS.
PH 445 B / PH 446 B	Public Health Capstone Experience 1B/2B	During the second portion (of the capstone experience) of a two-semester course sequence, public health students are required as part of their course work to attend weekly seminars where they present public health practice issues and discuss course required readings that include topics on health disparities and health equity and how these issues are addressed in their practicum experiences. The class had a presentation by Danielle Haskin, Director of the Frederick County Health Department, on local strategies to address equity in the Frederick Community.

HOOD COLLEGE SOCIAL WORK CURRICULUM

The social work curriculum prepares students to be generalist practitioners. As a part of their coursework, social work students take several sociology courses that introduce them to social disparities to prepare them to apply their learning to more specific inequalities and their consequences, such as health disparities. These Sociology courses include Introduction to Sociology (SOC 101), Social Problems (SOC 215), Social Inequality (SOC 300), and Ethnicities in the U.S. (SOC 323).

These are examples of some of the specific social work courses and units dedicated to health disparities within the curriculum:

Course Number	Course Title	Health Disparities Connection
SOWK 201	Introduction to Social Work and the Human Services	<p>Throughout the course, students explore the effects of identity on access to healthcare, education, and other systems. In a unit on Healthcare, for example, students accomplish the following objectives:</p> <ul style="list-style-type: none"> • Recognize health disparities, stigma, and ethical dilemmas within health care. • Identify current issues facing healthcare, such as access issues and equitable treatment. <p>To reach these objectives, we examine how the Affordable Care Act and other relevant social policies address access, quality, and healthcare costs in the U.S. Students debate the question “Is healthcare a right or a privilege?”</p> <p>Students participate in classroom exercises on income inequality and health outcomes. Students compare health outcomes in the U.S. with those in other countries and reflect on the causes of such disparities.</p>
SOWK 325	Community Behavioral Health	<p>Health disparities associated with diagnoses of serious mental illnesses are presented in lectures, case study assignments, and videos. Students learn about medical co-morbidity (cancer, cardiovascular disease, diabetes, and substance abuse), premature death, issues associated with race and poverty, the impact of stigma on healthcare access, and the criminalization of mental illness, and apply this content to case examples, movies, and in-class activities.</p>
SOWK 327	Gerontological Social Work Practice	<p>Throughout the course, students study the effects of social determinants of health on aging. In a unit on the biological effects of aging, for example, students read about social determinants in the textbook “Aging and social policy in the United States” by Nancy Kusmaul (2022). In class, students take a quiz on the reading and examine the effects of these determinants on chronic conditions in class discussions. We examine the effects of one’s genetics, physical environment, social and economic factors, and access to care on longevity.</p>
SOWK 345	Human Lifecycle and the Social Environment	<p>In this course, students learn about ecological and systems theories and the effect of one’s environment on the life course. Students identify the risk and resiliency factors associated with adverse childhood experiences (ACEs) and the effects of ACEs on health outcomes.</p>

———— Johns Hopkins University ————

Johns Hopkins University has taken to address the reduction of health disparities as part of our educational offerings. Hopkins hosts a myriad of health care programs with most being offered through the Bloomberg School of Public Health, the School of Medicine, and the School of Nursing. Each of these schools provides a range of curricular and experiential offerings carefully designed to prepare culturally competent future health care professionals to understand and actively address health care disparities. A sampling of these is included in the attached table (Table 2: JHU Course Sampling).

Additional to these courses, the University offers programs that directly address health disparities. These include the Post Baccalaureate Certificate in Public Health Training for American Indian Health Professionals (<https://e-catalogue.jhu.edu/public-health/certificates/ph-training-for-american-indian-health-professionals/>) and the Post Baccalaureate Certificate in Health Disparities and Health Inequality (<https://e-catalogue.jhu.edu/public-health/certificates/health-disparities-and-health-inequality/>).

The University held to the high diversity and inclusion standards required by all the specialized accreditors that accredit our various healthcare programs. Given those requirements and our internal focus on diversity and inclusion, we are confident that our Hopkins-trained healthcare providers possess the knowledge, skills and abilities necessary to meet the needs of their patients regardless of socioeconomics and cultural backgrounds.

Table 2: JHU Course Sampling

Course Title	Course Description	Degree Level	# of Course Credits
PH.410.611. Under Pressure: Health, Wealth & Poverty	Explores the relationship between health, wealth, poverty, and public policy in the U.S. as well as internationally; assesses past and future strategies to remedy inequities in health and health care. Addresses theories of social class; distribution of poverty across gender, age, and ethnic/racial groups; antipoverty programs and their effects; effects of changes in health care organization on the poor; and possible modifications to provide greater equity. Investigates how a dramatically changing media landscape influences patterns of belief about the causes of poverty and its remedies. Synthesizes scientific evidence with a variety of genres and disciplines including: history, psychology, political science, religious thought, philosophy, geography, literary theory, popular culture, film/media studies, and music.	Masters	3
PH.221.664. Prevention of Unintentional Injuries in American Indian Communities	Introduces the basic skills and knowledge required to address the injury burden in the Native American Community. Based upon the nine Core Competencies for Injury and Violence Prevention, provides students with opportunities to practice these skills through application sessions. Prepares students to enter a network of injury prevention colleagues with a specific interest in the prevention of injuries in the Native American community.	Masters	2
PH.224.694. Mental Health Intervention Programming in Low and Middle-Income Countries	Introduces students to mental illness symptoms and syndromes found across contexts and the variety of strategies used to treat such symptoms. Discusses mental health services as an integral part of global health program development. Addresses methods of adapting and developing interventions in low-resource countries and humanitarian contexts, as well as research designs used to evaluate these interventions. Challenges students to use critical and creative thinking skills throughout to discuss the issues involved in this relatively new field. Focuses on cross-cultural challenges in conducting mental health research in these settings. Topics covered include an overview of mental health issues in low-resource countries and humanitarian contexts; cross-cultural challenges; developing, modifying and disseminating prevention and intervention.	Masters	3

— Notre Dame of Maryland University —

NOTRE DAME OF MARYLAND UNIVERSITY SCHOOL OF NURSING

Grounded in Caring Science, the School of Nursing's curriculum emphasizes students' role in advocating for clients and disrupting injustices. In the classroom setting, students engage in stimulating and reflective classroom discussions to examine what is a disparity and their understanding of how disparities become a reality among diverse groups. With a broadened perspective about social determinants of health, students analyze the effects of social determinants of health on individuals' quality of life and well-being.

Assignments that engage students in activities to promote health of populations are interweaved throughout the curriculum. Students create an original health promotion presentation to communicate education information to clients, while considering each of the Healthy People 2030 goals. Students work to design the ideal retirement environment for the aging population, with special consideration of the physical and mental health of aging populations and how social disparities will affect client outcomes. To instill the value and need for change agents in the health care setting, students learn and implement a stepwise process for gathering, critiquing, and synthesizing evidence to improve outcomes and reduce health disparities, culminating in an end-of-semester presentation.

Additional assignments focus on the five social determinants of health areas, whereby, students deliberate why Maryland, and the nation should consider the topic a health priority. Student groups present a summary of a windshield assessment of a Baltimore neighborhood, then in a classroom setting relay the story of the neighborhood, its primary health concerns, and appropriate nursing interventions based on the health needs, strengths, and/or challenges of the community. The nursing students describe how their projects and assignments addressed strategies to reduce health disparities.

Students investigate the social determinants of health in an *interprofessional* collaboration experience with Occupational Therapy (OT) and Physician Assistant (PA) students using patient case scenarios in which patients are managing acute and chronic conditions with limited access to care and social support. The nursing students, PA and OT students create a plan of care for each patient that attends holistically to their social and medical needs. Senior year students participated in an interprofessional collaboration experience with Loyola University Maryland, Speech and Language Pathology students and Psychology students entitled *Enhancing Teamwork and Collaboration among an Interdisciplinary Team for a Patient*. Additionally, junior year students collaborated with Nursing Assistant students from the Caroline Center for a simulation and skills day. Each of these are aimed at addressing social determinants of health such as financial well-being, work environments/lifestyle factors, poverty, and social support systems pertinent to the patient in the case study are discussed.

The School of Nursing partners with clinical agencies that are congruent in mission to serving all persons with special attention to those who are poor and vulnerable, with the ultimate goal of transforming healthcare. Experiences in the clinical setting and the Center for Caring Technology (also known as the Clinical Simulation Lab) prepare future nurses and advanced practice specialties to care for individuals, families, and communities faced with multiple health challenges,

allowing for a deepened understanding of the social determinants of health and how these factors can be mitigated by quality care across the continuum of healthcare settings. Students participate in teaching projects in various clinical settings that focus on coping strategies, health promotion, and safety issues relevant and appropriate for patient populations. Utilizing the nursing process and caring presence, in conjunction with evidence-based resources, life span considerations and social disparities are addressed.

Students attend the Laurel Advocacy & Referral Services, Inc., the Franciscan Center, and the Asylee Women Enterprise, participating in activities that serve to positively affect participants and also the agency's day-to-day operations. These activities include volunteering for food runs, sorting through donations, and conducting health education sessions. At the end of the clinical experiences, students reflect on what they learned about themselves within a framework of implicit bias and stereotypes. Additionally, students describe ways to address health disparities as a public health nurse.

The funding from the Health Resources & Service Administration's Advanced Nursing Education Workforce (ANEW) Program continues to allow Notre Dame to support scholarships and help cover tuition and fees for up to 100 students enrolled in the School of Nursing's Adult Gerontology Primary Care Nurse Practitioner and Family Nurse Practitioner master's programs over the next three years. The inaugural class of eight students will graduate in December of 2025. Given the significant health disparities in Baltimore, the next generation of nurses must be multi-skilled, culturally diverse practitioners, prepared to address problems in Notre Dame's own backyard of Baltimore City. The grant also continues to support the SON faculty, clinical faculty, and preceptors, to engage in professional development. This equips them to serve as academic and professional role-models, supporting students with diversity and inclusion at the forefront of all initiatives.

NOTRE DAME OF MARYLAND UNIVERSITY SCHOOL OF PHARMACY

Since the School's inception in 2008, cultural competence has been a hallmark of the SOP curriculum, and the development of students as caring healthcare professionals is an important component of the program. The program strives to prepare students to respond effectively to patients of diverse backgrounds and provide appropriate care on the basis of these differences. Helping students to appreciate cultural differences, overcome negative perceptions and stereotypes, and effectively interact with diverse patients are important goals that are accomplished in the didactic, experiential, and co-curriculum.

Co-curricular (3 hours per semester) and service learning (*AdvoCaring*, 5 hours per semester) requirements are important components of P1 through P3 years that provide opportunities for students to apply concepts, skills, and knowledge learned in the didactic curriculum with the values and behaviors of culturally competent pharmacists. Launched in 2009, *AdvoCaring* is a longitudinal, service-learning program aimed at helping students meet the needs of the underserved in Baltimore and advocate on their behalf. It is grounded in the University's mission of involvement in community activism and meeting the special needs of the underserved. During the P1 year, students perform a needs analysis for their *AdvoCaring* sites, incorporating information from various stakeholders. The analysis includes health literacy and other factors that may hinder communication and understanding. It helps students understand what clients need and value most

and what communication barriers may be present. Students then create effective initiatives that can improve outcomes. Some examples of agencies include Esperanza Center, which provides social and medical services for immigrants/non-English speakers, and Helping Up Mission, which provides services for clients who are poor, homeless, and struggling with addiction/substance abuse.

In the didactic curriculum, activities help students connect what they are learning in the classroom to direct patient care. The “Environmental Determinants of Health” project in *Public Health* (PHRD 507) explores cultural sensitivity by requiring students to complete a “windshield observation” in which they drive through and observe communities along a designated route. They gain an appreciation and understanding of the social and environmental determinants of health in Baltimore. The development of cultural competency in the PHRD 510 *Longitudinal Care* is a good example of working directly with seniors who may have various health and social needs as the students visit them on a regular basis.

Recently, SOP has undergone a curriculum revision for the Class of 2028; however, it kept a majority of the instructions and activities related to cultural competence including “BAFA Cultural Competency Activity” in the *Pharmacy Fundamentals I: Professional Identity* course and “Social Determinant of Health” in the *Public Health* course, and “Diversity, Equity, and Inclusion” from the *Human Resources Management* course.

Through the use of role-plays and standardized patients, students learn how to communicate in a range of practice situations in the *Pharmacist Care Laboratory* (PCL) sequence. In PCL III / IV, students are assessed on patient communication of specific medication dosage forms, new prescriptions as well as pharmacist-recommended self-care therapies. These are graded by faculty and standardized patients for empathic and patient-centered communication. This is completed with a standardized rubric that is used in the sequence.

In experiential learning, students are also evaluated on their ability to effectively educate patients and advocate for patients in all rotation types. Two areas that every student is evaluated for each Advanced Pharmacy Practice Experience (APPE) include the demonstration of competence in effective communication based on cultural differences, evaluated by each preceptor: *Demonstrate sensitivity to and adjustment of communication based on contextual or cultural factors (show respect for different backgrounds; treat each person with respect)* and *Adjust communication based on contextual and cultural factors*. The P4 Capstone also requires students to implement a comprehensive service project for their *AdvoCaring* agency. As a form of continuous quality improvement, students and faculty are expected to continually assess and adapt to the needs of the agencies and clients they serve.

NOTRE DAME OF MARYLAND UNIVERSITY OCCUPATIONAL THERAPY PROGRAM

The Occupational Therapy (OTD) program supports one of the tenets of the NDMU mission statement as well as the mission statement of the program itself. The Social Responsibility & Occupational Justice and fieldwork focused on community practices allow the student to elevate their level of discernment regarding social determinants of health, understand how culture and biases impact health outcomes of the marginalized clients’ ability to engage in occupations fully,

obtain medical, public health and mental health services including the impact of socio-economic status on the clients' housing (environment), and well-being. Students complete the intercultural developmental inventory to understand themselves better and how they are apt to interact with other cultures. Throughout the course and fieldwork experiences, students complete interviews among persons from different cultures and ethnicities and develop skills to advocate for the socially oppressed client. Students are engaged in reflective assignments and activities to identify their biases and origins. At the conclusion of the assignments, reflections, and intercultural assessment, students develop a personal plan to reduce their biases and increase their self-improvement and intercultural competency. The social responsibility course is offered in the first year in the first semester. The focus and principles of the course and fieldwork experiences continue throughout the OTD curriculum.

NOTRE DAME OF MARYLAND UNIVERSITY PHYSICIAN ASSISTANT STUDIES DEPARTMENT

The Notre Dame of Maryland University - Physician Assistant Studies (PAS) Program was awarded *Accreditation – Provisional* status by the Accreditation Review Commission for Education of the Physician Assistant (ARC-PA) during its June 2023 Commission Meeting. One of the ARC-PA standards that had to be met to be awarded this accreditation is “Standard B2.06(f)...The curriculum *must* include instruction to prepare students to provide medical care to patients with consideration for: f) social determinants of health.”

To meet (and exceed) this standard, the NDMU PA Studies curriculum incorporates the following instructional objectives, across the courses identified below, which all PAS students must successfully complete:

1. PAS514: Behavioral Medicine I

- Explain effective screening for social determinants of health (i.e., no access to food or shelter, unemployment, disability).
- Discuss at risk populations such as the homeless and teenage runaways, chronic illness, disability, LGBTQ youth and the impact on mental health.
- Describe the special considerations needed for adolescents and intimate partner violence as it relates to psychosocial issues within the LGBTQ community.
- Describe how a patient's religion/spirituality may impact seeking health care.
- Discuss spirituality influence on patient's desire for treatment.
- List alternative treatments to mental health (alternative healers) as related to cultural beliefs.
- Explain effective screening for social determinants of health (i.e., no access to food or shelter, unemployment, disability).

2. PAS530 Clinical Specialty-Geriatrics

Describe the domains in the geriatric assessment, including medical, cognitive, psychological, functional, and social domains (social determinants of health).

3. PAS 532 Patient Evaluation and Clinical Reasoning III

- Describe the roles of history, power, privilege, prejudice, racism, and inequality in producing health inequalities.

- Describe the impact of linguistic competency, cultural competency, cultural humility, and health literacy in health practice.
- Describe culturally appropriate communication and interpersonal skills in engaging with diverse individuals to promote positive health outcomes.

The bulleted items provided above are a representative sample of where and how, within the PA Studies curriculum, its courses and associated learning outcomes cover social determinants of health topics. To successfully complete the NDMU PA Studies program, each student is required to attain the skills and knowledge stipulated, as presented across the entire PAS curriculum. This includes a practical understanding of the various determinants of health and disease – and how the future practice of each NDMU PAS graduate has been influenced to consider and positively impact the social determinants of health that affect certain patient populations.

Stevenson University

STEVENSON UNIVERSITY BERMAN SCHOOL OF NURSING AND HEALTH PROFESSIONS

The undergraduate and graduate programs in the Berman School of Nursing and Health Professions contribute to reducing health disparities using varied approaches, which include assigned student readings, discussions, written assignments, simulations, and practical experiences.

STEVENSON UNIVERSITY MEDICAL LABORATORY SCIENCE (MLS) BACHELOR OF SCIENCE (BS) PROGRAM

Students are prepared to contribute to decreasing health disparities through a series of learning experiences embedded into the curriculum of the Bachelor of Science in Medical Laboratory Science (MLS) program. Various program activities and course requirements expose students to issues related to providing healthcare services to diverse patient populations. For example, faculty teaching *MLS 430: Professional Research and Writing* introduce a high-fidelity critical care simulation scenario where MLS students work collaboratively with students enrolled in the traditional baccalaureate degree in nursing (BSN) program. The combined student group is asked to recognize and effectively manage a situation involving diverse patient populations who are experiencing health alterations and consider unique implications for healthcare delivery.

Additionally, the *MLS 311 and NURS 311* courses, titled *Communication and Cultural Competence in Health Care* are cross-listed in both undergraduate nursing and MLS programs. This cross-listed course is designed to address cultural awareness, health disparities, competence, and interprofessional collaboration in healthcare settings. One key assignment in the course involves students participating in a Patient Education Project in which they explain a specific disease in lay terms with the goal of removing barriers to patient care. Students focus on using theoretical models and assessment tools to examine cultural beliefs, values, practices, legal-ethical concerns, and communication issues which impact the health of individuals, families, and groups. Developing students' intercultural knowledge and competence in this course equips them with the ability to identify cultural patterns, meaningfully engage with individuals from diverse backgrounds, and respond to diverse perspectives with empathy, as articulated by the American Association of Colleges and Universities Civic Engagement (AACU) VALUE Rubric (2016). The cross-listed MLS / NURS 311 course was awarded *Intercultural Knowledge and Competency (IKC)* certification by Stevenson University in 2023. The IKC is an internal University-wide initiative that supports exposure to cross-disciplinary perspectives through the intentional design of curricula to promote student development of cultural competencies.

STEVENSON UNIVERSITY NURSING: BACHELOR OF SCIENCE (BS) PROGRAM

In the undergraduate nursing program, students enrolled in both the entry-into-practice (EIP) nursing and the Associate to Bachelor's (ATB) baccalaureate degree pathways are prepared to deliver care that supports the goals of reducing health disparities. Students are introduced to the U.S. Department of Health and Human Services' Office of Disease Prevention and Health Promotion's *Healthy People* initiative. The Healthy People initiative is primarily discussed in two courses: *NURS 310: Introduction to Clinical Nursing* and *NURS 410: Care of Vulnerable Populations in the Community* when students complete a "deep dive" into the history of the

initiative and each decade's focus (currently *Healthy People 2030*). One focus of these discussions is the role of the nurse as a patient advocate (*NURS 310: Introduction to Clinical Nursing*). In this course, students learn the importance of health literacy as a social determinant of health and discuss healthcare quality, safety, nursing and healthcare research, and their implications for vulnerable populations.

In 2023, Stevenson Nursing faculty developed a simulation on cultural competence for our incoming nursing students in their First Year Seminar class. This simulation experience provided students with the opportunity to interact with persons from a variety of different cultural groups. This simulation, "Professionalism and Communication Simulation for Freshman Pre-nursing Students," has been accepted for publication in the *Clinical Simulation in Nursing Journal*.

Additionally, the *NURS 424 and 410: Care of Vulnerable Populations in the Community* courses address the concept of health disparities in both classroom and clinical settings. Students engage with health disparities course content regarding socioeconomic factors that impact health and healthcare, at-risk populations, and the professional nurse's role in reducing health disparities. Alongside a registered nurse, students apply their learning in a variety of community-based healthcare delivery settings by engaging in clinical experiences that focus on health promotion and maintenance activities. Among these experiences is participating in healthcare delivery in community-based clinics, occupational health settings, schools, and participating in community health fairs conducting health screenings and providing patient education. In these diverse settings, students witness health disparities firsthand. Faculty facilitate discussions and debriefing during post-clinical conferences to enable students to reflect, apply didactic content in the clinical setting, and further enhance their learning and competence in decreasing health disparities. In these courses, students also explore global health initiatives and their impact on population and community-based health and healthcare services. While enrolled in *NATB 315: Information Technology in Nursing and Healthcare*, students complete a written assignment focused on how technology and telehealth services can bridge gaps in access to healthcare services for disadvantaged, underserved, and vulnerable individuals, populations, and communities.

For students in the undergraduate Registered Nurse to Bachelor's (RNBS) nursing program, two courses (*NURS 330: Health Assessment* and *NURS 312: Physical Assessment and Pathophysiology*) include course content that addresses cultural diversity, including case studies and discussions regarding tailoring care for patients from diverse ethnic backgrounds. Students examine how race, ethnicity, and culture influence health, healthcare needs, and healthcare delivery approaches among patients from diverse backgrounds, including conducting physical assessments and diet/nutrition planning and teaching amongst diverse ethnic populations and faith-based patient groups.

STEVENSON UNIVERSITY NURSING: MASTER OF SCIENCE (MS) PROGRAM

Graduate students in nursing are prepared to contribute to decreasing health disparities by engaging with a variety of course-assigned readings, discussions, and written assignments. For example, all graduate nursing students take the *NURS 547: Global Healthcare Perspectives* course. In this course, learners examine health disparities, global health patterns across the lifespan, and the *United Nations' Sustainability Development Goals (SDGs)* and focus on the global impact of chronic diseases on individuals, communities, and populations. Learners complete a written

assignment when they choose from among several book options on which to complete a book analysis. This analysis involves reviewing the book's thesis and critically appraising its relationship to the SDGs or within another global health context.

Specifically, in 2023, the program focused on inclusive language. Inclusive language was incorporated into all course materials and students were required to include it on all assessments. Additionally, in their Practicum course, several students prepared projects on cultural competency and other health disparities and produced educational materials that benefitted local community college students, a hospital, and a county department of health. Learners are also asked to compare and contrast the mission and work of professional nursing organizations, including the International Council of Nurses (ICN) and the American Nurses' Association (ANA) in reducing health disparities and improving health globally.

Additionally, nurses enrolled in the Master of Science in Nursing, Population-Based Care Coordination track directly focus on addressing health disparities by learning to identify health disparities among vulnerable populations across all healthcare settings. Learners focus on the importance of advocacy and strategies to address identified health disparities in individuals and populations by exploring topics such as social determinants of health, professional and legal issues impacting vulnerable populations, and how healthcare and other policies might further perpetuate health disparities. Assignments encourage interdisciplinary, team-based solutions and the opportunity for the nursing profession to contribute to reducing health disparities.

STEVENSON UNIVERSITY BROWN SCHOOL OF BUSINESS AND LEADERSHIP (BSOBL)

The undergraduate and graduate healthcare management programs in the BSOBL contribute to reducing health disparities using varied approaches, including students taking formal courses, completing internships, and participating in co-curricular activities that focus on improving access to care, raising awareness about disparities in healthcare, strengthening relationships between patients and healthcare providers, and using data and statistical analysis to identify and address disparities between populations.

STEVENSON UNIVERSITY HEALTHCARE MANAGEMENT (HCM): BACHELOR OF SCIENCE (BS) PROGRAM

The BS in HCM program has an interdisciplinary curriculum with seven separate courses that specifically address cultural competency and health disparities: *HCM 208: Healthcare Ethics and Law*, *CHS 220: Diversity and Cultural Competence*, *CMH 210: Introduction to Community Health*, *HCM 310: Theories and Practice of Healthcare Management*, *HCM 312: Managing Healthcare Personnel*, *HCM 400: Professional Development for Healthcare Managers*, and *HCM 417: Healthcare Management Internship*. Students also have opportunities outside of the classroom to engage in service-learning projects, attend career pathways presentations, and participate in co-curricular events. For example, students in HCM 208 complete four case studies that underscore the importance of considering the legal and ethical issues in healthcare today, with a focus on discrimination and integrity in the field. In CMH 210, students are exposed to the concept and definition of health disparities, as it relates to community and public health. In *HCM 400: Professional Development for Healthcare Managers*, students review healthcare policy and complete the IHI certification that focuses on many topics including patient safety, cultural

impacts, and patient centered care. In *HCM 417: Healthcare Management Internship*, students work with a variety of employers and many types of patients and constituents, including at-risk populations.

STEVENSON UNIVERSITY HEALTHCARE MANAGEMENT (HCM): MASTER OF SCIENCE (MS) PROGRAM

The MS in HCM program is designed to prepare culturally competent healthcare management professionals through courses where students learn about health disparities and how to address them.

In *HCM 600: Managerial Epidemiology and Statistics*, for example, students are required to complete an original research paper analyzing chronic diseases and differences in care and outcomes between populations. Throughout *HCM 662: Quality Management in Healthcare*, students examine the current state of healthcare and address ways to solve problems related to health disparities through case studies. In *HCM 669: Patient Advocacy for Healthcare Quality*, students interact with and interview a patient advocate to learn about barriers to care and other health disparities, and how to better advocate for the marginalized groups. *HCM 700: Internship in Healthcare Management* places students in various public health institutions, including the Maryland Department of Health, where they gain experience in identifying and addressing health disparities via state and county programs. Examples from past internships include working with children and youth with special healthcare needs and the Maternal Child Health Bureau.

———— Washington Adventist University ————

At Washington Adventist University, actions to reduce health disparities include but are not limited to the implementation of a new 24/7 telehealth e-resource. The resource is called UWill (formerly Virtual Care Group). This resource was launched in August 2024. It provides comprehensive health care to our institution's diverse complement of students. This care includes not only availability for the treatment of acute health care needs but also provides preventive well-being care. In addition, the resource provides counselors and psychologists who are accessible 7 days a week, 24 hours a day to provide "just in time" intervention - thereby ensuring the vibrancy and mental health of our students. Furthermore, student access to this resource is enhanced through the use of a QR code. Students overwhelmingly give the highest satisfaction ratings to this credible, esteeming, accessible, comprehensive and effective service.

In addition, the concepts of Health Care Disparities continue to be taught throughout our University's nursing curriculum. These concepts are described in NURS 222 Fundamental of Nursing Practice as noted in the course objective “Describe socio-cultural components of health, illness, and caring patterns.” A co-requisite of NURS 222 is NURS 244 Health Assessment. In this class, a learning objective is to “utilize the nursing process to achieve the goals of Healthy People 2030 to address the health needs of individuals and families.” Furthermore, in one semester, the concept of Health Care Disparities and the full impact of these disparities is taught in the course designated as NURS 478 (Healthcare Policy and Politics). In this course, four out of seven objectives directly or indirectly address health care disparity through concepts such as social justice, economic impacts on health care, and an ethical framework for vulnerable populations. Finally, it is significant to note that the Washington Adventist University Nursing Curriculum has been reviewed and is approved by both the Maryland Board of Nursing and the Commission for Collegiate Nursing Education.