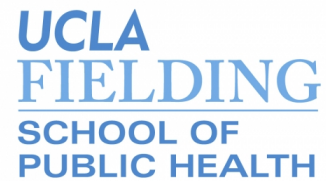


**UCLA Fielding School of Public Health  
Department of Health Policy & Management  
Health Policy & Management 206  
Health Care for Vulnerable Populations  
Winter Quarter 2019**



**Meetings:**

**Monday 2-4:50 pm  
Classroom PUB HLT 31262 (HPM Library)**

**Class website:**

**<https://ccle.ucla.edu>**

**Instructor:**

**Arturo Vargas Bustamante, PhD, MPP**  
Associate Professor, Health Policy & Management  
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Office hrs: Mondays (1-2 pm) and Tuesdays (10-11am).

**Syllabus**

**Course Objectives:**

Upon completion of this course and in accordance with the **Association of School's of Public Health (ASPH's)** and the Department of Health Services' Core Competencies student should:

- Be able to define & describe vulnerable population groups within the healthcare system (E.2., G.1.)
- Identify socio-economic-political factors associated with the healthcare vulnerability of various populations (E.2., G.1.)
- Understand issues that affect access, quality, and cost of health care for vulnerable populations (E.2., G.1., G.7.)
- Compare and contrast selected health issues with a vulnerable population from a regional, national, and international perspective. (L.9)
- Conduct health policy analyses of major issues in public policy affecting the U.S. health care system and relate them to vulnerable populations (D.4., E.5, E.7, E.10., J.4)
- Identify and analyze innovative health policy and management options for addressing the needs of specific vulnerable populations and of vulnerable populations in general. (D.4., E.4., E.7, E.10., G.9., J.4)
- Develop policy and management alternatives to address the needs of specific vulnerable populations G.10)

## Assignments

- **A policy brief (25%)**

Since policy briefs are such an important communication tool to advance legislation, policies and programs to improve health care for vulnerable populations, one of the main assignments in HPM206 will be to draft a 5-7 page policy brief related to health care for vulnerable populations either domestically or internationally. You should first identify a problem related with health care delivery to a specific population considered vulnerable. The second part of your brief should identify policies, programs and/or other strategies to address the problem you define. You can choose among a diversity of topics:

1. **In-deep exploration of a topic covered in HPM206.** Your brief, however, should not be identical to the topics planned for this class. While your briefing can somewhat overlap with the scheduled topics for this class, it should add to its contents in at least two ways. Your topic could focus on a sub-population that is not discussed in class. Alternatively, it can explore a different U.S. region or country where the topic discussed in class could have different characteristics or implications, or where interesting policies/programs to provide health care to vulnerable populations have been implemented.
2. **Topic not covered in HPM206.** Explore new vulnerable populations and interesting programs/policies to reach them domestically or internationally that were not covered in this class.

Your 5-7 page policy brief must not exceed 2,500 words and you must include at least 10 sources from the scientific literature (e.g. Health Affairs, Health Services Research) or from respected, non-partisan and widely known periodicals (e.g. New York Times, The Economist, Kaiser Family Foundation, Commonwealth Fund) to back up your statements. You'll need to select a topic early in the quarter. A sign-in sheet would be available every class for you to sign-in, edit or change your topic. **It is encouraged that you make your mind early in the quarter and that you reserve your topic right away, since no overlapping topics would be allowed.** You are encouraged to read all the resources from the "WCHPC – Writing Policy Briefs" of the Bloomberg School of Public Health. This assignment will account for **20%** of your final grade.

- **Class presentation of policy brief (20%)**

In the real world, the content of policy briefs is usually presented to decision-makers, stakeholders and the media in public events called policy briefings. To develop this skill, each student will present their policy briefs in a simulated policy briefing (~10 minutes + 5 minutes for Q&A) in the form of an oral presentation to the rest of the class. This presentation has the purpose of educating the whole class on the particular topic related to health care for vulnerable populations that you addressed in your policy brief. To outline your policy briefing you would be required to follow the instructions the "Guidelines for Policy briefings" published by RAND Corporation. This assignment will account for **20%** of your final grade.

- **Leading class discussion (20%)**

This class is discussion-based (i.e. **not lecture oriented**) with a focus on practical applications to reach vulnerable populations domestically and internationally. Consequently, all students will be

asked to lead and moderate discussion at least once in the quarter. A sign-up sheet will be available on the first day of class to choose a class to lead/moderate discussion. Each student is expected to lead or co-lead class discussion at least once. To lead class discussion you will need to draft a presentation that includes the following sections for each paper presented:

- A. Introduction (maximum 2 slides)
- B. Summarize the main parts of the reading (maximum 3 slides)
- C. Identify the 3-5 major discussion points of each paper (maximum 2 slides)
- D. Policy Implications for Vulnerable Populations (maximum 3 slides)

- **Posting discussion points (20%)**

Students who are NOT leading or co-leading discussion will post a critique for each paper in the discussion forum of the class website. This critique can be posted anytime, but the deadline is 24 hours before each class (Sunday by 2pm) to give enough time for presenters to summarize the class views or highlight relevant points the following day.

Paper critiques should have the following sections:

1. Identify the 2-3 major discussion points from each paper. Begin your discussion point providing a brief background of the argument or issues that motivated your discussion question. Build up an argument that would help you state a well-rounded discussion question (use bullet points).
2. How would you outline a response to a specific situation described in the paper.

Students are expected to do all the required reading to pass the class. If students have to miss a class they are still expected to do the class reading and post their paper critiques in the class website by Sunday 2pm.

Each class will be divided in two parts:

a) **Presentation and discussion of assigned readings (1 hour and 20 minutes):** The in-class presentation of one of the assigned readings should describe the paper objectives, study population, methods, main findings and policy implications. Once all required papers are presented in the first 40-minutes, a 40-minute discussion will continue with the rest of the class, focusing primarily on the papers that were assigned for that day. The instructor and the presenters will include audiovisuals to complement the learning experience.

b) **Case study discussion (1 hour and 20 minutes):** After a 10-minute break, a case study dynamic will put in place different dynamics where lecture concepts and frameworks will be used in practical situations. During the case study dynamic, the instructor will raise specific question (i.e. everyone in the team can answer) and all students will be invited to ask questions and to participate in the discussion.

- **Class participation, attendance & discussion (15%)**

Your lecture participation and attendance will count towards the final grade. The participation grade will not be defined in terms of quantity, but in terms of quality. Students are expected to read the assigned readings and come prepared to discuss them in class. Attendance will be

tracked. You may have up to one unjustified absence from class without some form of official justification (e.g. health care provider note, conference presentation letter).

**\*\*\*Please Note: Justifying absences only apply after you have been absent once. In other words, please don't justify your absences until you need to miss a second class during the quarter \*\*\***

You are expected to arrive to class on time and to leave by the end of it (4:50pm) to receive appropriate credit for full class attendance. You are expected to be present on the day you committed to lead and moderate discussion and when student presentations are scheduled. If something serious comes up in your life that requires you to be away from school, please let the instructor know as soon as possible.

### **Academic Integrity and Appropriate Credit**

All students enrolled in this course should be familiar with the **UCLA Student Conduct Code** (<http://www.registrar.ucla.edu/>), and should avoid all types of student academic misconduct behaviors.

**Class discussion:** All points of view are welcomed in class, and we want the class to be a safe environment that encourages the free exchange of ideas and critical thinking. We expect that everyone will be respectful of differing viewpoints. Because one purpose of this class is to encourage critical thinking, please be receptive if fellow students or the Instructor voice their thoughtful disagreements with a statement, but all of us should do so in a respectful manner that encourages free expression of ideas.

**Disability accommodations:** Students needing academic accommodations based on a disability should contact the Center for Accessible Education (CAE) at (310) 825-1501 or in person at Murphy Hall A255. When possible, students should contact the CAE within the first two weeks of the term as reasonable notice is needed to coordinate accommodations. For more information visit [www.cae.ucla.edu](http://www.cae.ucla.edu)

### **Practical matters**

1. Your name, student ID and word count must be reported in all deliverables. To count the words in your documents in Microsoft Word, go to Tools and click "Word Count". Please report the number of **words**, not characters.
2. You are allowed to use your laptop computer or tablet in class. However, you can only use it to take notes, to investigate resources related to the materials being presented or discussed in class. **The use of cellphones/smartphones is not allowed during class.** Please make sure to shut them down before you get into class to avoid distractions or interruptions.

**\*\*\*\*HONOR CODE RULE: We expect your full and devoted attention during class. Thus, during class you are NOT allowed to:**

- a. Visit or update your status on social media places
- b. Use any type of chat service

- c. Check or answer email
- d. Do work for other classes
- e. Visit unrelated Internet sites (e.g. booking traveling, online shopping)
- f. Read any type of electronic or printed material that is unrelated to class
- g. Use your cellphones/smartphones
- h. Text

**Those who are identified in violation of this honor code will be subject to sanctions in their class participation grade\*\*\*\*\***

3. The Instructor receives many emails daily. Some of these emails get lost or may not even be opened, especially if they come from unreliable sources. To ensure that all your emails are read, always write the following headline in the subject header line:

<HPM206> Then write the purpose of your email.

If this header is not written in the subject line of all your emails to the Instructors or the TAs, your emails may not be read. Emails without a subject header will be automatically deleted to avoid the spread of computer viruses. Be advised that the Instructor can be expected to check email only once per day. Please allow at least 24 hours for him to respond. If you email us during the weekend, please do not expect a response until Monday. If you email questions that require an elaborated answer, it is preferable that you attend office hours to receive a proper response.

## Grading

The allocation of the course grade is the following:

- 25% for policy brief
- 20% for class presentation of policy brief
- 20% for leading class discussion
- 20% for posting discussion points
- 15% for class participation, attendance and discussion.

## Resources

Research and Development (RAND), "Guidelines for Preparing RAND Briefings", report, Communications Consulting Group and RAND Publications Department, 1994.

All class readings are available online and they are available in the class website

## Course Schedule:

Week	Date	Session	Assignment Due
1	1/07	Course Overview: Identifying Vulnerable Populations & Healthcare Issues	Sign in sheets: Policy brief &

		Discussion: Policy Brief and Research Prospectus guidelines	class moderation
2	1/14	Racial/ethnic minorities and immigrants	
3	1/21	Holiday	
4	1/28	Socio-economic status/poverty	
5	2/04	Crisis-affected/hard to reach populations	
6	2/11	Age & gender/veterans and military families	
7	2/18	Holiday	
			Policy brief due by 5 pm
8	2/25	Emerging models of care to reach vulnerable populations	
9	3/04	Disability/incarcerated populations	
10	3/11	Policy brief presentations	

## Readings:

### Week 1: Course Overview

#### Week 1: Identifying Vulnerable Populations & Healthcare Issues

##### A. Class discussion articles:

Mechanic D, J. Tanner (2007) "Vulnerable People, Groups, and Populations: Societal View." *Health Affairs*, 26(5), pp. 1220-1230.

Stremikis, K, J Brenson, A Shih and P Relay (2011) "Health Care Opinion Leaders' Views on Vulnerable Populations in the U.S. Health System", *The Commonwealth Fund*, Data Brief, no 1536, Vol 17.

Bhatt, J and P, Bathja (2018) "Ensuring Access to Quality Health Care in Vulnerable Communities", *Academic Medicine*, 93(9), pp. 1271-1275.

#### Week 2: Racial/ethnic minorities, & immigrant populations

##### A. Class discussion articles:

Agency for Healthcare Research and Quality (2017) "National Healthcare Disparities Report", Washington DC

Crosnow, R, JM Pedroza et al (2012) "Promising Practices for Increasing Immigrants Access to Health and Human Services", U.S. Department of Health and Human Services, Washington DC

Vespa, J, DM Armstrong, L Medina (2018) "Demographic Turning Points for the United States: Population Projections for 20201 to 2060", U.S. Census, Washington DC

##### B. Case studies

Case study 1: reaching out to immigrant populations

Perreira, KM, H Yoshikawa and J Oberlander "A New Threat to Immigrants' Health – The Public-

Charge Rule”, *New England Journal of Medicine*, 379, pp. 901-903.

Pew Research Center (2018), “U.S. Unauthorized Immigrant Total Dips to Lowest Level in a Decade”, Washington DC

Case study 2: migrant workers in China

World Health Organization (2010) “China’s New Health Plan Targets Vulnerable” *Bulletin of the World Health Organization*, 88 (1), pp. 5-6.

#### **Week 4: Socio-economic status and poverty**

A. Class discussion articles:

Kaiser Family Foundation (2007), “Health Coverage for Low-Income Americans: An Evidence-Based Approach to Public Policy, Washington DC.

Chokshi, DA, J Change and RM Wilson (2016), “Health Reform and the Changing Safety Net in the United States”, *New England Journal of Medicine*, 375, pp. 1790-1796.

World Bank & World Health Organization (2018), Tracking Universal Health Coverage: 2017 Global Monitoring Report, Executive Summary

B. Case studies

Case study 1: Housing for health

Hunter, SB, M Harvey, et al (2017), “A State-of-the-Art Program for Reducing Homelessness in Los Angeles County”, Santa Monica, RAND.

Case study 2: Universal health care coverage

The Economist (2018), “Special Report: Universal Health Coverage”, April 28, 2018

#### **Week 5: Crisis-Affected/Hard to Reach Populations**

A. Class discussion articles:

Lane, NM, AY Lutz, K Baker (2012), “Health Care Costs and Access Disparities in Appalachia”, Charlotte, NC, University of North Carolina – Chapel Hill (Read Executive Summary)

Altrium (2017), “Improving Healthcare Value in Rural America”, Research Brief, Washington DC

Matthew, DB (2018), “Public health tools are the key to beating the opioid epidemic”, USC Schaeffer Initiative for Health Policy, Los Angeles

B. Case Studies:

Case study 1: health care delivery during long-term conflicts

Karasapan, O (2018), "The challenges in providing health care to Syrian refugees", *Brookings*, Washington, DC

Case study 2: health care delivery after natural disasters

Blumenthal, D and S Seervai (2018), "What Hurricane Maria's Death Toll Reveals About Health Care in Puerto Rico", *Harvard Business Review*, June 7

### **Week 6: Age, Gender/Veterans and Military Families**

A. Class discussion articles:

Collins, E (2014), "Preventing Social Isolation and Loneliness in Older People", Institute for Research and Innovation in Social Services, Glasgow, Scotland, UK

James, C, A Salganicoff, U Ranji et al (2012), "Putting Men's Health Care Disparities on the Map: Examining Racial and Ethnic Disparities at the State Level", *Kaiser Family Foundation*, Menlo Park, CA

Gawande, A, "Casualties of War, Military Care for the Wounded from Iraq and Afghanistan", *New England Journal of Medicine*, 351, pp. 2471-2475.

B. Case Studies:

Case study 1: medical homes for veterans

Klein, S. (2011), "The Veterans Health Administration: Implementing Patient-Centered Medical Homes in the Nation's Largest Integrated Delivery System", *Commonwealth Fund*, New York NY.

Case study 2: cultural competency for LGBTQ populations

Ard, KL and Makadon, HJ (2012), "Improving the Health Care of Lesbian, Gay, Bisexual and Transgender People", *The Fenway Institute*, Harvard Medical School, Boston, MA

### **Week 8: Emerging models of care to reach vulnerable populations**

TBD by guest lecturer: Prof. John Ovretvreit, Karolinska Institute, Sweden

### **Week 9: Disability/ Incarcerated & Prison Populations**

A. Class discussion articles:

MaryBeth, M and J Foutz (2018), "Medicaid's Role for Children with Special Health Care Needs: A Look at Eligibility, Services, and Spending", *Kaiser Family Foundation*, Washington DC

Huh, K, A Bouchder et al (2017), "Prison Health Care: Costs and Quality: How and Why States Strive for High-Performing Systems", *The Pew Charitable Trust*, Washington DC

B. Case Studies:



## B.1 Case study: Suicide Prevention

Leavitt, R, A Ertl et al (2018) “Suicides Among American Indian/Alaska Natives – National Violent Death Reporting System, 18 States, 2003-2014. *Center for Disease Control and Prevention*

Wexler, L, M Chandler et al (2015) “Advancing Suicide Prevention Research With Rural American Indian and Alaska Native Populations”, *American Journal of Public Health*, 5(105), pp. 891-899

## B.2 Case study: End of Life Care

Gawande, A (2010), “Letting Go: What Should Medicine do When It Can’t Save Your Life?”, *Annals of Medicine*, *The New Yorker*, August 2 Issue.

## **Week 10: Student Presentations**

Policy brief presentations