ONLINE LEARNING MODULE ON SOCIAL DETERMINANTS OF HEALTH

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ONLINE LEARNING MODULE ON SOCIAL DETERMINANTS OF HEALTH

A Project

by

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Department of Nursing
Abstract

of

ONLINE LEARNING MODULE ON SOCIAL DETERMINANTS OF HEALTH

by

Adela M. Esparza-Sanchietti

The purpose of this online learning module project is to explore health disparity by exploring the World Health Organization’s social determinants of health model.

The solid facts highlight the ten most common factors impacting health outcomes along with corresponding policy suggestions and policy implications. Included in this module are videos articulating social determinants of health, embedded quizzes, discussion board learning activities and a WebQuest team assignment. This module is designed for students in a baccalaureate nursing program and meets several core components of nursing essentials and terminal objectives for California State University at Sacramento, Division of Nursing requirements for community health. The module was positively evaluated by experienced registered nurses. Future implications for the project include professional nurse development in caring for individuals and groups in all levels of care and across the spectrum of health care settings.

_________________________, Committee Chair
Dian Baker, PhD, RN

_________________________
Date
ACKNOWLEDGMENTS

Seven years ago, I sent my husband, Paul L. Sanchietti a note. In this note, I asked for his blessings as I suspected that much would be required in order to complete a Master’s Degree in Nursing. Indeed, the journey has been long and winding. Through thick and thin, my husband has stood by and has been a stalwart of support for me. Words cannot appropriately articulate how appreciative I am of his help, his humor and of his expertise in areas that I lacked. My beautiful daughter, Amanda T. Bravo is another one that I’d like to thank. Her smile and her laughter helped to ease the difficulties and challenges inherent in journeying towards this degree. She is a wonderful daughter and I am quite proud of her.

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Chapter 1

OVERVIEW OF THE PROJECT

Health disparity, the difference of health status among various population groups, occurs world-wide and can be seen at all levels of patient care and in many healthcare settings. The disproportion of morbidity and mortality rates hits vulnerable population groups more so than others in the general population. Vulnerable population groups consist of marginalized individuals and groups: those without social or material capital (Harrison & Falco, 2005; Washington State Department of Health, 2007). An individual, for example, born in one country can expect to have a life expectancy of 80 years yet an infant born in another country may expect to live half of the more advantage one (CSDH, 2008).

The United States likewise has dire health outcomes for certain ethnic groups. A Black infant has a 2.5 times higher mortality rate than white or Hispanic infants (Hessol & Fuentes-Afflick, 2005). Historically, other vulnerable groups include the elderly, the very young, the impoverished, ethnic minorities and the disabled, to name a few (Canadian Institutes of Health Research, 2007; Harrison & Falco, 2005).

Health disparity can be explained, in part, by examining the social and economic factors and conditions which shape health and health outcomes. Social factors comes in various forms and range from one’s social position in their community to one’s economic standing and ability to access healthcare, obtain nutrition foods, and have a good supportive social system (Baker, Metzler & Galea. 2005; CDSH,2008). So significant is the socio-economic standing of the individual and population group, that one degree
higher or lower in the societal hierarchy can mean the difference in rate of disease, disability, death and quality of life (Blane, 1995; Canadian Institutes of Health Research, 2007). Indeed variations of health outcomes even exist between neighborhoods which differ in community wealth and community infrastructure (Washington State Department of Health, 2007).

These social and economic factors which can impact health for better or worse are often framed and described as the social determinants of health. Determinants of health, when described as conditions which cause harm and negatively impact health, need to be understood on many levels ranging from the personal lived experience to policies which affect population groups. Awareness of the issue affects decisions of care from policy and program to interventions and monitoring. If the phenomenon of health disparity and determinants of health are understood appropriately, strategies and interventions can work cohesively towards the reduction and elimination of health disparity (Washington State Department of Health, 2007). However, before nurses, healthcare providers, researchers and community stakeholders can address and improve upon outcomes of health disparity, it is necessary to understand the nature of the issue. For this reason, an introduction of the social determinants of health will be the main focus of this online learning module.

Rationale

This online nursing module is designed for nursing students enrolled at California State University, Sacramento (CSUS), Community Health Nursing course. The delivery of content is consistent with core values and principles of the Division of
Nursing. One such value is caring (California State University, Sacramento, n.d.b). Caring extends to both the student and to the community as client. The approach of instructing students and the expectation of how students will in turn approach the individual or group is foundational and is part of the rationale for the project and the content.

Course objectives for the Community Health Nursing course are specific in their goals for the professional development of the nursing student. In brief, teaching content should strive for students skill set which include the ability to care for families and communities in a holistic manner; the ability to analyze the interaction between the healthcare consumer and their environment; the ability to help families and communities in their health needs; the aptitude for critical thinking and for the application of decision making steeped in the various sciences; the ability to demonstrate leadership in their chosen field, and the capacity to exhibit compassion while in their nursing role (Community Health Nursing, N144, 2007). Indeed, the introduction of the social determinants of health encompass the core values and principles of the nursing department and the course objectives necessary for a well-educated, well-principled, caring nurse student in a ready position for novice competency as a registered nurse. Often, encountering the caring and educated nurse is the first step towards health equity for these vulnerable and marginalized individuals, families, and population groups. However, the nurse, regardless of work location or nursing role, the caring professional must be introduced to the concept of health disparity and social determinants of health in order to affect positive change. The rationale for the online learning module is to
introduce or increase awareness of health disparity as the first step towards its reduction or elimination for the sake of society’s most vulnerable, locally, nationally and globally.

*Brief Review of Process*

The process of the online learning module occurred in three stages. The first stage required the understanding of the regulatory, academic and instructional forces which guided the development of the project. Three frameworks aided in the development of instructional design. Bloom’s Taxonomy of Learning Domains, a structured and hierarchical framework to organize the achievement of desired outcomes; Understanding by Design, an outcome oriented instructional model to identify desired results and outcomes, assessment and strategies; and the inquiry of community model, a three elemental model well suited for higher learning in an online environment.

The second stage centered on content, nursing theory, nursing responsibilities and the ethical mandates of nurses in aiding the vulnerable population. To accomplish the introduction of content, World Health Organization’s solid facts acted as the framework for the content of health disparity and discussion. The solid facts bring to light the ten most common determinants of health along with policy suggestions and implications for the reduction or elimination of health disparity. Barbara Carper’s patterns of knowing encapsulates the empirical, aesthetic, personal, ethics and socio-political way of nurse knowledge and skills to further guide nursing theory into practice. The social responsibility and the ethical duty of the nurse round off stage two.

The third and last stage was the creation of the project: online learning module on the social determinants of health. The learning module was developed with the use of
Macromedia Dreamweaver 8 software, html file extensions. Embedded videos open with RealPlayer. Visual aids were created using Microsoft Office PowerPoint, and course goals and objectives were created using Microsoft Office Word. In keeping with the Rehabilitation Act of 1973, Standard 508, section 1194.22, text, design and images maintained compliance for students with disabilities (United States Access Board, 2001). The final step of process required that the project be accessible to the public through the CSUS web-server, this was accomplished.

Definitions

Bloom’s Taxonomy of Learning Domain: a structured and hierarchical framework used to organize how learning is achieved.

Carper’s Patterns of Knowing: a framework consisting of five patterns which aid in understanding and framing the role of the nurse from theory into disciplined practice.

Community of Inquiry: a framework with three elemental categories (cognitive presence, social presence, and teacher presence) which align with distance learning needs.

Health Disparity: the unequal distribution of social and economical resource which impact health and health outcomes.

Online Learning: learning which occurs in a virtual environment (through the internet). Recent studies suggest that virtual or distance learning is a valid way of disseminating teaching strategies and are becoming a more common way of attending class outside of the physical walls of a classroom.

Public Policy: policy made at various levels of government that impact individuals and population behaviors, addresses social problems under the jurisdiction of the government.
Social determinants of health: the conditions and factors which interplay with each other to affect the health and health outcomes of the individual, family, group or population.

Social Determinants of Health: the solid facts: published work authored by Wilkinson and Marmot designed to introduce the ten most common social determinants of health, along with policy suggestions and implications for each determinant.

Understanding by Design: an outcome oriented instructional planning model, has three distinct stages with the goal of teaching enduring, or lasting understanding.

WebQuest: a six step inquiry-based instructional activity designed for online learning.

Assignment activities can be performed solitarily or in teams.

Limitations of Project

There are a few noted limitations associated with this project. Inherent in this online learning module is its dependency on technology. Technology is dynamic and frequently expanding and modifying. Modules such as this project is at risk for periodic update. Although as of this writing, it is not possible to predict or to suggest which possible changes are at most risk. However, one technological related issue exists as a limitation in the creation of this module. This module lacks closed caption or video transcript. This limitation can be retrofitted at a later date to be in compliance with regulations designed to lower barriers for students with disabilities. This action can be done so as to be in compliance with Standard 508, section 1194.22 for web-based intranet and internet applications which call for a text equivalent for every non-text element (United States Access Board, 2001).
Another area of concern, which can be a potential limitation of the project, is the ever changing healthcare system itself. Currently, as of this writing, the healthcare system in the USA is evolving due to the recent changes in healthcare laws at the national level. It is unknown how this will impact health disparity locally, nationally or internationally.

The data and interpretation of the data occurred in Europe, therefore, another limitation could be argued that some or all of the health disparity and determinants of health as described in the solid facts publication does not apply to the USA so caution is advised. Moreover, World Health Organization publically acknowledges their goal of impacting policy at the global level, therefore; information imparted in the published work of the solid facts may have a biased slant not known to this writer. The online pamphlet used for the project, the solid facts, is a smaller unit of a larger body of work and it is possible that clarification of content or noted bias of content is indicated in the larger body of work.

The framework which helped to provide structure to the project, community of inquiry model, is rather new and created in response to the need for online or distance education. For this reason, a limitation of the project is the use of a framework itself. Community of inquiry model has minimal time and limited application compared to other frameworks and models with decades of time honored use. However, in the research of the community of inquiry model, no articles or studies were found by this writer that cast a doubt regarding its use in an online instructional environment.

Lastly, the learning module was evaluated by registered nurse respondents already in practice and was not evaluated by the intended audience of the nurse student in a
baccalaureate program. The knowledge base of a practicing nurse is different from the student nurse. Moreover, the evaluating nurses had to hypothesize in their responses whether or not the assignments met the goals and objectives. Furthermore, since the nurse respondents were not expected to complete the assignments or to work in teams, the time required for the meeting of goals and objectives remain suspect. In total, the scores were high and the nurse respondents shared a favorable impression of the learning module.

Adding to the limitations of the project, in the interest of time, all nurse respondents were known to this writer. A request was made to view and evaluate the project and the nurse respondents accepted the request. Therefore, the high score could be explained by the unintended bias by the nurse respondents because of the shared relationship with the project creator. In the garnering of the statistical data, no names were attached to the surveys to reduce further evaluation bias.

Project Use and Importance

The online learning module project is intended for nursing students in a baccalaureate program. It is to be used as part of a larger curricular design to educate nursing students on health disparity. The elimination of health disparity is a priority set by the US Department of Health and Human Services’ Health People (2010) initiative and has a set goal of closing the gap of health disparity. As such, health disparity and the factors and conditions which sustain it, are an important topic to healthcare professionals. In addition to cognitive awareness on this topic, students will also be encouraged through discussion board exercise to reflect on personal or professional experiences with health for affective growth.
Future Use

The content presented in the module is introductory in nature. Future use for the project includes using the content information as a springboard for further discussion on the complexity of the issue of health disparity. Other related topics include social or public policy, human rights and vulnerability, role of nurse and ethics, interventions at the local, state, national and global setting. The project can also be used to delve further into student’s values, attitudes, and belief system regarding the care of the vulnerable and disenfranchised patient, family or group.

Other potential future use includes the possibility of students enrolled in similar college courses who might want to use this online module to gain knowledge of health disparity as a part of their academic experience. This project can also be used as a template or as a modified template for future course projects or future online lesson plans. Future template use does not necessarily need to be applied to healthcare and indeed can be formatted for a variety of course topics ranging from history to theology. Lastly, potential use can be applied towards the evaluation of the community of inquiry model. Future researchers and faculty can analyze its success or limitations by assessing its use with this project.
Chapter 2
LITERATURE REVIEW

The purpose of this online learning module is to provide baccalaureate nursing students to an overview of social determinants of health and its role in health disparity as part of their academic instruction. The literature review is divided into two main parts and is further subdivided into smaller units for ease of reader comprehension. The first part is directed specifically at educational recommendation and learning considerations. Its subdivisions include: (a) academic influences, (b) on-line learning, (c) student learning, (d) theoretical model, (e) lesson plan development, (f) learning strategies, and (g) assessment and evaluation. The second part of the literature review will explore content related to the specifics of social determinants of health (SDOH). Its subdivisions include: (a) social determinants of health defined, (b) nursing theory, and (c) social and ethical responsibilities in nursing.

Educational Recommendations and Consideration

*Academic Influences*

In the development of the online learning module, several academic influences are considered. One such consideration is The Western Association of Schools and Colleges, an accrediting body whose purpose, in part, is to promote the welfare, interest and development of higher learning institutes. They are also responsible for the promotion of educational program improvements and certifying candidacy status for institutes they serve, which includes California State University at Sacramento (The Western Association of Schools and Colleges, 2009). Another accrediting body, The Commission...
of Collegiate Nurse Education, also exerts an influence and has the responsibility of aiding nursing programs to self assess, to maintain program integrity and to strive for growth through an evaluation process. In addition, The Commission of Collegiate Nurse Education also recognizes the use of technology to complement traditional teaching methods and advocates for innovative teaching and learning strategies in the nurse student experience (American Association of Colleges of Nursing, 2008).

The California Board of Registered Nurses (BRN) also imposes a professional expectation in the development of this online learning module. In the Business and Professions Code section, Approval of Schools, article 4:2786 (b), indicate that schools of nursing are required to include and promote clinical essentials in theory necessary for a novice nurse to perform at a professional entry level. To assist in meeting quality standards through baccalaureate training, The American Association of Colleges of Nursing (2008) provides guidelines, frameworks and essentials to higher learning institutes for such requirements as described in the BRN. Moreover, according to the BRN code, registered nurses by virtue of their licensure should be prepared to function within a health care field that is dynamic, whereby patient care may include both actual and potential patient problems and further, where collaboration between healthcare systems may exist (California Department of Consumer Affairs, 2010).

Mission statements also apply an influence on this module. According to Csokasy (2008) the purpose of a mission statement is to publically announce what the institution is about and why it exists. The statement also provides direction for educational planning and signifies who the target population is, which area it serves, its goals, and level of
expected quality (Csokasy, 2008). The mission statement for CSUS Division of Nursing, found on its web site, scripts:

The Division of Nursing provides excellent and innovative undergraduate and graduate nursing education designed to meet the needs of a diverse community. Students are prepared for roles in nursing as clinicians, advocates, researchers, educators, and leaders in the changing health care system.

We believe that the Division of Nursing serves its students and the society at large by creating an environment in which faculty and students pursue the knowledge of nursing practice guided by the following core values: caring, professionalism, integrity, diversity and innovation (California State University, Sacramento, Division of Nursing, n.d.a).

Lastly, CSUS, Community Health Nursing, course objectives also influences project creation. Community Health Nursing provides specific language of objectives to be used as a guide for the professional development of nursing students. The course objectives include terminal objectives, theory behavioral objectives and clinical behavioral objectives. Of those listed, the following terminal objectives apply: (a) synthesizes knowledge from the physical and behavioral sciences, humanities and nursing to interpret the health care consumer in a holistic manner, (b) analyzes health care consumer-environment interactions using knowledge of reciprocal adaptation in order to assist individuals, families, groups and communities in meeting health needs, (c) demonstrates critical thinking as a foundation for nursing research and as a basis for decision making in nursing practice, (d) exhibits compassion in a professional nursing role, (e) incorporates management principles and provides leadership in the delivery of optimal health care to individuals, families, groups, and communities, (f) uses knowledge of identified values, beliefs, and behaviors of self and others in promoting health, and (g) promotes the profession of nursing. (Community Health Nursing, N144, 2007).
Jointly, the listed academic influences play a significant role in shaping the online learning module. This module is but one piece of a larger curricular design that strives to advance the student towards a professional career in nursing as both provider and advocate in an ever changing healthcare system.

**Online Learning**

Online learning occurs in a virtual classroom where students can log in at their convenience in a geographic location outside of the traditional settings of a physical classroom (Bender, 2003). The virtual classroom can also mitigate barriers to learning such as inconvenient hours and locations by allowing students the opportunity to learn anytime and anywhere (Messecar, 2007). Online distance learning can involve interactive videos, online classes or a combination of both and is best implemented when the interactivity between student and instructor is maintained (Stoner, 2007). Online interactivity can be accomplished with communication strategies such as blogs discussion boards, and e-mails (Stoner, 2007). Indeed, curriculum delivery through distance learning over the internet is evolving at a rapid rate particularly since emerging evidence suggest that learning outcomes parallel those from the traditional in-class courses (Halstead & Billings, 2009). Further, online course learning is expected to maintain a steady growth trend and is projected to outpace traditional classroom learning over the next decade (Shea & Bidjerano, 2009).

Current students are accustomed to accessing computers and related technologies and in fact they expect today’s educational technologies to be integrated into today’s classroom (Halstead & Billings, 2009). For this reason, it will be assumed that students
enrolled in a community health course at the college level should be able to access online learning through a personal or laptop computer for the completion of this module on social determinants of health.

Student Learning

Today nursing students embody a host of demographic variables: they are diverse in age, educational and work experience, technology comfort, critical thinking skills and cognitive styles to name a few (Bender, 2003; Leddy, 2007; Mangold, 2007; Wellman, 2009). However, they do share the common goal of striving for professional nursing skills and knowledge necessary for novice level competency. Therefore, Wellman (2009) recommends that institutes of higher learning reflect and implement teaching methods and philosophies which acknowledge and teach to an ever changing student body with the common goal of a career in nursing.

In the past, educational endeavors limited student learning by maintaining an educational practice best suited for younger students. In the ensuing years, this methodology changed with the works of Malcolm Knowles and his understanding and delineations of adult learning needs (Merriam, 2001). Knowles describes adult learners as learning best when real life experience is applied with new knowledge to solve problems. Adult learners are more pragmatic, self-directed, and tend towards being internally motivated to problem solve (Vandeveer, 2009). Further, adult learners are capable of participating in their own learning and faculty should be cognizant of student learning needs and accommodate these needs in their instructional efforts (August-Brady, 2008; Merriam, 2001). As programs develop curricula that seek to transition the adult-student
learner to professional nurse, one recommendation requires less separation of faculty and student roles towards a more collegial and collaborative relationship (Vandeveer, 2009). Therefore principles of adult learning frame this learning module.

Theoretical Model

Curriculum frameworks allow educators the ability to evaluate curricular design. As well, curricular frameworks incorporate means by which learning institutes can determine if desired characteristics of learning goals occurred. These identified goals being the specified knowledge, skills, and disposition needed for novice competency by the completion of a nursing program (Boland, 2009; Leddy, 2008). Several theoretical frameworks and models exist for nursing education. They are used to provide a structured manner in which curriculum is shaped: faculty need to determine which is best for their needs based on their educational purposes, goals, objectives, content, and method of instruction and evaluation (Boland, 2009). As a result of this need for an appropriate curriculum framework, one was identified and selected as meeting the varied needs of a learning module that is accessed in an online environment. The theoretical structure selected for social determinants of health online learning module is the community of inquiry model. This model integrates three separate elements (i.e. cognitive, social, and teaching presence) to create a framework well suited for higher learning in an online environment (Garrison, & Cleveland-Innes, 2005; Shea & Bidjerano, 2009). Cognitive, social and teaching presence help to create a community of sustained learning and forms a structured framework allowing students to delve deeper into complex situations (Garrison, Ice, & Akyol, 2009).
Cognitive presence is associated with critical thinking and aligns with higher
order processing and its application of understanding and the construction of meaning
(Garrison & Cleveland-Innes, 2005; Rourke & Kanuka, 2009; Shea & Bidjerano, 2009). The second element, social presence, allows the student to feel and participate inclusively and makes possible the development of an inter-personal relationship between students and instructor (Akyol, Garrison, & Vaughan, 2008; Shea & Bidjerano, 2009). This relational element increases the likelihood of group cohesion, improved productivity, and higher levels of cognitive presence (Garrison, Ice & Akyol, 2009). Teaching presence, the third element, manifests itself in instructional design, facilitation of learning, and student instruction in an online course (Rourke & Kanuka, 2009). The teaching presence is the responsibility of the instructor and it is significant in enhancing student satisfaction, sense of community, student learning, communication, and clinical judgment (Garrison, Ice & Akyol, 2009).

Indeed, teacher presence is an important part of a student’s academic success and this presence extends beyond physical walls. Jones (2008) conducted a research project using real students in hypothetical out-of-class scenarios with hypothetical teacher responses. The goal of the study was to determine how teachers support students in managing student stress levels in an out-of-class situation and its affect on academic success. Jones extrapolated that teachers indeed did influence student satisfaction and motivation to learn in an out-of-class situation. However, it should be noted that the study project was based on hypothetical scenarios with hypothetical responses therefore there is an inherent limitation with this study.
Lesson Plan Development

Two pedagogical frameworks were used to develop effective lesson for inclusion in the online modules: (a) Understanding by Design, an outcome oriented instructional planning model and (b) Bloom’s Taxonomy of Learning Domains, a structured and hierarchical framework used to organize how learning is achieved.

Understanding by Design

Understanding by Design is implemented in three stages: (a) identification of desired results and outcomes, (b) assessment, and (c) instructional strategies to achieve desired competencies. Stage one includes content standards, goals and enduring understanding. Enduring understanding allows the student to take the content beyond the classroom and into real life application. Further, stage one includes prioritizing content and recommends the inclusion of content inquiry. Content inquiry aids in helping the student to answer specific and important content questions which, in turn, can deepen enduring understanding (Wiggins & McTighe, 2006).

Stage two of Understanding by Design establishes the form of assessment that is to take place to determine that desired learning occurred. There are three types of assessments: performance task, academic prompts and unprompted or self-assessment. The last stage, instructional planning includes teaching methods, sequencing of lessons and available resource materials to equip students for content learning and enduring understanding (Wiggins & McTighe, 2006).

Bloom’s Taxonomy of Learning Domains organizes learning from the lowest level of achievement to the highest level of thought, practices and values (Scheckel,
The taxonomy is divided into three types of learning domains which shape how students learn: (a) cognitive, or thinking skills, (b) affective, or values skills and (c) psychomotor, or demonstration skills (Partusch, 2007). Scheckel (2008) recommends during instructional planning that each lesson be individualized by selection of the appropriate domain and learning level required for desired outcomes.

Cognitive domains have six categories of learning acquisitions consisting of knowledge, comprehension, application, analysis, synthesis and evaluation. Each category represents higher order of learning with knowledge (recall) being the simplest and evaluation (judgment about information) at the highest level of cognitive skills (Scheckel, 2008). The affective domain encompasses values, attitude and judgment. In addition, according to Partusch (2008), learning activities are implemented best when values clarifications are coupled with content and life experience. Psychomotor domains include fine motor, manual and gross motor skills. This domain is further subdivided into five levels, imitation, manipulation, precision articulation and naturalization (Scheckel, 2008). The first two domains listed (i.e. cognitive and affective) are embedded throughout the learning module for higher learning acquisition.

Learning Strategies

Learning strategies, according to Leddy (2007), are the processes used for the delivery of curriculum. Several recommendations are made to enhance this delivery: usage of a variety of strategies to ward off student boredom; development of curriculum which relate clearly to desired competencies; provisions for application of content for future settings; and addition of sufficiently challenging strategies to move the student
towards higher learning in both the cognitive and affective domain (Leddy, 2007). Other recommendations call for the inclusion of both active and passive learning opportunities for critical thinking skills development (Leddy, 2007, Scheckel, 2008). Active learning at its fullest involves students in all phases of content learning and invites students to actively participate through discourse, sharing of ideas and exploration of content knowledge (Scheckel, 2008). Passive learning, likewise, provides opportunities for lower level of learning, clarifies complex content, sets the tone for affective learning and provides a framework for future assignments and expectations (Di Leonard, 2007; Scheckel, 2008). Active and passive learning opportunities are both embedded into the learning module when appropriate for optimal student learning.

Active learning can occur through an on-line Discussion Board and WebQuest assignments (Lahaie, 2007; Levine, 2007). WebQuests are inquiry based instructional activities based on constructivist principles designed to promote higher learning and enhance problem solving skills (Lahaie, 2007). This learning assignment allows students to explore internet web sites and web resources in an organized and efficient manner (Sanford, Jacobs, & Townsend-Rocchiccioli, 2007). The assignment itself is divided into six sections: (a) introduction, sets the stage for learning; (b) task, explains the expectant finished product; (c) process, discusses how the task will be accomplished; (d) resources, embedded websites to be explored; (e) evaluation, explains how the student(s) efforts will be evaluated and; (f) conclusion, provides an opportunity for the student to reflect on the learning and application to future experiences (Lahaie, 2007; Russell, et al., 2008). Discussion Board learning, according to Levine (2007), connects teacher to learner and
helps to develop an online learning community. It also supports higher order constructivist learning and when implemented well can create a safe and comfortable place for all involved in a discussion based posting environment (Levine, 2007).

Passive learning occurs through video-based lecture and PowerPoint presentation. Lecturing is a common form of teaching strategies and is well-suited to large groups. Lecturing is also cost efficient and it provides a way of offering verbal information in a reasonable amount of time (Joel, 2007). Other benefits of lecturing include clarification of complex or confusing concepts and the ability to gather scattered sources into a session of presentations (Rowles & Russo, 2008). Visual aids, PowerPoint, handouts or study guides are highly recommended as an adjunct to lectures. PowerPoint presentations benefit students by providing the student with the opportunity of listening rather than jotting of copious notes and it provide the student with a method in which to maintain pace with the teacher (Joel, 2007; Rowles & Russo, 2008).

Assessment and Evaluation

Assessment refers to the process that measure’s student ability and changes in student’s knowledge, skills, and dispositions either during or after the learning process. The evaluation process identifies student learning, curriculum outcome, teacher practice and areas of course/program improvement (Bourke & Ihrke, 2008). There will be three embedded portals in which to assess student growth or lack thereof. First, upon previewing an initial lecture on video, the student will proceed to the Discussion Board for posting of a professional or personal experience on social determinants of health. The student will also be expected to provide feedback to a peer and reflect on peer knowledge
and affective experience. Ideally, this assessment will allow the instructor to assess pre-
knowledge and pre-values and beliefs of the student. Likewise, as the student is assessing
a peer’s post, the student will have a natural opportunity to apply a higher order learning
domain since substantive feedback is encouraged. Second, at this evaluation juncture,
the teacher will have the opportunity to engage in student interaction through a discussion
board medium and in this manner facilitate additional instruction, feedback, or
clarification.

Upon viewing of all lecture videos on content, the student is expected to
participate in a WebQuest assignment. This will require the student to belong to a team
and work collaboratively on a hypothetical health disparity scenario. The WebQuest
scenario is designed to apply content to a possible nurse situation. A presentation created
by the team will provide another opportunity to assess if learning has indeed occurred.
The last assessment is the post-knowledge, post-affective assessment of the student as the
student returns to the Discussion Board to reflect on how their future nursing decisions
will be impacted by implementing content into practice. Once again, the student is
expected to provide peer feedback for further self growth. Also at this point, the
instructor can interject final thoughts and feedback. Additionally, the instructor can
assess if learning has occurred and if learning is consistent with the stated goals and
objectives.

Evaluation comes in one of two forms: formative or summative. Formative
evaluation occurs during the learning process and summative evaluation occurs at the end
of the learning process (Bourke & Ihrke (2008). Both assessment and evaluation ideally
need to be conducted in such a way as to go beyond student grading and promote student learning and student success (Stiggins, 2005). Social determinants of health online learning module contains three evaluating points. The three points are: quizzes embedded throughout the module for student self-evaluation, WebQuest team assignment which requires written statements that content was understood and that a target population benefitted from nursing skills. And, lastly, the rubric will be used where the instructor evaluates the assignments in total as a summative process. Final grading for this learning module will be in accordance with a two rubrics designed specifically for this module. One rubric will be used for the Discussion Board assignment and the other for the WebQuest team assignment.

Social Determinants of Health

Introduction to Content

The Institute of Medicine, an independent, non-profit organization designed to provide advice on health issues reports that poor people, racial and ethnic minorities and vulnerable group’s health status are worse than the general population in the United States. These health differences, also known as health disparity, are a national concern (Institute of Medicine, 2006). World Health Organization (WHO), a coordinating authority for health within the United Nations system, cite that nearly 11 million children died prior to age five, 98% of these deaths occurred in developing countries (2006). Health disparity, such as these, may result from mistrust, or health systems variables such as lack of insurance or from political factors (Sebastian, 2008).

In addition to coordinating health information, WHO is also responsible for
providing leadership on global health matters, articulating evidence-based policy options and monitoring and assessing health trends (World Health Organization, 2010). Given the wide reach of health issues of WHO, this on-line learning module uses information garnered from WHO to provide a framework for understanding health disparity through the social determinants of health as articulated by this coordinating agency.

World Health Organization defines the social determinants of health as the “conditions in which people are born, grow, live, work and age, including the health system” (CSDH, 2008, p.1). These conditions are impacted by income distribution and policies emanating from the macro- to the micro-level of involvement. Ultimately, these determinants are responsible for preventable differences in health outcomes in individuals and population groups within and between countries (World Health Organization, 2010). Canadian Nurses Association (2009) further explains that determinants have a socio-economic and environmental interplay which can influence health status. Expanding on both definitions, The Center for Disease Control and Prevention (2009) includes conditions which are shaped by economics, social policies and politics.

World Health Organization continues the discourse of health disparity and calls out for public awareness of health risk factors through policy intervention. Policy can be targeted towards the promotion of health and the prevention of avoidable illness and access to appropriate treatment when illness does occur (2010). Sir Michael Marmot (2007), a leading expert on determinants of health opines the need to not only study health equality globally but to also go beyond the immediate source of disease and look at the causes of the cause when establishing promotional and preventative measures.
In response to observable health disparities and health inequities which have been described as preventable and impacted by income distribution and social policy, WHO approached the University College London in 1999 to assemble a commission to assist in identifying factors contributing to the unequal distribution of health care to certain populations and communities. Upon investigation of various studies from an assortment of health-related or health impacting fields, the commission published the top ten conditions impacting health from a social determinant perspective (Wilkinson & Marmot, 2003). The published European report, the solid facts, identified factors associated with health inequalities with the goal of reducing or eliminating health inequalities. Another goal of solid facts was to eventually structure these determinants into meaningful policy. The following ten conditions impacting health and potentially contributable to a poor health outcome are: social gradient, early life, stress, social exclusion, work, unemployment, social support, addiction, food, and transport (Wilkinson, R. & Marmot, M, 2003; World Health Organization, 2010).

World Health Organization is not alone in identifying determinants of health based on evidentiary study. Healthy People 2010, a framework for the United States’ prevention and health promotion, proposed the following to be the leading health indicators and to be responsible for impacting health from a social viewpoint: physical activities, obesity, tobacco, substance abuse, responsible sexual behavior, mental health, injury and violence, environmental quality, immunizations and access to health (Healthy People, 2010). Canada, likewise, in an effort to see what makes Canadians healthy or unhealthy, has identified twelve key determinants as part of their overarching goal
towards positive health outcomes: income and social status, employment, education, social environments, physical environments, child development, coping skills, health services, social support, biology and gene endowment, gender and culture (Public Health Agency of Canada, 2008). The State of Washington also addresses health disparity through the lens of socio-economic position in the individual and population groups. This State identifies nine fundamental factors: life-course perspective, lifestyle, medical care, income, social support, social capital, physical environment, racial discrimination, and chronic stress (The Washington State Department of Health, 2007).

Although there are several frameworks available to be considered for the discussion and analysis of health disparity, The World Health Organization was chosen as the structure in which content is introduced. There are several benefits to using World Health Organization’s published work, the solid facts. One attractive feature includes the availability of numerous studies and summary information on the issue of health disparity. Additionally, WHO is a global agency and as such, approaches the topic with a wider lens in which content is explored. Another advantage includes the relatable conditions. Most conditions such as stress and social exclusion are common experiences regardless of where one lives or where one is educated on the topic. The research of health disparity from various disciplines and experts such as Sir Michael Marmot and David Wilkinson added to the reliability of the solid facts.

Research Regarding Framework

Each component of the framework has its own section. Therefore, the research of content will be broken into ten individual categories. Each category contains social
Social Gradient

Social gradient, often referred to as socio-economic position, signifies individual or population placement on a societal ladder. The further down the ladder one is the greater risk for illness and premature death. The socio-economic disadvantages extend to both absolute poverty and relative poverty. Social gradient runs across societal lines. It is seen in the middle class office worker and among the lower ranking staff. Indeed, lower ranking staff is statistically at greater risk for illness and premature death more so than the higher ranking office worker. Chronic disadvantage negatively impacts health and has an accumulative effect. Lower socio-economic position reduces quality of life as one grows older. Chronic stressful circumstances increase worry, anxiety and compromised coping. Poor access to material resources also contributes to morbidity and early mortality rates (Wilkinson & Marmot, 2003).

Physical and emotional health is also greatly affected if an individual is entering a critical transition or life phase and is ill prepared to assume the new stage of life. If not ameliorated by appropriate governance though programs and policy, health outcomes worsen for the individual and group (Wilkinson & Marmot, 2003). Nurses can play a role in reducing health disparity within the category of social gradient by recognizing and intervening in potential clinical situations. Wallace, Scott, Klinnert, & Anderson, (2004) conducted a descriptive and convenience sample study among asthmatic children accessing a clinic in an urban setting. By interviewing patients and accessing sample
charts, emerging data suggested that minority ethnic children from impoverished families often had poor medication compliance because of misperceptions of side effects and misperceptions of addiction risk. Further, the data also indicated that lack of a consistent practitioner within the clinic setting may have contributed to the poor compliance and patient misperception of asthma management. Nurses are in a position to patient educate and case-manage for improved pediatric care to reduce health inequality.

Stress

On-going stress coupled with low self-esteem, social isolation, insufficient housing, inadequate work environment and chronic personal suffering are accumulative and increase the risk of mental health issues and premature death. Physiologically, stress triggers the fight or flight response and results in raising heart rate, mobilization of stored energy and diversion of blood to muscle groups to increase alertness. Long term use of this stress response can lead to damaging of the immune and cardiovascular system making individuals more susceptible to a range of diseases and pathologies (Wilkinson & Marmot, 2003).

Pregnancy outcomes are also impacted by stress and socio-economic status. Holland, Kitzman & Veazie, (2009) addressed the birth outcome of 554 low-income, unmarried Black women participating in the Nurse-Family Partnership program in Memphis, Tennessee. This team concluded that the stressors of abuse, anxiety and neighbor disorganization (poverty, public assistance, crime, unemployment) were all found to be significantly associated with decreased birth weight. And, moreover, neighborhood characteristics make a difference between different levels of poor
neighborhoods, not just between affluent and poor neighborhoods. Lack of a diverse population in this study, however, is a possible limitation. Additional research in other population groups is needed to assess if abuse, anxiety and neighborhood disorganization remain statistically significant in birth outcomes as demonstrated by birth weight.

To improve health care outcomes, WHO recommends social and public policy interventions to reduce circumstances which result in long term stress: improve schools, work situations, social needs and material resources. Further, WHO also supports governmental intervention to recognize health outcomes of chronic stress particularly around families with young children (Wilkinson & Marmot, 2003).

Early Life

Decisions and circumstances in early development lasts a lifetime (Wilkinson & Marmot, 2003). There is mounting epidemiologic evidence linking childhood health exposures to adulthood health outcomes. For example, childhood socio-economic conditions correlate with adulthood illnesses. The more impoverished the child, the more likely of adult-onset diabetes mellitus, respiratory disease, tobacco-related cancer and stomach cancer (Braveman & Barclay, 2009).

Early physical, cognitive and emotional health not only segues into adulthood but its impact start at conception. For example, fetal development can be negatively affected by poor prenatal circumstances resulting from lack of proper nutrition, inadequate prenatal care, increase stress, and insufficient exercise. Infant’s experiencing insecure emotional attachment and poor stimulation run the risk of behavioral problems, educational deficiencies, and societal marginalization. Additionally, inadequate physical
growth can lead to insufficient cardiovascular function, poor kidney function and problematic respiratory function—all which can eventually lead to adult illness (Wilkinson & Marmot, 2003). Most recent data found that women giving birth to low birth weight (LBW) babies or very low birth weight (VLBW) babies tended to be listed as Black of African American and the highest number of females giving birth to either LBW or VLBW infants were listed as being under the age of fifteen. Implications for poor birth weight included developmental issues and neurological deficits (Healthy People, 2010).

Early life and social gradient tend to trend together. Indeed, the lower one is on the societal ladder, the higher the risk for early life complications evidenced by poor or inadequate physical growth, inappropriate emotional attachment and/or poor cognitive development. Prevention programs such as prenatal and postnatal education and monitoring can greatly enhance health outcomes (Wilkinson & Marmot, 2003). At the local level, so important is the issue of early life and societal outcomes, a coalition was developed to act as an advisory board to the Board of Supervisors in Sacramento County. The purpose of this board is to cull State and county data to be used for policy development, tracking outcomes, allocation of resources and promotion of community responsibility. The advisory board periodically publishes a booklet with its findings and shares six categories ranging from family economics to health and safety (Sacramento County Children’s Coalition, 2006).

Child abuse and neglect are community problems. The long term effects of childhood maltreatment are varied but may lead to poor self-esteem, inappropriate sexual
behavior, physical impairment, and emotional attachment difficulties. Neglect was the most common reason for the removal of children in 2005 and placement into the foster-care system (Sacramento County Children’s Coalition, 2006). To ameliorate the effects of early life and social gradient, World Health Organization (2010) recommends broad-based education to enhance parenting knowledge and confidence and also encourages home visitation programs as a way of improving parenting skills and prevention of child abuse. However, current economic realities at the state and county level threaten the elimination of programs designed to assist the community ranging from mental and public health services to clinic services (County of Sacramento, 2009).

Social Exclusion

Social exclusion and poverty increase the risk of divorce, separation, disability, illness, addiction, and social isolation. Absolute poverty (lacking in basic needs) and relative poverty (relative to the community income) coupled with social exclusion and discrimination costs lives (Wilkinson & Marmot, 2003). According to Hodgetts (2007), un-domiciled citizens listed in an international document study were more likely to experience a variety of illnesses, physical or sexual violence, sense of insecurity and fear, and experience reduced social integration. Furthermore, homelessness greatly increases the chance of suicide, dying by assault, and dying by other means (Hodgetts, 2007). Social exclusion can results from racism, discrimination, stigmatization, hostility and unemployment. Especially harmed by social exclusion are people leaving institutes such as prisons, mental health facilities, and foster care (Wilkinson & Marmot, 2003).
Foster care children, according to a study based on the review of several published works, were particularly vulnerable to many determinants of health: untreated mental illness, neglect, criminality, poverty and inadequate educational opportunities (Bruskas, 2008). Moreover, alienation and stress resulting from societal exclusion may result in escapist behaviors such as substance abuse and furthers the risk of illness (Hodgetts 2007). Therefore, policies designed to improve the potential outcomes of social exclusion include interventions that reduce poverty, protect minorities and vulnerable groups from discrimination, improved social services, affordable housing and material inequalities are encouraged (Wilkinson & Marmot, 2003). Echoing the suggestions of WHO in addressing the needs of the socially excluded, The Casey Family Foundation, a national non-profit foster-care welfare agency, likewise encourages community agencies to work collaboratively to help minors in foster-care to transition from state dependency into adulthood independency. Several recommendations ranging from education, job-readiness, mental health and physical well-being programs are cited as needed structures for this vulnerable population (Casey Family Service, 2010).

Work

The social organization of work matters and can negatively impact health thereby furthering health disparity. Stress at work contributes to the differences in health, sickness, and premature death and can be seen within the social strata of the workplace. Low worker decision opportunities and the inability to use one’s talents and skills also contribute to stress in the workplace. Additionally, illness and injury risks at work include low back pain and cardiovascular disease, particularly among lower ranking
workers. Inadequate praise or nominal income is also associated with higher rates of cardiovascular disease (Wilkinson & Marmot, 2003). World Health Organization encourages improved decision making among the workers along with the opportunities for workers, when possible, to utilize their skill set. Ergonomic considerations to reduce musculoskeletal injuries were also suggested as an area of policy concern. Other recommendations include legal controls, inspections, and health services particularly early detection of mental health problems with appropriate interventions in place (Wilkinson & Marmot, 2003).

Conversely, social support in the workplace, according to WHO may have a positive effect in improving rates of illness (Wilkinson & Marmot, 2003). In a cross-sectional study, Olbier (2007) took two cohorts (n = 508 total) from two Fortune 500 companies to exam relationships of work and individual protective factors to health outcomes. Although causation could not be determined due to the nature of the study, nonetheless, findings suggest worker’s positive perception of supervisor’s support enhanced coping and reduced the likelihood of perceiving the demands of the workplace as threatening (Olbier, 2007). Understanding the relationship between work and stress, coping, and hardiness may improve work site health and reduce the effects of health disparity.

Unemployment

Unemployment puts health at risk. In areas where unemployment is widespread, the risk of poor health increased and premature risk of death heightened. Financial problems, debt, and psychological consequences stemming from unemployment can also
negatively impact health. The stress of job insecurity increases the risk of mental health problems along with self-reported ill health, and heart disease (Wilkinson & Marmot, 2003). Violence is also implicated as a by-product of insecure employment. During economic downturns, gainfully employed people might become resentful of not being able to change from one undesired job to a better one and may take out the frustration and anger in and out of the home. At a less harmful outcome, insecure employment can lead to feelings of guilt, inadequacy, and dissatisfaction. Young, minority men, particularly Black men have the highest rates of unemployment in the United States (Landenburger & Campbell, 2008).

Policies aimed at employment should target factors associated with job satisfaction, job security, unemployment benefits and wages. Solutions to unemployment and health disparity can include better working hours, improved training and education, supportive credit unions for debt reduction and access to social networks (Wilkinson & Marmot, 2003).

Social Support

Adequate social support and social cohesion can act as protection against the risk of illness and premature death. Similarly, poor social and emotional support can increase the chances of: pregnancy complications, mental health issues, chronic illness, heart disease and disability (Wilkinson & Marmot, 2003). Social isolation relates to individual and group vulnerability. However, isolation can be mitigated by having a social support system from family, friends and a caring community. Support can aid in both emotional and practical matters and buffer the negativity of life’s stressors. Conversely, the aid
given to the individual also generalizes to a healthy community (Sebastian, 2008). Solutions to health risk and support can be found in social programs. World Health Organization acknowledges and advocates for improved social environments as found in schools, workplaces and community to address individual and neighborhood health and health outcomes (Wilkinson & Marmot, 2003).

*Addiction*

Addiction and substance use and abuse worsens health inequalities. Substance abuse is often consumed and indulged in as a response to societal breakdown but only makes life more stressful and worsens the individual’s problems. Deaths (accidents, violence, and suicide) linked to alcohol use in central and Eastern Europe has risen sharply. The spike in these outcomes is attributable to recent upheaval in those areas. Social disadvantage evidenced by poor housing, low income, single parenthood, joblessness and homelessness also trend with substance abuse and tobacco use (Wilkinson & Marmot, 2003). And, according to Healthy People (2010) alcohol and other drugs are responsible for many of the USA’s health outcomes including violence, injury and HIV infection.

Sacramento County’s youth struggle with substance abuse. According to the Children’s Coalition, nearly two-thirds of Sacramento’s youth engage in alcohol and other drug use. Potential problems associated with drug use in the age range of 12-18 years include: accidental deaths, homicide, suicide, legal problems, incompletion of high school and risky sexual behaviors starting at an earlier age. Prevention programs in Sacramento are aimed at mentoring minors, offering alternative activities, and
participating in community process (Sacramento County Children’s Coalition, 2006).

Countering the use of both legal and illegally obtained drugs and tobacco are difficult to harness. Countries are frequently exposed to aggressive marketing and promotion by both legal companies and organized crime. This phenomenon fosters higher use of alcohol, drugs, and tobacco smoking. Solutions for the reduction or elimination of health disparity due to addiction include policies which target social inequality i.e. jobs and housing, reduction in forums used to recruit young people and effective treatment centers and services for addicts (Wilkinson & Marmot, 2003).

Food

Food shortage and lack of food variety causes malnutrition. Excess intake of nutrient poor foods can cause an array of health problems such as cardiovascular disease, diabetes, obesity and dental caries. Food options and accessibility to nutritious food items tend to mirror ones location on the social ladder. The more impoverished one is the less likely one is to have access to fresh foods. The most vulnerable to poor nutrition includes the elderly, unemployed and young families. Often these individuals and groups are forced by their circumstance to eat cheap, energy dense foods high in refined sugar and salt, which in turn contribute to obesity (Wilkinson & Marmot, 2003). Healthy People 2010 concurs and asserts that dietary factors are leading causes of coronary heart disease, stroke, type 2 diabetes and are estimated to cost society over 200 billion per year in medical costs and loss of productivity. Poor nutrition is also implicated in osteoporosis, a leading cause of bone fractures in post menopausal women and elderly citizens (Healthy People, 2010).
Information garnered specifically for Sacramento County, indicate that in 2005 nearly 48% (of 110,877) of public school students were eligible for free or reduced-priced school meals to mitigate the effects of poverty and limited access to appropriate foods. Sacramento County, in an effort to reduce obesity rates, has acknowledged areas to improve upon such as limiting or eliminating access to sodas on school grounds. State wide, Blacks and Latinos are at very high risk for obesity due to their consumption of soda and fast foods and limited intake of fruits and vegetables (Sacramento County Children’s Coalition, 2006).

Nutritional implications include obesity, heart disease, endocrine disorders and cost excess. To improve upon these potential outcomes which negatively impact the individual, population groups and the financial domain, suggestions include: affordability of nutritious foods to all especially our vulnerable individuals, accountability and transparency of decision-making regarding food regulations, educational opportunities to increase awareness of food choices and additional information about food purchased especially those aimed at children (Wilkinson & Marmot, 2003).

Transport

Transport: less personal driving and more cycling or walking improves health by providing more exercise, reducing accidents, improving social contacts and decreasing air pollution. Vehicles insulate people from each other and create social isolation. Cycling and walking, by contrast, improve the chances of social interaction, protects against heart disease, depression, diabetes and obesity (Wilkinson & Marmot, 2003). Indeed, a goal of Healthy People includes improvement in physical activities to promote fitness and quality
of life enjoyment. Healthy People also recommend an increase in physical fitness to improved mobility so that as one ages, there will be a reduction of morbidity and mortality rates from a host of illnesses and conditions (Healthy Family, 2010).

Europe is experiencing more car dependence and less reliance on walking and cycling. Solid facts cites a support for policy and programs which include a more formidable lobbying group to counter current trends and practices. Ideally, embedded into policy and program development, the benefits of increased walking, cycling, and public transportation should be included along with more green space, cycling lanes and environmental friendly practices for transportation needs (Wilkinson & Marmot, 2003).

Likewise, Sacramento County is concerned about relatable issues of health and environmental conditions. Programs exist such as “Spare the Air” are observed when poor air quality is met. Of concern is the ranking of Sacramento County as it is considered one of the most ozone-polluted counties in the nation. Other county programs encourage air quality improvement by limiting vehicle use, carpooling and using alternate modes of transportation (Sacramento County Children’s Coalition, 2006).

Transportation as a social determinant to health appears to play an additional role in the United States of America. Access to services because of unreliable transportation seems to be a barrier to good health and should be addressed. One example can be found in missed clinic appointments among pediatric patients. Pesata, Pallija, & Webb, (1999) surveyed and analyzed either through telephone interview or chart review perception of barriers to care following missed clinic appointments. Although the sample size was rather small (n=196), their findings suggested barriers to care fell under three categories:
lack of transportation, unclear as to the purpose of the appointment, and clinic wait times. Demographically, these families tended to be headed by young, single mothers.

*Nursing Theory*

In the development of this module, a primary concern reflects specifically on how student knowledge is applied and enhanced through formal education in higher learning institutes. Chinn & Kramer (2004) discusses a theoretical model which encapsulates nurse-student learning and knowledge usage in a diverse and thematic way through Barbara Carper’s patterns of knowing. These patterns, initially four and now expanded to five, guide and validate a practitioner’s way of knowing through use of a multilevel pattern of knowledge (Parker & Schoenhofer, 2007). In concurrence, it is advised that novice nurses understand and practice multiple ways of knowing and that graduates be encouraged to see possibilities garnered from their knowledge in contrast to seeing within the limits of correct or wrong answers (Walton, 1996). Application of Carper’s model to this online learning module will be used because Carper’s makes possible for nurses to care for a wide variety of clients in a wide variety of settings by delineating the multiple unspoken skill set needed for nursing as a practice discipline.

These multiple ways of knowing, which help to guide a nurse practice and furthers the nurse patient relationship include: (a) empirics, (b) ethics, (c) aesthetics, (d) personal and (e) socio-political knowing. In brief, empirics align with scientific competency, action grounded in theory, problem solving and logical reasoning (Chinn & Kramer, 2004). Ethics is values and moral obligation in practice. In part, ethics encourages nurses to reflect on what is right and to consider what is the responsible thing
to do in practice. According to Chinn & Kramer (2004) aesthetics allows the nurse to be in the moment with the patient and allows for empathy and compassion. It is the art of nursing and is expressed through action, behavior, and attitude while in relations with others (Chinn & Kramer, 2004; Messecar, 2007). Personal knowing correlates with the therapeutic use of self. This dimension embraces self-knowledge as a bridge to knowing others beyond physical characteristics. Lastly, socio-political knowing requires social and political reflection. The practitioner is concerned about the micro-macro level discussion wherein issues of power, policy and health care consumer voice is researched, explored and acted upon (Heath, 1998). Through the instructor led video lectures, Discussion Board activities and WebQuest team assignment, there will be opportunities to reflect and to respond to theoretical nursing situations which require patterns of knowing when caring for vulnerable populations.

The two frameworks, community of inquiry model and Carper’s patterns of knowing model, both work in concert in the making and in the executing of this online module. Cognitive presence, social presence, and teacher presence hallmarks of the community of inquiry model incorporate critical thinking (similarly empirics, ethics, socio-political), interpersonal relationships (similarly aesthetics, personal), and teaching, communication and clinical judgment skills (similarly empirics, ethics, personal and socio-political knowing). Although both models work independently as instructional frameworks, they each complement one another and bring shared characteristics within each model to create this online learning module.
Ethical and Social Responsibilities in Nursing

Nurse leaders perform care in a variety of settings including public health departments, occupational health settings, schools, and clinics. Nurses need effective communication, leadership and management skills for health promotion and disease prevention. Nurse leadership roles require good political skills and negotiating abilities especially when working in population-centered sites and are expected to coordinate across agencies on behalf of community as client (Sebastian, 2008). Effective leadership involves the ability to advocate for the client, influence others, and work with different people and different cultures towards an optimal health outcome (Sebastian, 2008).

Villenueve (2008) however, proposes a stronger, more influential nurse presence in areas of leadership and policy citing that in the 21st century, little progress has been made in the area of health disparity. Yet, many of the health disparities worldwide are amenable to effective interventions. Villenueve (2008) further opines nurses must be prepared for a difficult challenge in the political arena. Nurses need to collectively and purposefully create points of access for the kind of knowledge that nurses uniquely have through collective education and influence to aid in the elimination of global health disparity (Villenueve, 2008). Further, Sebastian (2008) asserts nurses are in a unique position to address the care, interventions and the policies impacting vulnerable populations.

Indeed, the development of social responsibility, moral judgment and civic awareness is a standard of appropriate nursing standards (Mueller & Billings, 2009). These thoughts and goals are in fact consistent with the Code of Ethics as related by the American Nurses Association, International Council of Nurses (ICN) and Canadian
Nurses Association (CNA). The American Nurses Association (2001) scripts nurses have a responsibility (as citizens and through related associations) to effect positive changes in care and in access to care particularly where issues of socio-cultural concerns exists such as violence, hunger and homelessness. The ICN (2006) advocate the initiation and support of political actions, especially for vulnerable individuals and population groups. CNA (2008) meanwhile, calls for the promotion of health and well-being and the promotion of justice to safeguard human rights, equity and fairness.
Chapter 3

PROJECT OVERVIEW

The online learning module project can be accessed through an internet link available to students assigned to community health course. Prior to the creation of the project, several accessibility issues needed to be addressed in order to be compliant with the Accessible Technology Initiative. For example, the design of the web page should be effectively designed for usability and the text color should contrast well with the text color. Further, text size should be greater than 12 font size and Times New Roman font style is acceptable. All images need to have rollover text so that visually impaired students can access the meaning of the image, hyperlinks should be titled rather than the Uniform Resource Locator (URL) as the stand alone title link, and when possible, offer teaching and supporting information in text download. These recommendations are a part of the legal requirements for students with disabilities according to Standards 508, section 1194.22 (C. Vera, personal communication, October 30, 2009; Sacramento State Accessible Technology Initiative, n.d.).

Indeed, this project chose Times New Roman with size 12 font as the smallest size. Background color is a light color to contrast against either dark green or deep gold text color. All images have rollover text for those students that need this feature and all hyperlinks are titled for ease of use. Downloadable documents within the module include the PowerPoint and goals and objectives. The lesson plan and the text for the rubric are included in the thesis-project for future use by faculty.
The project consists of five primary web pages: (a) Home page, (b) Video Clip page, (c) Quizzes page, (d) WebQuest page, and (e) Rubric page. The Home page is the initial page that the student encounters to access the Welcome video and other links for content videos, quizzes, assignments and rubrics for grading. The Video Clip page has six individual video clips for content and assignment expectations. The Quizzes page has four links for a total of ten questions to serve as content overview in quiz format. The WebQuest page has a total of ten links for team assignments. Although there are ten links, the student is only required to choose one of ten assignment links based on team interest with respect to the social determinants of health. The Rubric page has two specific rubrics for grading criteria, one for the Discussion Board assignment and the other for the WebQuest. The project also has a PowerPoint. The PowerPoint is used to guide instructor led content discussion and serve as an information guide for the student (see Appendix G for sample pages of project).

The time required to complete the online learning module project is estimated between five to six hours. The video clips which feature content will require about one hour of student time, Discussion Board and quizzes are about one hour of student time and the remainder of three to four hours of time is dedicated to the WebQuest team assignment.
Chapter 4

EVALUATION

Health disparities persist despite several decades of research and intervention. These disparities affect the poor and disadvantage at greater rates than those with more economic and social resources. This phenomenon is seen across all nations regardless of inherent national wealth (Wilkinson & Marmot, 2003). Disparity among individuals and population groups impact morbidity and mortality rates and is evidenced when comparing two countries with different economic and social wealth. For example, Iceland and Mozambique infant mortality rates. The risk of a baby dying prior to age one is statistically noted between these two countries and they are significant. Infants from Iceland has a 2 per 1000 live births rate and Mozambique has over 120 per 1000 live births. Furthermore, disparity can be seen between same nations with differing social groups. For instance, in Bolivia there are differing rates of live birth outcomes based on education of the mother. The greater the maternal education level, the greater the chance of infant survival (World Health Organization, 2010).

The purpose of this project is to introduce students in a baccalaureate nursing program to health disparity by examining social factors, also known as determinants that impact health outcomes. These factors have been researched, examined and shared to the public by the World Health Organization and are often referred to as the social determinants of health (Wilkinson & Marmot, 2003). The implications for nursing knowledge and application of health disparity are deep and wide and go to the core of nursing: caring. Caring extends to the moral, social and ethical considerations in patient
care and are ingrained in the code of ethics of several nurse associations such as the American Nurses Association, International Council of Nurses and Canadian Nurses Association.

Introduction of social determinants of health content to nursing students is discussed and shared through a website learning module developed by DreamWeaver software. The development of the learning module took into consideration several salient needs: academic influences, student and educational concerns and nursing theory. The content is introductory in scope but covers a wide range of factors as framed by the World Health Organization in the social determinants of health: solid facts. The range includes topics such as early life, stress, social support and social gradient. The online learning module went through a survey process to assess if the goals and objective of the learning module were met and to assess if the learning module met online teaching principles and usability.

A convenience sample of 15 registered nurses was recruited to review and evaluate the online learning module through a web-survey method. Nurses were chosen to participate because of their unique educational and professional experience in working with individuals and population groups in many healthcare settings and in many levels of care. Recruitment was done by phone, e-mail and in person. Of the 15 nurses that replied affirmatively to participating in the survey, one did not complete the survey, and three had computer operating system errors and therefore were not able to complete the survey process (participants, n = 11). Upon agreement to participate, the nurses were e-mailed an invitation and a link to the online module and asked to review the module by completing
an online survey. Upon completion of the survey, data were automatically saved and exported for analysis. The survey was developed using Sensus software scripting language and was administered by Sensus/WinCATI Mixed Mode. The survey analysis was done by using SPSS statistical software.

The learning module was measured by nine different categories including: (a) navigation, ease of use (b) aesthetics, visual appearance (c) student interest, maintenance of student attention (d) goals and objectives, meeting written goals and objectives, (e) content, affective and knowledge growth, (f) quizzes, student self assessment (g) Discussion Board, assessment, evaluation and interaction, (h) WebQuest, assessment, collaboration, and evaluation and (i) rubrics/grading.

The participants reported that the social determinants of health learning module is effective at each of these levels of measurement. All evaluator participants are nurses and they gave consistently high scores throughout the evaluation with little variability (see Table 1).

The evaluators made several comments and suggestions to improve the module. This included one video appearing stilted, another comment regarding volume not coming in well to that participant’s computer, clarification regarding a quote, inclusion of additional information regarding food, clarification of graph and corresponding legend and instructor positioning during lecture. Another comment made, in person, reported that the module was interesting and had the participant wanting to learn more about health disparity. Additionally, this participant commented that she felt like she was really in school and not learning from a computer.
Looking into the future, this online learning module project has segue potential. Because the module content is introductory in scope and its application is theoretical, a natural extension would include students to understand and apply principles which improve the health status of individuals or groups impacted by social determinants. Real time application of principles can occur as part of a community health clinic rotation followed by a presentation, written or discussion forum to further delve into the complexities of health disparity.

Another natural extension of the project is to further discuss each component of social determinants of health, solid facts, each with its own online learning module. The ten factors introduced in the solid facts and in the learning module are basic and not inclusive of the richness and intricacies each contains when explored to its fullest. Further, health disparity frameworks from other countries, agencies and organizations can be cross referenced to continue the exploration into the phenomenon known as social determinants of health.
Table 1. Results from Evaluation for Learning Module (n=11)

<table>
<thead>
<tr>
<th>Questions</th>
<th>Min.</th>
<th>Max.</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning module functions well and is easy to use</td>
<td>3</td>
<td>5</td>
<td>4.55</td>
<td>.68</td>
</tr>
<tr>
<td>Learning module required minimal time to learn</td>
<td>3</td>
<td>5</td>
<td>4.64</td>
<td>.67</td>
</tr>
<tr>
<td>Learning module design is aesthetically pleasing</td>
<td>4</td>
<td>5</td>
<td>4.64</td>
<td>.50</td>
</tr>
<tr>
<td>Learning module design is attractive and inviting</td>
<td>4</td>
<td>5</td>
<td>4.64</td>
<td>.50</td>
</tr>
<tr>
<td>Learning module uses a variety of activities</td>
<td>3</td>
<td>5</td>
<td>4.73</td>
<td>.64</td>
</tr>
<tr>
<td>Learning module videos use a variety of visuals</td>
<td>4</td>
<td>5</td>
<td>4.55</td>
<td>.55</td>
</tr>
<tr>
<td>Learning module maintains participant’s interest</td>
<td>4</td>
<td>5</td>
<td>4.73</td>
<td>.46</td>
</tr>
<tr>
<td>The goals and objectives align well-knowledge</td>
<td>4</td>
<td>5</td>
<td>4.73</td>
<td>.46</td>
</tr>
<tr>
<td>The goals and objectives align-description</td>
<td>4</td>
<td>5</td>
<td>4.82</td>
<td>.40</td>
</tr>
<tr>
<td>Content of videos improve affective growth</td>
<td>4</td>
<td>5</td>
<td>4.73</td>
<td>.46</td>
</tr>
<tr>
<td>Content can be applied to work</td>
<td>4</td>
<td>5</td>
<td>4.73</td>
<td>.46</td>
</tr>
<tr>
<td>Content clearly presented</td>
<td>4</td>
<td>5</td>
<td>4.91</td>
<td>.30</td>
</tr>
<tr>
<td>Quiz assess if learning occurred</td>
<td>2</td>
<td>5</td>
<td>4.45</td>
<td>.93</td>
</tr>
<tr>
<td>Quiz questions were clear and specific</td>
<td>4</td>
<td>5</td>
<td>4.82</td>
<td>.40</td>
</tr>
<tr>
<td>Discussion Board and affective growth</td>
<td>3</td>
<td>5</td>
<td>4.64</td>
<td>.67</td>
</tr>
<tr>
<td>Discussion Board and cognitive growth</td>
<td>3</td>
<td>5</td>
<td>4.64</td>
<td>.67</td>
</tr>
<tr>
<td>Discussion Board posting and peer interact</td>
<td>3</td>
<td>5</td>
<td>4.64</td>
<td>.67</td>
</tr>
<tr>
<td>WebQuest and higher level of analysis</td>
<td>3</td>
<td>5</td>
<td>4.55</td>
<td>.68</td>
</tr>
<tr>
<td>Questions</td>
<td>Min.</td>
<td>Max.</td>
<td>Mean</td>
<td>SD</td>
</tr>
<tr>
<td>-----------------------------------------------------</td>
<td>------</td>
<td>------</td>
<td>-------</td>
<td>-----</td>
</tr>
<tr>
<td>WebQuest and peer interaction</td>
<td>3</td>
<td>5</td>
<td>4.55</td>
<td>.68</td>
</tr>
<tr>
<td>WebQuest and team collaboration</td>
<td>3</td>
<td>5</td>
<td>4.55</td>
<td>.68</td>
</tr>
<tr>
<td>WebQuest and teaching solutions</td>
<td>3</td>
<td>5</td>
<td>4.55</td>
<td>.82</td>
</tr>
<tr>
<td>WebQuest and variety of sources</td>
<td>3</td>
<td>5</td>
<td>4.55</td>
<td>.68</td>
</tr>
<tr>
<td>WebQuest and leadership development</td>
<td>3</td>
<td>5</td>
<td>4.55</td>
<td>.82</td>
</tr>
<tr>
<td>Learning module specifies assignments</td>
<td>4</td>
<td>5</td>
<td>4.73</td>
<td>.46</td>
</tr>
<tr>
<td>The two rubrics appropriate for grading</td>
<td>4</td>
<td>5</td>
<td>4.73</td>
<td>.46</td>
</tr>
<tr>
<td>Enter the amount of time required to complete</td>
<td>1</td>
<td>6</td>
<td>2.09</td>
<td>1.9</td>
</tr>
<tr>
<td>Are you a Registered Nurse? Yes/No</td>
<td>1</td>
<td>1</td>
<td>1.00</td>
<td>.00</td>
</tr>
<tr>
<td>Years of practice</td>
<td>1.0</td>
<td>32.0</td>
<td>16.3</td>
<td>10.8</td>
</tr>
<tr>
<td>Gender</td>
<td>1</td>
<td>2</td>
<td>1.91</td>
<td>.30</td>
</tr>
<tr>
<td>Are you a certified Public Health Nurse? Yes/No</td>
<td>1</td>
<td>2</td>
<td>1.18</td>
<td>.40</td>
</tr>
</tbody>
</table>
Lesson Plan Title:
Online Learning Module: Social Determinants of Health

Lesson Plan Purpose:
To introduce nursing students to the factors and conditions impacting health disparity, health inequality and health inequity, collectively referred to as social determinants of health.

Lesson Plan Need:
Meets several terminal objectives for community health course, N144.
Meets several baccalaureate essentials standards as recommended by accrediting bodies in the development of the nurse student providing holistic care in the community.

Lesson Plan Setting:
Designed for distance learning, can be accessed through a desktop computer or laptop at home or through available computers at CSUS.

Lesson Plan Teaching:
Allow nursing students to cognitively and affectively delve deeper into the social factors that impact health and health outcomes.
Present to nursing students examples of social variables, health disparity, health inequity, and health policy for a greater understanding of public health and nursing implications.
Afford nursing students the opportunity to gain greater empathy for vulnerable populations and marginalized individuals through personal reflection and application.
Provide nursing students the opportunity to collaborate with peers and to apply knowledge and comprehension of content within a learning project.

Prepare nursing students to assume leadership roles and responsibilities through planned activities (Reflecting, writing, collaborating, presenting, peer feedback), Discussion Board and WebQuest.

Lesson Plan Objectives:

Recall basic principles of SDOH content (Quiz).

Reflect and write about a specific example in professional or personal life of social determinants of health, health inequity or health disparities, respond to one peer posting (Discussion Board) and apply SDOH content to a case study (WebQuest).

Read and extract relevant information from various peer review studies, articles and internet sites to support content and meaning (WebQuest).

Collaborate and create a presentation indicating an understanding of SDOH (WebQuest).

Summarize how content (social variables, health disparity, health inequity, or health policy) can be applied towards own nursing practice either at the bedside or in a community setting.

Respond to one peer posting (Discussion Board).

Required Materials:

Desktop or laptop with internet access, RealPlayer software

Resource:

The solid facts as found at: http://www.euro.who.int/document/e81384.pdf
APPENDIX B

Goals

Allow nursing students to cognitively and affectively delve deeper into the social factors that impact health and health outcomes in individuals, groups and populations.

Present to nursing students examples of social variables, health disparity, health inequity and health policy for a greater understanding of public health and nursing implications.

Afford nursing students the opportunity to gain greater empathy for vulnerable populations and marginalized individuals through personal reflection and application.

Provide nursing students the opportunity to collaborate with peers and to apply knowledge and comprehension of content within a learning project.

Prepare nursing students to assume leadership roles and responsibilities through planned activities (reflecting, writing, collaborating, presenting, peer feedback)

Discussion Board and WebQuest.
APPENDIX C

Objectives

Student will recall basic principles of social determinants of health content (Quizzes).

Student will reflect and write about a specific example in professional experience or personal life of social determinants of health, health disparity or health inequity and respond to one peer posting (Discussion Board).

Student will apply social determinants of health content to a case study (WebQuest).

Student will read and extract relevant information from various peer review studies, articles and internet sites to support content and meaning (WebQuest).

Student will collaborate and create a presentation indicating an understanding of social determinants of health (WebQuest).

Student will summarize how content (social variables, health disparity, health inequity, or health policy) can be applied towards own nursing practice either at the bedside, hospital or in a community setting—respond to one peer posting (Discussion Board).
## APPENDIX D

**Rubric: Discussion Board**

<table>
<thead>
<tr>
<th>Criteria</th>
<th>1-Poor</th>
<th>2-Met</th>
<th>3-Exceeds</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Punctuality</strong></td>
<td>Student post</td>
<td>N/A</td>
<td>Student posts initial and summary by due date.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>initial and</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>summary after</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>due date.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Student posts</td>
<td></td>
<td>Student posts feedback to a peer by due date.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>feedback to a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a peer after</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>the due date.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Content, APA</strong></td>
<td>Student is</td>
<td>Student is</td>
<td>Student is focused and writes substantive and appropriate content.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>unfocused,</td>
<td>focused and</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>does not</td>
<td>writes</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>post to the</td>
<td>adequately</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>questions,</td>
<td>and</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>reflections</td>
<td>appropriate</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>as assigned.</td>
<td>content.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Several</strong></td>
<td>Few</td>
<td>No grammatical errors noted.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>grammatical</strong></td>
<td>grammatical</td>
<td>errors noted.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>errors noted.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Feedback,</strong></td>
<td>Student offers</td>
<td>Student writes</td>
<td>Student writes</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Participation  minimal  clear and  clear and concise
substantive  concise post  posts to peers.
feedback to  to peers.
peer posting.
Post to peer  Feedback is  Feedback is
lacks attempt  adequate and  interesting and
at learning  show some  shows a willingness
from another’s  willingness to  to reflect and
experience.  reflect and  learn from peer.
learn from peer.

Total Score:
## APPENDIX E

**Rubric: WebQuest**

<table>
<thead>
<tr>
<th>Criteria</th>
<th>1-Poor</th>
<th>2-Met</th>
<th>3-Exceeds</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Punctuality</strong></td>
<td>Group was late with assignment.</td>
<td>N/A Group submits assignment by due date.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Content</strong></td>
<td>Group submits a PowerPoint with minimal content, insufficient to demonstrate a knowledge of working health disparity, health inequity or policy.</td>
<td>Group submits a PowerPoint with adequate content, content sufficient to demonstrate a knowledge of working health disparity, health inequity or policy.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Grammar, References, APA</strong></td>
<td>Group has many grammatical errors.</td>
<td>Group has some grammatical errors.</td>
<td>Group has no grammatical errors</td>
<td></td>
</tr>
<tr>
<td><strong>Grammar, References, APA</strong></td>
<td>Reference page with many errors.</td>
<td>Reference page with few errors.</td>
<td>Reference page</td>
<td></td>
</tr>
<tr>
<td><strong>Grammar, References, APA</strong></td>
<td>Reference page with many errors.</td>
<td>Reference page with few errors.</td>
<td>Reference page</td>
<td></td>
</tr>
<tr>
<td><strong>Grammar, References, APA</strong></td>
<td>Reference page with many errors.</td>
<td>Reference page with few errors.</td>
<td>Reference page</td>
<td></td>
</tr>
</tbody>
</table>
Design Group PowerPoint
is crowded and confusing, difficult to read.

APA errors. APA errors.

Group PowerPoint is adequately formatted, easy to read, content flows.

Total Score:
APPENDIX F

Evaluation Survey for Participants

Most questions are answered on a Likert scale:

1. Strongly Disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly Disagree

1. Navigation
Learning Module functions well and is easy to use (flow of ports, links, sequence of videos and activities).
Learning Module required minimal time to learn how to navigate.

2. Aesthetics
Learning module design is aesthetically pleasing (colors, pictures, fonts, and layout). Learning module design is attractive and visually invites the participant to continue.

3. Student Interest
Learning module uses a variety of activities to meet different learning needs.
Learning module video clips integrates a variety of visual aids, voice intonations, and is well paced.
Learning module maintains participant’s interest and motivated the participant to learn more on the subject.

4. Goals and Objects
goals and objectives align well with the expected knowledge, skills and experiences of a college graduate.

The goals and objectives align well with course description (examines community health nursing as a synthesis of knowledge and practice, allows students to identify health issues for selected populations for planned assessments, interventions and evaluation strategies for use of individual and vulnerable populations).

5. Content (Affective, knowledge)

Content of videos improve participant’s affective growth (caring, values and beliefs) of health disparity and vulnerable populations.

Content of videos improve participant’s knowledge base regarding Social Determinants of Health.

Content (both affective and knowledge) can be applied to work or other non-class related activities.

Content (Social Determinants of Health) was clearly presented in the module.

6. Quizzes

Quiz opportunities provided a meaningful way to assess if learning has occurred.

Quiz questions were clear and specific to the content learned.

7. Discussion Board

Discussion board posting provides an opportunity for students to reflect on course learning: affective growth.

Discussion board posting provides an opportunity for students to reflect on course learning: cognitive growth.
Discussion board posting provides for appropriate peer to peer interaction and discussion.

8. WebQuest

WebQuest assignment builds from previous experience and knowledge to a higher level of analysis and synthesis of content.

WebQuest assignment provides for appropriate peer to peer interaction with good team building opportunities.

WebQuest assignment helps participant to develop a sense of collaboration.

WebQuest assignment develops teaching solutions to social problems that can be applied in practice.

WebQuest assignment utilizes a variety of information sources to explore problems posed.

WebQuest assignment provides an outlet for leadership skills to further develop.

9. Rubrics/grading

The learning module provides specific instructions for the successful completion of all assignments: discussion board, quiz and WebQuest.

The two rubrics embedded within the learning module clearly specifies how grading is to be determined by the instructor.

10. Time  Enter the amount of time required to complete the learning module:

   less than 5 hours

   5 hours

   6 hours
greater than 6 hours.

11. Demographics of Participant:

Registered Nurse: (Yes) / No

Other healthcare professional:

Years of healthcare practice:

Gender:

Male

Female

Are you a certified Public Health Nurse?

Yes

No

12. Optional comments (additional strengths or limitations of learning module):
APPENDIX G

Sample Pages

Home page. This is the initial page that the student encounters to access the Welcome video and other links for content videos, quizzes, assignments and rubrics for grading.

The Video Clip page has six individual video clips for content and assignment
expectations. Each video is about ten minutes in length. Requires RealPlayer software.

The Quizzes page has four links for a total of ten questions to serve as content overview in quiz format. This is a non-graded assignment.

The Rubric page has two grading criteria schedules, one for the Discussion Board and the other for the team assignment, WebQuest.
This is the WebQuest page. It has ten individual links to team assignments. Each team can choose one link for their assignment.

This is a partial review of one of the WebQuest team assignment. This team assignment consists of a six step activity. Completion time is estimated at about 3-4 hours.
This is the front cover page for the PowerPoint. It is included into the online learning module for download.
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