EXPERIENTIAL LEARNING TO ENHANCE DIVERSITY, INCLUSION, AND EQUITY: A COLLEGE-WIDE INITIATIVE

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DEFINING SOCIAL DETERMINANTS OF HEALTH (SDOH)
SDOH DEFINED

- Social determinants of health are conditions in which people are born, grow, live, work and age.

- Includes factors such as:
  - Socioeconomic status
  - Education
  - Neighborhood and physical environment
  - Employment
  - Social support networks
  - Access to health care

Adapted from: Healthy People 2020
A programmatic approach of experiential learning to encourage student perspective transformation to view SDOH as conditions to be challenged and changed and not just facts to be known.

This approach is vital and mission-fit to impact diversity, inclusion and equity across both undergraduate and graduate nursing curricula in a Research I College of Nursing in the Southeastern United States.
EXPERIENTIAL LEARNING ACTIVITIES

College of Nursing Values
Diversity, Inclusion, and Equity

Faculty and Administration Buy-In
Experiential Learning Activities Implemented Across Programs’ Curricula

Undergraduate Program
*Junior Students: Health Equity Classroom Activity
*Senior Students: Community-Based Experiential Immersion

*MSN & DNP: Apply SDOH Concepts in Clinical Decision Using Simulation and Practice
*NP: Community-Based Experiential Immersion
*PhD: Simulation in PhD Programs (SIPP) Focuses on Advocacy for Social Justice and IPE
EVALUATION AND METRICS
EVALUATION OF STUDENTS’ LEARNING & PERSPECTIVE SHIFT OCCURS THROUGH PRE-POST SURVEYS

PRE AND POST TEST SURVEY ADAPTED FROM AN ORIGINAL SURVEY CREATED FOR TEXAS HUMAN SERVICE PROVIDERS

INCLUDES PARTICIPANT DEMOGRAPHICS AND PERCEPTION AND KNOWLEDGE QUESTIONS BASED ON SPECIFIC SDOH
SURVEY SPECIFICS

• “How big of a problem do you think racism & discrimination is in the following areas of life?”
  ▪ Workplace
  ▪ Education
  ▪ Housing
  ▪ Health
  ▪ Government

• Perspective on race/ethnicity considerations in:
  ▪ Most/Least healthiest birth outcomes
  ▪ Most/Least healthiest lifestyles
  ▪ Most/Least likely to receive preventive health services

• “How often does the healthcare system treat someone differently because of disability, gender, race, age, sexual orientation, weight, language, money, and education?”
COLLEGE LEVEL: SDOH INTEGRATION

Faculty received multiple trainings to enhance learning on diversity, equity, and inclusion:
- Strengths Based Training
- Implicit bias instruction
- Toolkit to scale diversity, equity and inclusion conversations throughout the College
- Ongoing support for formal training in experiential learning techniques

UG and Grad clinical courses include simulation laboratory experiences with SDOH consideration:
- Standardized participants are diverse in age, gender, and ethnicity
- Case studies integrating SDOH across learning activities
- Attention to the influence of SDOH to patient situations in debriefing sessions (in simulation and live clinical)
UNDERGRADUATE NURSING PROGRAM
LEARNING ACTIVITIES

Freshmen
(Lower Division)
• Online Modules

First Semester Junior
(Upper Division)
• Poverty Simulation
  (Missouri Community
  Action Network)

Second Semester
Junior
(Upper Division)
• Home Environment
  Assessment
• Tabletop Activity

First Semester Senior
(Upper Division)
• Community Activity
SOPHOMORES

Focus on CON Values of Diversity and Inclusivity

Health Equity “Quest”

MDHHS Health Equity Online Training Modules

Freshmen
Poverty Simulation

- Pre/post test on perceptions
- Accommodates large numbers of students
- Provides students the opportunity to be “placed” into families with differing SDOH circumstances
- Students navigate daily life within a simulated community throughout the course of “4 weeks” in 2 hours
First Semester
Junior
Class of 12/2020

Pre/Post data collection started in Summer 2019

Poverty Simulation

First Semester Senior
Class of 12/2020

Pre/Post data collection will start in Spring 2020

Community Activity
1ST SEMESTER BSN STUDENT REFLECTIONS ON POVERTY SIMULATION ACTIVITY

the poverty simulation was “eye-opening.”

“...I appreciated the opportunity to learn more about different challenges my patients encounter.”
Home Environment

- Describe environmental risk factors r/t childhood asthma
- Identify actions by family to improve a child’s asthma
- Describe social risk factors that affect child’s health and wellbeing
- Identify actions by families to improve child’s social health
- Reflect on policy changes at community level that affect a child’s social and physical health

Tabletop Activity

- Identify and facilitate access to healthcare and community resources appropriate to a growth and development pediatric case
- Identify and address barriers and catalysts affecting health equity among families with differing financial, social dynamic, and personal stressor circumstances
- Verbalize understanding of factors affecting health equity in U.S. culture and the U.S. healthcare system
TABLETOP ACTIVITY

This activity includes a 6-step process with a pediatric case study, which the pediatric patient is placed in three families living in different locations throughout SC with different dynamics, challenges and strengths.

Challenges

- Transportation
- Limited income
- Limited support persons
- Physical barriers
- Location
- Healthcare Access
- Language
- Citizenship

Stations

- Medicaid eligibility
- Insurance eligibility
- Nurse Practitioner (requests for labs, provider advice)
- Early Intervention Resource for Developmental Assessment (Babynet)
- Food banks
- Citizenship and Immigration
- WIC
#1 Students split into groups of 2-4

#2 Groups review case study
#3 Facilitated group “mid-brief”

#4 Groups review family/home profile
#5 Students begin obtaining resources needed for family

#6 Facilitated de-brief
FACULTY-FACILITATED DEBRIEF TOPICS INCLUDE:

- “Hidden” costs of money, time, energy to obtain resources and meet needs
- Discussion surrounding pediatric health risks and impact of SDOH
- Contrast/comparison three different families’ environmental, physical and social challenges
- Recognition of larger picture of influences on prioritizing health care and meeting needs
- Recognition of available programs and situation-specific resources
33 participants; 52 surveys
• 14 single surveys (either a pre- or post-)
• 19 pre- & post- survey participants

Mean age 22.46 years

28 BSN; 5 MSN

3 are parents

Race and Ethnicity (select all that apply):
• 5 African American
• 5 Asian American
• 23 Caucasian/White

Health insurance:
• Majority (61.3%) on parent’s private/employer-based plan
• 29% on own private/employer-based plan
• 1 person on school-based insurance
SURVEY PARTICIPANTS: HEALTH RATINGS

In general, how would you rate your health?

- Excellent: Frequency
- Very good: Frequency
- Good: Frequency
- Fair: Frequency
SURVEY RESULTS: PRE → POST
QUESTION ON RACISM’S EFFECT

Across 5 areas of life:
Workplace  IDK  Minor Problem
Health    IDK  Major Problem
Housing   IDK  Not a Problem
Education No    IDK
Government

0 “IDKs” related to government
FIRST SEMESTER SENIOR

Community Activity

• “Scavenger hunt” design
• Group activity
• Community exploration
• Debrief
YOU HAVE A 4-MONTH-OLD BABY AT HOME AND HAVE LIMITED INCOME ($25,000 A YEAR ....)
SEEKING RESOURCES AND MEETING FAMILY NEEDS

Resource/Need “to do” List
- Secure childcare
- Take sick child for health care
- Prescription, over-the-counter medicine, thermometer, baby care items
- Car seat
- Food resources for “income gap” months

Challenges
- Transportation
- Limited income
- Limited support persons
- Physical barriers
- Lack of/inconsistent sidewalks, spaced bus stops, food deserts
NURSE PRACTITIONER PROGRAM
LEARNING ACTIVITIES

- Case studies integrating differing SDOH across courses
- Inclusion of simulation patients/family members from diverse circumstances, with differing healthcare access situations
- Community setting activity in pediatric primary care course
The family home

Navigating the family’s needs
Walking in the family’s shoes
Keeping baby safe & healthy ... on a limited budget
Faculty-facilitated debrief topics include:

- "Hidden" costs of money, time, energy to obtain resources and meet needs
- Unexpected challenges
- Contrast/comparison with personal experiences/current home settings
- Recognition of larger picture of influences on prioritizing health care and meeting needs
- Strategies to assist families to meet resource needs as a provider
RESULTS AND FEEDBACK FROM NP COMMUNITY ACTIVITY

(2 COMPLETED COHORTS)

Increased perception of inequitable child health and wellbeing resources due to disability, ethnic or racial group, language, and income differences.

Student perception of child health/resource inequity

- Pre-test: 90% Strongly Agree/Agree, 10% Strongly Disagree/Disagree
- Post-test: 95% Strongly Agree/Agree, 5% Strongly Disagree/Disagree
“Disparities was a topic that I knew about but never took the time to understand completely. Health care has been taken for granted . . . Knowing that others are not as blessed as I am has humbled me into becoming a different practitioner in training.”
PhD students often matriculate without experience to meet the needs of diverse populations

SiPP© fills the gap beyond lecture and actual experience

Goals

• Equip PhD students to better address SDOH
• Expose PhD students to diverse research and stakeholder teams

Methods

• Online authentic learning activities
• Face-to-face simulations

Initial Evaluation

• Debriefing
FUTURE IMPLICATIONS
Commit to the integration of content related to SDOH throughout the curricula and not merely isolate in community and public health-based courses.

Engage in inclusive conversations with faculty and staff directed towards addressing explicit and implicit bias related to SDOH.

Expand clinical education experiences outside of the acute care setting.

- Develop interprofessional education initiatives that encourage collaboration.
- Focus on nursing skills such as motivational interviewing and empathic inquiry.
- Increase curricular content related to social justice and advocacy.
- Focus on improving workforce, student, and faculty diversity.
QUESTIONS
REFERENCES


