

Using Undergraduate Experiential Learning to Explore Connections: Redlining, Social Determinants of Health, and Generational Poverty

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Abstract

The National League for Nursing calls for nursing schools to be intentional about providing opportunities for students to assess and implement actions to address SDOH in a variety of settings. This article shares an experiential learning activity that uses critical and upstream thinking to explore redlining, health disparities and generational poverty. Social system connections to health can be difficult for students at the undergraduate level and developing course content to address this was explored. This article will describe how undergraduate nursing students participated in an experiential learning activity that promoted critical thinking using a flipped classroom with lecture, group discussion, and peer-to-peer learning to explore redlining and its connection to health disparities. The session was evaluated using a survey and a reflective question.

Keywords: Social determinants of health; Redlining; Experiential learning; Undergraduate nursing students

Background

Healthy People 2030 defines social determinants of health (SDOH) as “conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks” [1]. These SDOH can be grouped into 5 domains that systematically group these conditions: 1) Economic Stability, 2) Education Access and Quality, 3) Health Care Access and Quality, 4) Neighborhood and Built Environment, and 5) Social and Community Context. The National League for Nursing [2] calls for nursing schools to be intentional about providing opportunities for students to assess and implement actions to address SDOH in a variety of settings.

The term “redlining” is associated with the 1930s-era New Deal government homeownership programs designed to prevent foreclosures after the Great Depression and encourage financial institutions to issue mortgages based on risk to determine which areas were safe for investment. Colored coded maps were created based on income and ethnicity/race, with red identifying those deemed high risk. Redlined areas did not receive equitable mortgages or housing stock investment and the ramifications are still evident in many communities today [3]. To better understand health disparities and generational poverty, it is imperative that undergraduate nursing education identify redlining as a SDOH. The purpose of this article is to explain an experiential learning activity that promoted critical thinking using Domain [4], and a flipped classroom with lecture, group discussion, and peer-to-peer learning to explore redlining and its connection to health disparities.

Approach

A nursing school in South Central Texas has an undergraduate Population Focused Health clinical course (PFH) taught and is positioned in the final semester of the traditional and accelerated undergraduate curriculum.

The course is built on experiential learning using SDOH and social justice and frames nursing care around primary and secondary prevention to promote health and the use of critical thinking at the aggregate level. The clinical component of the course includes an in-depth community assessment in an assigned census tract along with a variety of experiences and activities that support theoretical content and public health interventions around the city (e.g., a food bank).

As many of the census tracts are located in low-income communities, a pilot session on economic segregation was incorporated to introduce the students to upstream thinking and redlining. Using a flipped classroom design, this 4-hour session started with a brief presentation highlighting the Healthy People 2030 SDOH Domains, the seminal 1970s work of sociologist Dr. John McKinlay who questioned healthcare transitions and delivery approaches and introduced the metaphor of upstream thinking [4]. His approach compliments the clinical course design as it prompts the students to begin asking critical questions to enhance their community assessment. The session then transitioned into a video on redlining presented by a local expert in urban geography and community development who utilizes maps to present visual representation of the historic color-coded boundaries created to document income and ethnic/racial segregation in the city.

The video presentation is called from economic segregation to social equity in San Antonio: A historical perspective. <https://www.youtube.com/watch?v=S1580fn9iqs> The expert overlays current communities with the highest health disparities over the maps of the historical redlined communities. Many of the clinical sites are in these areas and this is a powerful visual of the ramifications of redlining and current day communities that are burdened with health disparities. Although the content is complex and some of the policy language can be interpreted as inflammatory, the purpose is to challenge viewers to consider the long-term impact of policy on population health and generational poverty.

After the video, the students were required to complete 3 activities.

1. group discussion and peer-to-peer learning to share 2 observations that represent redlining in their assigned census tract.

2. answer a reflective question: “After having viewed the video and participated in the discussion, why do think it is important for health professionals to know about the history of redlining?”

3. complete a Qualtrics survey asking: How familiar were you with the term redlining before this afternoon's session? After attending today's session, please rate your level of knowledge about redlining.

Results

The survey results reported a total of 80 undergraduate nursing students participated. Before the session, 13% reported being familiar with redlining; 46% were somewhat familiar and 40% had never heard of redlining. After the session, 40% reported being able to explain redlining to others; 55% reported they can apply redlining to their community assessments and 5% reported needing more information.

A content analysis approach was used to analyze the results of the reflective question. All responses were collated and then coded by two independent qualitative researchers. Upon coding completion, the two met to compare and reconcile codes. The overarching themes generated revealed the importance of making historical connections to present day impacts of SDOH and the importance of advocating for social justice and change.

Three themes emerged that reflect the students understanding of the ways that the SDOH Domain 4 Neighborhood and Built Environment connects to the burden of health disparities. These include the following: 1) understanding historical implications (“...you must know the history to not repeat past mistakes”, “...historical tragedies do not just affect the past. It clearly affects the here and now” 2) SDOH and generational poverty (“I think it is important for health officials to realize that redlining causes generational poverty”, “I think it is important for health care professionals

to know that these vulnerable populations in the redlined areas have had generations of struggle, this leads to poor health outcomes, higher mortality rates, and poor health literacy.” and 3) advocating for social justice and change (“I believe that it’s important for health professionals to know about the history of redlining because it makes us better equipped to provide equitable care and advocate for policy changes,” “It’s important to know this history because it shapes our present, and without changes, it shapes our future”).

Conclusion

Nursing utilizes systems to effectively support educational content and delivery of care. In order to promote holistic critical thinking that includes social systems, it is important to identify curricular content that builds this skill so that nursing students enter the profession with a strong understanding of SDOH and their influence on overall health. This pilot session was evaluated as important by the students and is now a permanent session in the course.

Competing interests

The authors declare that they have no competing interests.

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