An Environmental Scan and Assessment of Online Learning Opportunities Related to Health Equity and Social Determinants of Health, for Public Health Practitioners in Canada

Report prepared for

National Collaborating Centre
for Determinants of Health

Centre de collaboration nationale
des déterminants de la santé

By

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This document, *An Environmental Scan and Assessment of Online Learning Opportunities Related to Health Equity and Social Determinants of Health, for Public Health Practitioners in Canada* was created as an internal report for the NCCDH.

In response to interest from public health practitioners across Canada, we have made it available on our website www.nccdh.ca.

A French version of the report is also available on our website www.ccnds.ca. The French version provides the complete methodology and analysis, but only includes details on recommended courses available in French.

We sincerely thank you for your interest in this project and wish you success as you pursue online learning opportunities related to health equity and the social determinants of health.

Do not hesitate to contact us if you have any questions or comments!

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Acknowledgements

Project Purpose

The purpose of this project was to identify, assess and summarize good-quality online learning[1] courses on the topics of social determinants of health and health equity in both English and French. The larger objective pursued by NCCDH is to increase the awareness and use of effective e-learning courses by public health practitioners across Canada and to contribute to a coordinated and high-quality approach to e-learning across the NCC program.

Project Team

Jacques LeCavalier was Consultant for the project, and was responsible for creating assessment tools and carrying out the scan and initial assessment of online courses. He has over 25 years of experience in workplace education and e-learning, providing strategic, design and evaluation services to clients such as Microsoft, the Québec Ministry of Immigration, the BC Interior Health Authority, the Pembina Institute, Nissan Japan and Health Canada. Jacques was co-owner of a leading Montreal training firm for eight years, and has operated his own consultancy in Kelowna since 2000, serving mainly public-sector and non-profit organizations. He holds an MA in Educational Technology from Concordia University, where he also lectured for several years.

Lesley Dyck and **Karen Fish**, Knowledge Translation Specialists at the NCCDH, acted as Project Leads, provided the consultant with useful leads and guidance throughout the project, and coordinated activities carried out with the Reference Group.

An online learning **Reference Group** was also convened to provide strategic oversight and advice on the assessment and selection of e-learning courses for this project. The members were selected for the group to provide a variety of perspectives:

- **Connie Berry** is Senior Policy Analyst, Social Determinants and Science Integration Directorate at the Public Health Agency of Canada.

- **Julie Castonguay** is Network Development Officer with the National Collaborating Centre for Healthy Public Policy, and coordinator for a new online course on Health Impact Assessment.

- **John Garcia** is Associate Professor and Associate Director, Professional Graduate Programs at the University of Waterloo's School of Public Health and Health Systems.

Methods and Tools

How we defined online learning

For the purposes of this project, the following types of resources were considered:

- "Self-paced" online courses or tutorials (taken individually without any facilitation) with some form of interaction between learner and content.

- Facilitated online courses.

- "Blended" courses using a combination of delivery methods.

- Courses of any length (identified courses range from 30-minute modules to courses requiring several months to complete), as long as they allow the learner to interact meaningfully with the content.

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[1] Throughout this document, the terms "e-learning" and "online learning" are used interchangeably.

The following types of resources were <u>excluded</u> from consideration, not because such resources are not useful, but simply because they were outside the scope of the project:

- Web sites that are mainly collections of information resources, whether these are text-focused or include richer media.

- PowerPoint presentations and online equivalents.

- Online university Master of Public Health courses that cannot be taken individually by part-time students (e.g., working professionals).[2]

- Webinars or recordings of webinars.

Search criteria

A number of criteria were developed to guide the search and initial screening of online courses:

- **Keywords:** Keywords used in internet searching were developed in accordance with the project purpose and included the following terms (English and French):

  o online learning; e-learning; elearning; online courses / *formation en ligne; cours en ligne.*

  o 1st-level topic keywords: public health, population health; social determinants of health; population health; health equity; health inequity; health impact assessment / *santé publique, équité en santé, déterminants de la santé, approche populationnelle, évaluation d'impact sur la santé*

  o 2nd-level topic keywords : community health impact assessment, epidemiology, gender equity in health, health impact assessment, intersectoral action, population health status reporting, public health history, public health leadership, purposeful reporting, racial equity in health, social justice, surveillance

  It should be noted that the second-level topic keywords emerged during the search process and were used mainly to converge on relevant courses within online course databases and portal sites. Second-level keywords were not needed for the French search due to the small number of courses that were found based on the first-level search terms. In the French language search, we did not search for specific determinants or interventions/practices if they did not appear via the primary screen.

- **Audience**: Courses had to be intended or clearly relevant for one or more of the following (in order of priority):

  o Canadian front-line public health practitioners

  o Public health managers or decision-makers

  o Other stakeholders (primary care/community health professionals, health board members, non-governmental and social service organizations, etc.)

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[2] Because many institutions require admission to a degree program, the issue of how to document and assess university online offerings was not resolved by the project team.

- **Language**: We searched for courses available in English or French (only a small number of courses of French language origin were identified, but a number of courses are offered in French and English).

- **Origin**: Although most of the effort was invested in searching for Canadian and US content, courses from any origin were considered, as long as content was potentially relevant to a Canadian audience.

Search strategy and sources

The search strategy was both systematic and opportunistic. Approximately 40 hours of effort were expended on the search (this does not include time spent reviewing and assessing individual courses). Initially, we used the following resources to orient the search:

- NCCDH staff recommendations about known relevant courses, including a useful listing of Canadian university MPH programs with online offerings.

- Results of a 2010 scan completed for NCCDH by Dr. Bill Bavington.

- Suggestions and leads provided by the project's Reference Group members, and by the following individuals for French-language courses: Lisandra Lannes (Réseau francophone international pour la promotion de la santé), Martine Bantuelle (EducaSanté : Promotion de la santé), Hélène Valentini (Institut national de santé publique du Québec).

- Much later in the project, another very relevant resource, published in February 2013, came to our attention: PHAC's *Environmental Scan of Online Continuing Education Resources to Support Public Health Core Competencies.* Although this document did not identify any specific courses we had not already found, it did lead us to review the database of courses housed in the US Public Health Center Training Network.

The above tactics and further exploration led to the following "repository" or "portal" sites that became the source of relevant courses or additional leads (in alphabetical order—see Appendix 5 for a more detailed list of sites/organizations consulted):

- CDC-TRAIN and CDC Learning Connection
  access to learning products from a large variety of - mainly US - public health online training providers

- HIA Gateway
  UK site with small listing of good-quality online learning resources

- PAHO Virtual Campus for Public Health
  portal providing access to online learning mainly for practitioners and PAHO/WHO staff working in countries served by these organizations

- PHAC Skills Online modules
  the most visible provider of online learning courses on topics related to public health competencies in Canada

- People's Open Access University Initiative - People's Uni
  certificate, diploma and degree programs to build public health capacity in low to middle income countries)

- Public Health Online Resource for Careers, Skills and Training (PHORCaST)
  e-learning area of this UK portal lists 9 good sources of online learning; also lists numerous UK sources of public health education and training

- [Public Health Training Centers Network](#) (PHTCN)
  US-based portal/database of hundreds of online/other courses - Public Health Training Centers are partnerships between accredited schools of public health, related academic institutions, and public health agencies and organizations

Gathering course information and applying best practices screen

Once a course was identified and accessed for review, the protocol described in Appendix 3 was used to gather basic course information that would be useful for someone looking for an online learning professional development course.

If the course proved promising, a best practices screen was also completed. Each promising course was rated on 12 best practice indicators of quality and educational value (listed here), using a 7-point scale, along with comments:

1. The course presents public health content and practices that are current and authoritative.

2. The course aims and manages to change performance in a visible, measurable way (rather than just transferring information).

3. The course feels like an immersive and engaging learning environment.

4. The course design and choice of activities are well adapted to the learning goals and context.

5. The course is easy to use and follow.

6. A rich variety of well-produced media is used, appropriate to the learning goals (video, graphics, etc.).

7. The right amount and types of human interaction (with facilitator or peers) are available.

8. Interactive and other activities allow learners to engage with the content and practice realistic skills.

Part of the Course Information and Best Practice Overview form used to assess courses

9. Good and useful reference resources are provided for use in and outside the course (learners don't have to memorize content).

10. The writing is concise and sounds like a magazine, not like a textbook.

11. The production values are high and the course is appealing to use.

12. Technical performance is flawless.

Approximately 70 hours were invested in reviewing and assessing individual courses. Basic course information, best practice ratings and, where possible, sample course screens were collected online in a form produced in Wordpress. This made it easier for the project Reference Group members to access course reviews for ranking purposes.

Best practice "quality indicators"

The "best practice quality indicators" were derived and adapted from several sources, including Cathy Moore's *Checklist for strong e-learning*, Clayton R. Wright's detailed *Criteria for Evaluating the Quality of Online Courses*, and the author's own previous work in e-learning quality assessment and evaluation.

The indicators that were chosen are also well represented in an excellent e-learning best-practices guide, available on the CDC Learning Connection site.
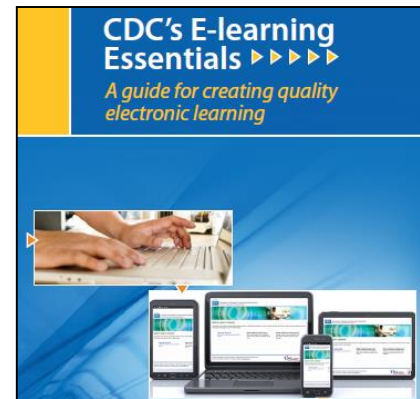
Course review and ranking

Approximately 40 candidate courses were identified and inventoried as described above. The Reference Group members were then asked to review the course profiles and provide their personal assessment of relevance and design quality based on the following criteria:

- High relevance to Canadian Public Health practitioners, managers and decision-makers.

- Above average quality of instructional design.

- Appropriate referencing/validation of course content for the depth of the material covered.

Given the diversity of learning needs and preferences among the target audiences, the following criteria were not considered in the ranking process:

- Learning purpose - courses could focus on either a) awareness building/re-framing, b) skill development, or both.

- Recency/age of course.

- Information depth or complexity.

- Course length.

The members of the Reference Group and NCCDH staff used an ABCD prioritization scale to individually rank the courses:

A = absolutely recommend

B = strong contender, useful product

C = has merit, but is weak in a key criteria area

D = don't proceed any further with the assessment of this course

The rankings were then reviewed by the NCCDH staff (Lesley Dyck and Karen Fish) and a short-list of recommended courses was created based on:

- Courses rated A or high-B.

- University courses available on a "one-off" basis that are also rated A or high-B.

  As per footnote 2 (page 2), most university courses can only be taken if the participant registers in the full program. Because of the accessibility issues this creates, members of the project team decided to exclude courses requiring academic program registration. As a result, university courses not available on a "one-off" basis were not considered (even if rated an A). The Reference Group identified that there is merit in doing a separate assessment of university courses, but this was beyond the scope of this project.

In a teleconference meeting, the Reference Group reviewed the short list of recommended courses, and provided feedback to the NCCDH staff so that they could make a final decision on which courses to include. The result is a list of 12 professional development resources on health equity and the social determinants of health for the target audiences.

Limitations

As with any environmental scan effort carried out in a limited timeframe, it is to be expected that our results are not comprehensive, that some relevant, high-quality courses were missed. We hope and expect that some of these will be identified and added in an ulterior phase of work.

A single person (the consultant) was responsible for the bulk of searching, including decisions regarding which courses to include for consideration or leave aside. It is thus possible that some relevant courses were excluded from consideration--courses that other individuals more knowledgeable about the target domains may have retained.

Limited project resources also prevented us from carrying out informant interviews with more individuals directly involved in Public Health online learning initiatives. In other environmental scans, such informant interviews turned out to be the best source of highly relevant information.

The following factors also had an impact on the process of searching for courses, and the results of the search:

- In both the e-learning and public health fields, terminology is used to signify slightly different things in different locales and contexts. For instance, e-learning is sometimes used to refer to resources that are little more than information web sites or online presentations. Such ambiguity leads to more "dead ends" in searching.

- As in all domains, web sites varied widely in how current the information was. In some cases, considerable digging needed to be done before determining that courses were either no longer available, or never progressed from planning stages to actual implementation.

- Once potential candidate courses were identified, getting access to detailed information or the courses themselves, sometimes required a complex administrative process, or were not realistic given the project timeframe.

Results

Recommended courses

These are the 12 courses that were found in our scan and are recommended as professional development resources on health equity and the social determinants of health for a public health audience.

Title	Org'n	Year / Origin	Course Type	Language	Cost / Effort
Community Tool Box (series of 8), including: - Assuring Engagement in Community Health Improvement Efforts - Conducting Community Health Needs Assessments[3]	Work Group for Community Health and Development (Univ. of Kansas) and Kansas Dept of Health	2011 US	Solo Unfacilitated	English	FREE 30 – 60 minutes each
Gender Based Analysis PLUS	Status of Women Canada	2012 Canada	Solo Unfacilitated	English & French	FREE 3-4 hours
Health Equity Impact Assessment (HEIA)	Centre for Addiction and Mental Health	2012 Canada (ON)	Solo Unfacilitated	English	FREE 2 hours
Health Impact Assessment in Practice	NHS Health Scotland	2008 Europe	Solo Unfacilitated	English	FREE 6-12 hours
Indigenous Cultural Competency Training Program	BC Health Services Authority - Aboriginal Health	2009 Canada	Solo Facilitated	English	FREE (practitioners) 5-9 hrs
Introducing Public Health	OpenLearn (The Open University)	2012 Europe	Solo Unfacilitated Excerpt of credit course	English	FREE 6 hours
Introduction to HIA of Public Policies / Introduction à l'ÉIS des politiques publiques	NCCHPP / Université de Montréal	2012 Canada	Group Facilitated Univ course	English & French	$121-244 45 hrs / 8 wks
New Directions in Public Health and Community Development Online Workshop Series	Health Equity Initiative	2012 US	Group Facilitated Webinars	English	$30 2 hrs
Principes et méthodologie de Santé Publique : Concepts et savoirs de base	Université de Lorraine / Nancy-Université	2011 Europe	Group Facilitated Non-credit	French	800 € 50-70 hrs / 9 wks.
Reducing Gaps: Using Area-Based Socio-Economic Measures to Explore Population Health	Cdn Institute for Health Information	2012 Canada	Solo Unfacilitated	English & French	FREE 1 hr
Roots of Health Inequity – NACCHO	National Assn of County & City Health Officials	2011 US	Solo / Group Facilitated or not	English	FREE 15-30 hrs
Social Determinants of Health	SickKids Hospital (Toronto)	Canada	Solo Unfacilitated	English	FREE 1 hour

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[3] These two modules from the Kansas Department of Health are from a series of 8 "Community Tool Box" modules, so are considered one course here.

High-level summary of courses

Overall, we identified 38 online courses that met our search and screening criteria; the descriptions can be found in table format in Appendix 1A.

As was mentioned earlier, an additional 8 university credit courses were found, but were not included as candidates for assessment due to the required admission to a graduate program; they can be found in Appendix 1B for information purposes.

This section provides a high level summary of the 38 identified courses, plus the 8 university courses, according to the following categories:

1) knowledge domain,
2) origin,
3) type,
4) learning focus,
5) cost, and
6) language.

1) Knowledge domain (n=38)
(excludes university credit courses/programs)

General HE / Social Determinants of Health	Specific Determinants of Health
1. Board of Health eLearning Module (Ontario eHealth) 2. Factors that influence health: An introduction (OpenLearn) 3. Global Learning Device on Social Determinants of Health (PAHO) 4. Health and Human Rights (HREA) 5. Health Equity and Prevention Primer (Prevention Institute) 6. Human Rights and Health (PAHO/WHO) 7. Inequalities and the Social Determinants of Health (Peoples-uni) 8. Introducing Public Health (OpenLearn) 9. New Directions in Public Health and Comm. Development Online Workshop Series (Health Equity Initiative) 10. Putting Social Justice at the Heart of Public Health (PreventConnect) 11. Roots of Health Inequity (NACCHO) 12. Social Determinants of Health (SickKids)	1. An Ethnic Approach to Health (PAHO/WHO) 2. Gender and Health Self-Learning Course (WHO) 3. Gender-Based Analysis PLUS (Status of Women Canada) 4. Race and Ethnicity in Health Care (Kaiser Educational Foundation) 5. Refugee Mental Health (CAMH) 6. Rising to the Challenge: SGBA e-learning resource (Centres of Excellence for Women's Health) 7. The 4 Determinants of Healthy Child Development (McMaster University)
Population Health	**Health Impact Assessment**
1. Evidence Based Public Health Practice (PHAC) 2. Introduction to Evidence-Informed Decision Making (NCCMT) 3. Introduction to Population Health (CIHI) 4. Measuring Health Disparities (Michigan) 5. Primer on Population Health (AFMC) 6. Principes et méthodologie de Santé Publique : Concepts et savoirs de base (Université de Lorraine) 7. Reducing Gaps: Using Area-Based Socio-Economic Measures to Explore Population Health (CIHI/CPHI)	1. Conducting Community Health Needs Assessments (Kansas) 2. Health Equity Impact Assessment (CAMH) 3. Health Impact Assessment in Practice (NHS Health Scotland) 4. Introduction à l'évaluation d'impact sur la santé des politiques publiques / Introduction to Health Impact Assessment (NCCHPP/Université de Montréal) *Each of these courses takes equity into account in the HIA models put forward.*
Cultural Competence	**Community Engagement**
1. A Physician's Practical Guide to Culturally Competent Care (HHS/OMH) 2. Diversity and Cultural Competency in Public Health Settings – Basic Level (South Central) 3. Indigenous Cultural Competency Training Program (BC Aboriginal Health) 4. Practicing Cross Cultural Communication (NewYork/New Jersey)	1. Assuring Engagement in Community Health Improvement Efforts (Kansas) 2. Building Community Capacity (e-Learning for Healthcare – UK) 3. Learning from Stakeholders (UK Health) 4. New Directions in Public Health and Community Development Online Workshop Series (Health Equity Initiative)

2) Origin of courses found (n=46)

(Includes university courses)

Note: "International" includes courses focused on the international context, not the location of the host organization.

Pie chart: Origin of courses found
- Canada, 46%
- US, 25%
- Europe, 15%
- Int'l, 15%
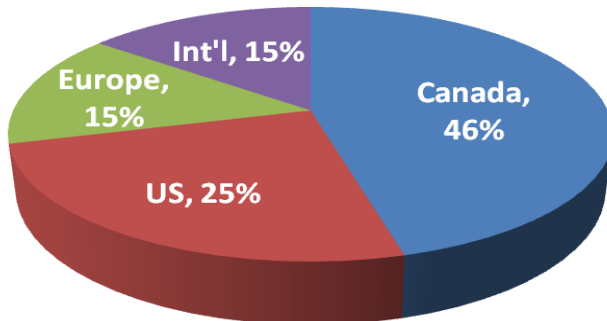
3) Course type (n=46)

(Includes university courses)

Note: University courses are also facilitated

Pie chart: Course type
- Self-learning, 63%
- University, 19%
- Facilitated, 13%
- Other, 6%
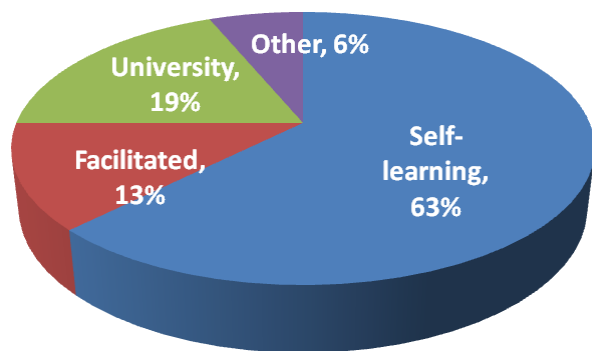
4) Learning focus (n=46)

(Includes university courses)

Pie chart: Learning focus
- Knowledge, 49%
- Skills, 47%
- Both, 4%

5) Cost (n=46)

(Includes university courses)

Pie chart: Cost
- FREE, 69%
- Tuition, 31%
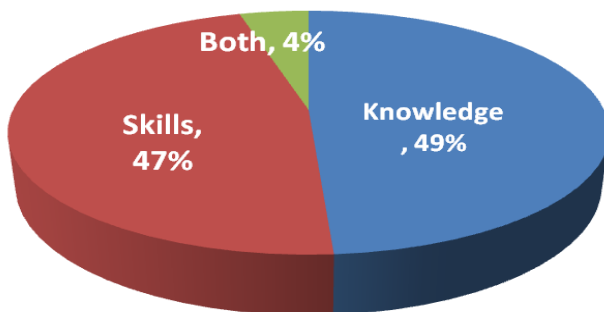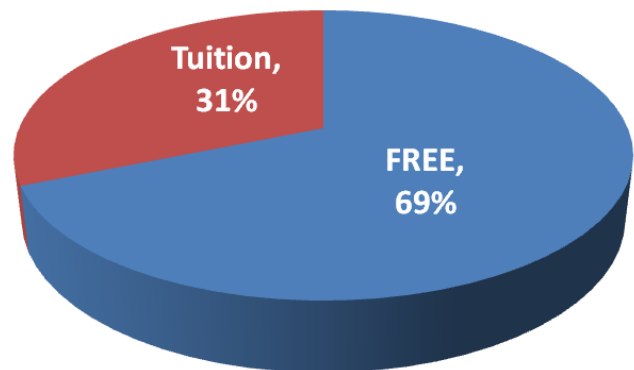
6) Language (n=46)

(Includes university courses)

Pie chart: Language
- English only, 70%
- English & French, 19%
- English & Spanish, 6%
- French only, 4%
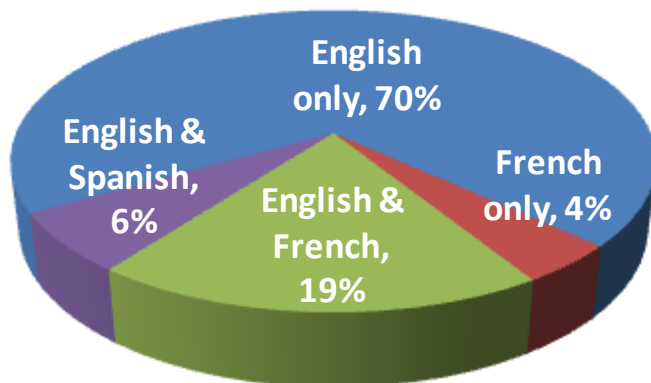
Of the 38 online courses that were identified as relevant, 30 were assessed against the e-learning best practice criteria. Appendix 2 provides the detailed information for these 30 courses and their rating against each of the best practice elements.

Discussion

Overall assessment of findings

- In terms of quantity of relevant courses identified, results exceeded expectations somewhat. Given that Bavington's 2010 scan identified only five relevant online courses on the social determinants of health, we can conclude that either there are more providers and courses out there now, or that our search went further afield than the previous one.

- In terms of content, the courses identified covered a diversity of knowledge domains, from the general to the specific. The largest number of courses fell into the general health equity and social determinants of health domain, with 12 courses. Other more specific domains, such those focused on individual determinants (e.g., gender) or interventions to address equity issues (e.g., community engagement), had anywhere from 1 to 7 courses identified. It should be noted that in spite of this diversity, a number of social determinants (e.g., housing, food security) and interventions (e.g., advocacy, intersectoral action) did not surface in our search.

- In terms of quality, there are clearly some public health organizations capable of designing and deploying good-quality e-learning that is relevant for a much wider audience than their own constituency. It is clear that significant resources are being invested to create online learning courses to upgrade public health practitioners' competencies, in line with population health approaches.

- Overall, however, the quality of courses is uneven. Some courses are of excellent quality and are good models to follow. Others could be significantly improved with some relatively minor changes in design and/or implementation. A good number of others would require significant overhauls to become effective learning tools.

Addressing the knowledge / learning focus domains

- Looking only at the number of courses identified, and the distribution of courses among the six key topics in the "Knowledge Domains" table above, one might say that the domain of general health equity and social determinants of health is quite well served with online learning offerings. However, given that less than 20% of courses received any "A" ratings, regardless of knowledge domain, there appears to be ample room for well-designed and well-executed programs.

- Courses found were about evenly divided in focusing on knowledge-based or skill-based learning objectives. Social determinants of health and health equity are areas where both knowledge and skills foci are prominent, but demand seems to be growing quickly for flexible training opportunities truly focused on job-relevant skills and competencies, as suggested by Warner (2009).

Serving the audience

- Unlike in the US and UK (see Appendix 5), there does not exist in Canada a "portal" or database site that provides a curated, up-to-date listing of professional development offerings for Canadian practitioners, not to mention a listing of online offerings. So presumably, practitioners find out about these opportunities through their own searching, newsletters, announcements, listings of "interesting links" on various web

sites, and word of mouth. For a practitioner wishing to create a professional development plan, the task can be rather involved. A Canadian repository or portal site would likely be popular among practitioners, but this is an endeavour that requires significant resources to implement and, more importantly, maintain over the long term.

- Almost two-thirds (65%) of the courses identified were of the "self-learning" type, which on the surface, seems ideal for a working professional audience in search of flexible, accessible learning programs. However, the new skills needed in the target domain emphasize complex competencies like communication, collaboration, research, evidence-based decision-making and social engagement. In such areas, initial learning stages can be successfully completed with good self-paced learning tools, but developing fluency and mastery requires interaction/feedback/mentoring from peers and experts. Few of the online courses we found had well-developed mechanisms for feedback, mentoring or monitoring of knowledge transfer to the job.

- With a few exceptions, universities in Canada seem to be making limited efforts to create flexible and affordable professional development opportunities for public health practitioners. At most universities, it is not possible to take an online course without being admitted to a MPH or other graduate program. So for professionals seeking university credit and flexibility, the choices are very limited. A notable exception is the collaboration between the Université de Montréal and the NCCHPP that led to the already successful course *Introduction to Health Impact Assessment of Public Policies*.

- Excluding university-based courses, close to 90% of programs identified were free. This is great for learners and their employers, but somewhat surprising. One would think that developers of widely accessible, online courses would charge modest fees to learners outside of their own jurisdiction, in order to recoup some of the high costs of high-quality e-learning development. The lack of fees may be evidence of a good level of financial support around the world for upgrading the population health competencies of the public health workforce.

- Only a small number of non-university courses identified are available in French. This speaks to the need to better support francophone practitioners seeking professional development outside the university setting.

Applying best practices in design

The courses that obtained the highest ratings for relevance, quality of content and design best practices are excellent examples of what is possible when a talented and well-funded team work together to address a well-defined workplace competency and performance challenge. The following are some of the things that contributed to courses getting high ratings:

- *Not biting off too much in terms of content and learning objectives.* A good example is the highly-rated "Reducing Gaps: Using Area-Based Socio-Economic Measures to Explore Population Health", a one-hour tutorial on a specific, well-circumscribed topic. This program also excelled in online information design, never losing sight of the need to be concise in the online medium.

- *Combining self-paced and facilitated learning when the competency objectives call for it.* The "Indigenous Cultural Competency Training Program", which is reported to have been completed by over 10,000 learners, is an excellent example of this. Skilled facilitators guide and support each participant through dynamic and interactive learning modules, in

order to ensure that learners are able to work through the sometimes disturbing self-questioning arising from the program.

- *Using job-relevant and realistic cases or scenarios to allow learners to practice skills they will be called upon to use at work.* This seems like such a simple principle to follow, but only a minority of courses do this well. Good examples are the *Gender-Based Analysis Plus*, *Practicing Cross-Cultural Communication (Bamboo Dragon)* and *Health Impact Assessment in Practice* programs. Programs like the *Health Equity Impact Assessment* program take this one step further and also provide the learner with an analysis and reporting template to use to complete the training scenario (the same tool they will use back on the job).

Of course there is more to creating an effective online course than choosing the right content, using the right delivery strategies and exploiting job-relevant scenarios. We agree with Warner's (2009) identified recommendations for cultural competence training, as they are relevant to public health training in general (references are his):

- **Evaluating - and properly designing evaluations** (e.g. experimental pre/post-test designs using validated instruments) of training programs for their impact on trainees' behaviour as well as client health outcomes. (Gozu et al., 2007; Curtis et al., 2007).

- **Developing greater (evidence-based) consensus on training standards and evaluative criteria** for cultural competency training and skills assessment. This is a particularly important priority in the field of continuous education for existing health care professionals (OMH, 2001; Betancourt, 2005).

- **Focusing on skills versus solely attitudes and knowledge** in training modules by employing a practice oriented, skills-based approach to training that focuses on specific competencies and skills required to function culturally competently in a particular organizational setting (Engerbretso et al., 2008).

- **Taking a systems approach** to cultural competence training. A systems approach treats training as a "key component of a health care organization's strategic approach to organizational performance," and links it to the attainment of these strategic goals for improved quality of care (Curtis et al., 2007).

Leading providers (current and potential)

The training providers that seem to be leading the way in terms of their commitment and innovation are the following:

- Canadian Institute for Health Information (CIHI)—provides a variety of good-quality professional development resources, including online resources such as webinars and self-paced modules.

- Centre for Addiction and Mental Health— CAMH has embraced online learning for professional development in its areas of competence, and while the number of courses produced is small, the quality achieved is exemplary.

- Public Health Agency of Canada (PHAC) — continues to offer good-quality, online, facilitated professional development programs.

- Kansas Department of Health and Work Group for Community Health and Development (University of Kansas)— the Community Tool Box initiative is an impressive corpus of

public health and community development training and job support resources , that has already achieved considerable success in Kansas and many other jurisdictions.

- Concordia University College of Alberta, Université de Montréal (with NCCHPP) and Lakehead University (among universities) — these post-secondary institutions appear to be making the most sustained efforts to serve the needs of practicing professionals.

- NextGenU – interesting model, but the small number of courses available suggests that it might not be sustainable to provide high-quality, facilitated courses free of charge.

- Pan-American Health Organization (PAHO) –in the context of international multilateral development agencies, PAHO (in collaboration with WHO in some cases) seems to be leading the way in investing in e-learning resources for public health-related staff and stakeholder training.

Appendix 1A – Summary information on courses identified (except university courses)

"**A**" in first column indicates that course was assessed in detail; "**R**" indicates it was also recommended.

A/R	Title	Organization	Year / Origin / Language	Main audience	Course type	Learning focus	Main topic(s)	Cost / Effort
A	**Board of Health eLearning Module (Ontario)**	Ontario eHealth Portal	Canada English/French	Leaders	Solo Unfacilitated	Basic knowledge	Roles/resp SDH	FREE 2.5 hrs
	Evidence Based Public Health Practice	PHAC	Canada English/French	PH Practitioners	Group Facilitated	Knowledge	Evidence Health equity	$175 24-38 hrs / 8 wks
A/R	**Gender Based Analysis PLUS**	Status of Women Canada	2012 Canada English/French	PH Practitioners Leaders (Civil Servants)	Solo Unfacilitated	Other (pgm design)	Health equity	FREE 3-4 hours
A/R	**Health Equity Impact Assessment (HEIA)**	Centre for Addiction and Mental Health	2012 Canada English/French	PH Practitioners Leaders	Solo Unfacilitated	Intervention skills	SDH Health equity	FREE 2 hours
A/R	**Indigenous Cultural Competency Training Program**	BC HSA - Aboriginal Health	2009 Canada English	PH Practitioners Others (non-health)	Solo Facilitated	Awareness / Reframing Intervention skills	Health equity Population health	FREE (practitioners) 5-9 hrs
A	**Introduction to Evidence-Informed Decision Making**	NCCMT	2010 Canada English/French	PH Practitioners	Solo or Group Unfacilitated	Intervention skills	Evidence	FREE 3.5-5 hrs
A/R	**Introduction to HIA of Public Policies / Introduction à l'ÉIS des politiques publiques**	NCCHPP / Université de Montréal	2012 Canada English/French	PH Practitioners Decision-makers	Group Facilitated Credit course	Intervention skills	HIA	$121-$244 45 hrs / 8 wks
A	**Introduction to Population Health**	CIHI	2007 Canada English/French	PH Practitioners Others	Solo Unfacilitated	Awareness / Reframing	SDH Population health	FREE 1 hour

A/R	Title	Organization	Year / Origin / Language	Main audience	Course type	Learning focus	Main topic(s)	Cost / Effort
A	**Primer on Population Health**	Assn of Faculties of Medicine of Canada	2009 Canada English/French	Med students	Solo Unfacilitated E-book	Foundation	SDH Population health	FREE
A/R	**Reducing Gaps: Using Area-Based Socio-Economic Measures to Explore Population Health**	CIHI / CPHI	2012 Canada English/French	PH Practitioners	Solo Unfacilitated	Intervention skills	Health disparities	FREE 1 hr
A	**Refugee Mental Health**	Centre for Addiction and Mental Health	2009 Canada English	PH Practitioners Others	Solo Unfacilitated	Intervention skills	SDH Mental health	FREE 6-8 hrs
A	**Rising to the Challenge: SGBA e-learning resource**	Centres of Excellence for Women's Health	2010? Canada English & French	PH Practitioners Leaders	Solo Unfacilitated	Awareness / Reframing	Health equity	FREE 2-4 hrs?
A/R	**Social Determinants of Health**	SickKids Hospital (Toronto)	Canada English	PH Practitioners Leaders Others	Solo Unfacilitated	Awareness / Reframing	SDH Health equity	FREE 1 hour
A	**The 4 Determinants of Healthy Child Development**	McMaster Univ Health Sciences	Canada English	Med students & practitioners	Solo Unfacilitated CE course	Intervention Skills	SDH	FREE 2 hours
	A Physician's Practical Guide to Culturally Competent Care	HHS Office of Minority Health	2004 US English	Physicians	Solo (mainly) Unfacilitated	Intervention skills	Racial equity	FREE 9 hrs

A/R	Title	Organization	Year / Origin / Language	Main audience	Course type	Learning focus	Main topic(s)	Cost / Effort
A/R	**Community Tool Box --** Series of 8 modules, incl. • **Assuring Engagement in Community Health Improvement Efforts** • **Conducting Community Health Needs Assessments**	University of Kansas & Kansas Dept of Health	2011 US English	PH Practitioners Leaders Others	Solo Unfacilitated	Intervention skills	Population health Health assessments others	FREE 30 min to 1 hour
A	**Diversity and Cultural Competency in Public Health Settings – Basic Level**	South Central Public Health Partnership	2002 US English	PH Practitioners	Solo Unfacilitated	Awareness	Cultural competence	FREE 2 hrs
A	**Health Equity and Prevention Primer**	Prevention Institute	US English	PH Practitioners	Solo Unfacilitated	Awareness / Reframing	Health equity	FREE 2-3 hrs
A	**Measuring Health Disparities**	Michigan Public Health Training Center	2009 US English	Leaders / Decision-makers	Solo Unfacilitated	Measurement	Health equity	FREE 2-3 hrs
R	**New Directions in Public Health and Community Development Online Workshop Series**	Health Equity Initiative	2012 US English	PH Practitioners Leaders	Group Facilitated Webinars	Awareness Intervention skills	SDH Health equity Health impact assessment	$30 2 hrs
A	**Practicing Cross Cultural Communication**	New York/New Jersey Public Health Training	US English	PH Practitioners	Solo Unfacilitated	Intervention skills	Cultural competence	FREE 1.5 hrs x 3
A	**Putting Social Justice at the Heart of Public Health**	Prevent Connect	2012 US English	PH Practitioners Others	Solo Unfacilitated	Intervention skills	Gender equity	FREE 1 hour

A/R	Title	Organization	Year / Origin / Language	Main audience	Course type	Learning focus	Main topic(s)	Cost / Effort
A	**Race and Ethnicity in Health Care**	Kaiser Educational Foundation	2007 US English	PH Practitioners	Solo Unfacilitated	Awareness	SDH Racial health equity	FREE 20 mins.
A/R	**Roots of Health Inequity**	NACCHO	2011 US English	PH Practitioners	Solo / Group Facilitated or not	Awareness/ Reframing	Health equity	FREE 15-30 hrs
A	**Building Community Capacity**	e-Learning for Healthcare	Europe (UK) English	PH Practitioners (Health Visitors)	Solo (Learning contract) Workplace project	Intervention skills	Health promotion	FREE 24 weeks
A	**Factors that influence health: An introduction**	OpenLearn (The Open University)	2012 Europe English	PH Practitioners Others	Solo Unfacilitated Excerpt of credit course	Awareness/ Reframing	SDH	FREE 5 hrs
A/R	**Health Impact Assessment in Practice**	NHS Health Scotland	2008 Europe English	PH Practitioners	Solo Unfacilitated	Intervention skills	HIA	FREE 6-12 hrs
	Inequalities and the Social Determinants of Health	Peoples-uni	2007 Europe English	PH Practitioners	Group Facilitated CE course	Intervention skills	Social determinants of health	US $50 ? hrs (2 weeks)
A	**Introducing Public Health**	OpenLearn (The Open University)	2012 Europe English	PH Practitioners Others	Solo Unfacilitated Excerpt of credit course	Awareness/ Reframing	SDH Public health	FREE 6 hours
A	**Learning from Stakeholders**	UK Department of Health	2011 Europe English	PH Practitioners	Solo Unfacilitated	Intervention skills	Other	FREE 3-4 hours?

A/R	Title	Organization	Year / Origin / Language	Main audience	Course type	Learning focus	Main topic(s)	Cost / Effort
A	**Principes et méthodologie de Santé Publique : Concepts et savoirs de base**	Université de Lorraine	2011 Europe French	PH Practitioners Others	Group Facilitated Non-credit	Foundation	Population health SDH	800 euros 50-70 hrs (9 wks.)
	C.E.P en Santé Publique	Institut ICADES	Africa French	Intervenants en SP Autres	Solo Sans formateur Cours crédité	Méthodes d'intervention	Approche populationnelle Déterminants de la santé	1800-2100 euros 6 mois (1 an total)
A	**An Ethnic Approach to Health**	PAHO/WHO	International English/ Spanish	PAHO staff	Solo Unfacilitated	Knowledge	Health disparities	FREE 4 hrs
A	**Environmental Health**	NextGenU	International English	PH Practitioners Others	Solo/Peer Unfacilitated	Intervention skills	Environmental health	FREE
A	**Gender and Health Self-Learning Course**	WHO	International English	PH Practitioners	Solo (mainly) Unfacilitated	Intervention skills	Health equity	FREE 4-5 hrs
A	**Global Learning Device on Social Determinants of Health**	Pan American Health Organization	2009 International English/ Spanish	Leaders / Decision-makers Others	Solo Unfacilitated	Awareness / Reframing	Social determinants of health	FREE 2-3 hrs
A	**Health and Human Rights**	Human Rights Education Association	International English	PH Practitioners Leaders	Group Facilitated CE course	Awareness / Reframing	Health equity	$435-575 $165-215 (audit) 30 hrs / 6 wks
A	**Human Rights and Health**	PAHO/WHO	2010 International English/ Spanish	PH Practitioners Others	Solo Unfacilitated	Knowledge	SDH Health equity	FREE 2-3 hrs

Appendix 1B – Summary information on university courses identified (all are in English)

Title	Organization	Year / Origin / Language	Main audience	Course type	Learning focus	Main topic(s)	Cost / Effort
Health Equity (2 courses)	Lakehead University	2002 Canada	PH Practitioners	Group Facilitated MPH courses	Univ. courses	SDH Health equity	$2,784 per term 1 term
Indigenous People's Health MPH option	University of Victoria	Canada	PH Practitioners	Group Facilitated Univ. courses	Univ. courses	SDH Population health	Tuition fees 3 years?
Introduction to the Determinants of Health	University of BC	Current Canada	PH Practitioners	Group Mixed mode Univ. course	Univ. course	SDH	Approx. $2500-5000 / year (MPH pgm)
MPH courses on Aboriginal Health etc.	University of Saskatchewan	Canada	PH Practitioners	Group Facilitated Univ. courses	Univ. courses	SDH Racial equity etc.	$8,717 pgm fee 3-5 yrs
MPH offered online	University of Waterloo	Canada	PH Practitioners	Group Facilitated Univ. courses	Univ. courses	Population health	$1300-2600 per term
Public health for Children and Youth at Risk	Concordia Univ College of Alberta	Current Canada	PH Practitioners	Group Facilitated Credit or not	Intervention skills	Health equity	Fees: $515 8 weeks
Social and Behavioural Change for Public Health	Concordia Univ College of Alberta	Current Canada	PH Practitioners	Group Facilitated Credit or not	Intervention skills	Health promotion	Fees: $515 8 weeks
Social Determinants of Health (2 courses)	University of Alberta	Year? Canada	PH Practitioners	Group Facilitated MPH courses	Univ. courses	SDH Diversity	$600 1 term

Appendix 2 – Details on courses assessed for best practices (30 of the 38 non-university courses)

Gender Based Analysis PLUS (Canada)

Assessed on: February 24, 2013

| **Sponsoring organization** |
| Status of Women Canada |
| **Year developed** |
| 2012 |
| **Origin / Language** |
| Canada / English & French |
| **Links (to access or get more information)** |
| [Access to course](#) |

Context and relevance

The Canadian government expects GBA+ to be used as a key tool to inform and assess policies, programs, legislation, services and to inform decision-making. This course will provide civil servants with essential information on GBA+ and its related concepts. You will be supplied with the knowledge and tools you need to enhance your work as public servants by applying GBA+ to Government of Canada initiatives.

Audience(s)

- Public health practitioners
- Leaders and decision-makers

Comments on the audience

While the course is intended for public servants, the process and examples are quite widely applicable.
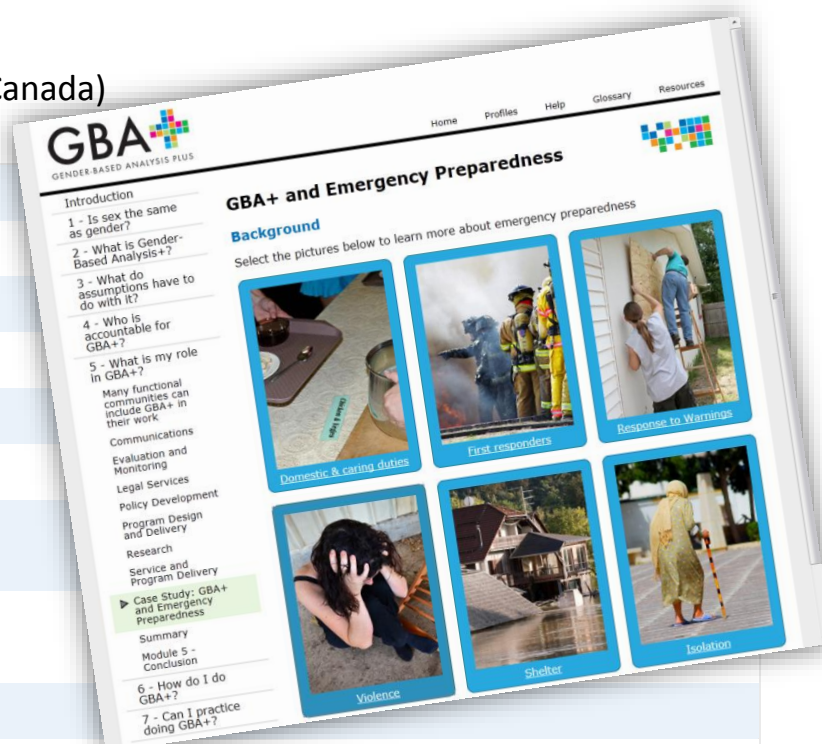
Course type

Open-access CE course

Learning focus

Intervention skills

Learning goals/objectives

Completing this course will enable you to:
- Recognize how sex, gender and diversity can influence the outcomes of federal government

initiatives.
- Describe GBA+ and how it can be used to enhance the impact of federal government policies, programs and initiatives.
- Identify GBA+ expectations and requirements for the use of GBA+ for federal institutions and federal public servants.
- Apply some basic GBA+ concepts and processes to your work

Course content/topics

1 – Is sex the same as gender?
2 – What is Gender-Based Analysis+?
3 – What do assumptions have to do with it?
4 – Who is accountable for GBA+?
5 – What is my role in GBA+?
6 – How do I do GBA+?
7 – Can I practice doing GBA+?
What did I learn?

Key topics covered

- (Health) equity/disparities

Key learning strategies/components

The course provides oral and written material for review and exercises and quizzes to test knowledge. Character profiles and case studies assist learners to meet the course's learning objectives. Modules begin with a list of objectives, an overview of content and an introduction to the issue to be covered. Each module includes at least one quiz and finishes with a summary of material covered. A scenario exercise is completed in the last module.

Types of learning components included

- Interactive exercises/activities
- Online reference resources
- Scenario-based training

Fees, Pre-requisites, Credit

FREE

Approximate duration

3-4 hours

Human interaction

None.

Evaluation and assessment

There is a final quiz in the section titled "What have I learned?" Learners need to score 80% or higher on this quiz to pass the course. Learners have three chances to pass the final quiz.

Developers and Funders

The idea for this course originated at Aboriginal Affairs and Northern Development Canada and was further developed by Status of Women Canada in consultation with an interdepartmental working group. More info on contributors:
http://www.swc-cfc.gc.ca/pol/gba-acs/course-cours/eng/mod00/mod00_02_01.php

Course Best Practices Overview

The course presents public health content and practices that are current and authoritative.

6/7 – I agree for the most part

The course aims and manages to change performance in a visible, measurable way (rather than just transferring information).

5/7 – I agree somewhat

Comments on the best practice above

The quite realistic scenario exercise and additional case studies relate the GBA+ process to the job context. Some post-training follow-up would be needed to make this more complete and effective.

The course feels like an immersive and engaging learning environment.

5/7 – I agree somewhat

The course design and choice of activities are well adapted to the learning goals and context.

6/7 – I agree for the most part

The course is easy to use and follow.

6/7 – I agree for the most part

A rich variety of well-produced media is used, appropriate to the learning goals (video, graphics, etc).

5/7 – I agree somewhat

Comments on the best practice above

Narration of content would have allowed the elimination of scrolling windows and would have improved retention for many learners. The few videos provided are of good quality, but the addition of videos – e.g., of government employees modeling the desired performance or reflecting on it – would have improved the course.

The right amount and types of human interaction (with facilitator or peers) are available.

4/7 – I neither agree nor disagree

Interactive and other activities allow learners to engage with the content and practice realistic skills.

6/7 – I agree for the most part

Comments on the best practice above

Exercises are simple but are designed to be closely related to the job context.
Good and useful reference resources are provided for use in and outside the course (learners don't have to memorize content).
7/7 – I agree completely
Comments on the best practice above
Good-quality and relevant resources are provided, and not an overwhelming number of them.
The writing is concise and sounds like a magazine, not like a textbook.
6/7 – I agree for the most part
The production values are high and the course is appealing to use.
4/7 – I neither agree nor disagree
Technical performance is flawless.
6/7 – I agree for the most part
Comments on the best practice above
The course performs well in a low-bandwidth environment. The need for scrolling is a bit tedious.

Health Equity Impact Assessment (HEIA) (Canada)

Assessed on: February 26, 2013

Sponsoring organization	
Centre for Addiction and Mental Health	
Year developed	
2012	
Origin / Language	
Canada / English & French	
Links (to access or get more information)	
[Course info (video) and access](#)	
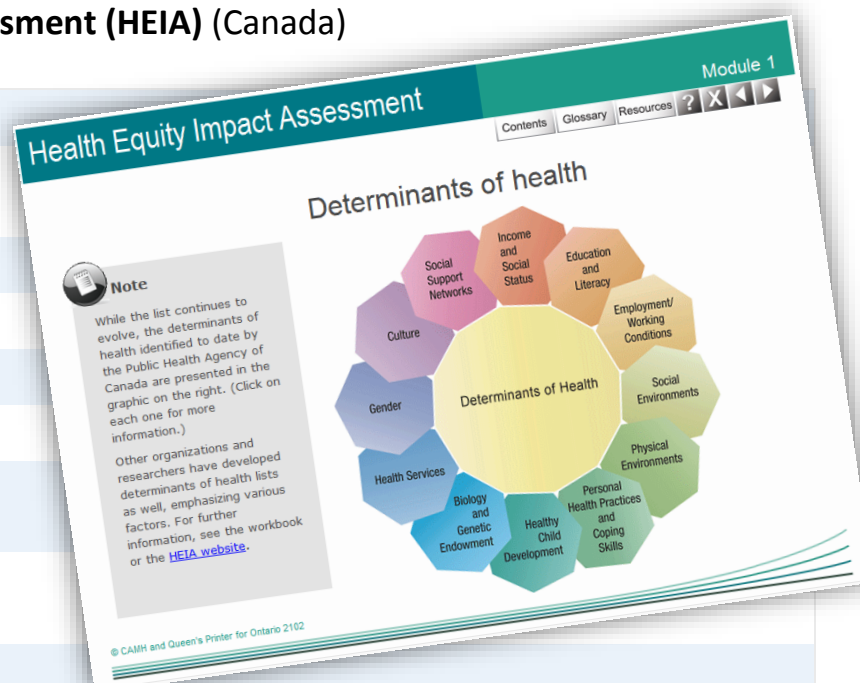
Context and relevance

The Ontario Ministry of Health and Long-Term Care (MOHLTC) has identified equity as a key component of quality care. To advance health equity and reduce avoidable health disparities between population groups, the MOHLTC has developed the Health Equity Impact Assessment (HEIA). This practical tool helps identify and address health impacts that a plan, policy or program might have on vulnerable or marginalized groups.

Audience(s)

- Public health practitioners
- Leaders and decision-makers

Comments on the audience

The HEIA course will be of interest to those involved in planning, policy, program or proposal development and who will use the Ontario HEIA tool to integrate equity considerations into new initiatives and more detailed planning.

Course type

Open-access CE course

Learning focus

Intervention skills

Learning goals/objectives

Module 1
- define health equity

- discuss the ethical and legal reasons for working toward health equity
- list and describe the major determinants of health.
Module 2
- explain the purpose of the HEIA
- discuss when to conduct the HEIA
- describe who should conduct the HEIA
- explain how to gather relevant evidence for an HEIA.
Module 3
- explain the five HEIA steps
- conduct an HEIA assessment

Course content/topics

This course consists of three modules and five practice case studies and includes:
- a definition of health equity and why it is important
- a description of the determinants of health
- information about the HEIA, including when and why it should be used and what kind of research is needed to complete it,
- demonstration of how to apply the tool, step by step, using the example of a realistic case study.
- instructions on how to perform an HEIA
The course includes five case studies and each case study is recommended for a specific category of learner, but you should feel free to try any of the studies you wish. Sample completed assessments are provided for all five cases.

Key topics covered

- Social determinants of health
- (Health) equity/disparities

Key learning strategies/components

The three initial course modules are made up of text/graphic content presentations. Interactivity is limited to clicking on links or graphic items to see more information. No interactive exercises are provided, but the course ends with 5 case studies allowing learners to practice filling in the HEIA template, and to then compare their work with filled-in examples provided.

Types of learning components included

- Online reference resources
- Individual or group assignments/projects

Fees, Pre-requisites, Credit

FREE

Approximate duration

2 hours

Human interaction

None.

Evaluation and assessment

None.
Developers and Funders
CAMH Branka Agic Mark Fernley MOHLTC April MacInnes Chloe Macrae Wendy Katherine The following people contributed to the ideas and vision behind the HEIA training module: Ayasha Mayr Handel Dr. Kwame McKenzie Sheree Davis
Course Best Practices Overview
The course presents public health content and practices that are current and authoritative.
7/7 – I agree completely
Comments on the best practice above
The HEIA tool and process appear to be well-established in public health practice in Ontario.
The course aims and manages to change performance in a visible, measurable way (rather than just transferring information).
5/7 – I agree somewhat
Comments on the best practice above
For a conscientious learner, the course provides good opportunities for actually practicing completion of the HEIA tool, but with no external review of student work, performance improvement is not assured.
The course feels like an immersive and engaging learning environment.
5/7 – I agree somewhat
The course design and choice of activities are well adapted to the learning goals and context.
5/7 – I agree somewhat
Comments on the best practice above
The design certainly goes in the right direction, but does not take the extra step of peer or instructor-reviewed performance. The lack of any interactive activities in the initial modules also reduces the effectiveness of the course.
The course is easy to use and follow.
6/7 – I agree for the most part
Comments on the best practice above

A bit tedious to use (see technical performance below).

A rich variety of well-produced media is used, appropriate to the learning goals (video, graphics, etc).

3/7 – I disagree somewhat

Comments on the best practice above

Only one audio clip is provided. A few videos of leaders or peers modeling desired performance, and other rich media to set context, would have made the course a richer and more effective learning experience.

The right amount and types of human interaction (with facilitator or peers) are available.

2/7 – I disagree for the most part

Interactive and other activities allow learners to engage with the content and practice realistic skills.

4/7 – I neither agree nor disagree

Comments on the best practice above

Nice variety of case studies to try out completion of template. Total absence of any interactive exercises to reinforce learning in initial modules.

Good and useful reference resources are provided for use in and outside the course (learners don't have to memorize content).

6/7 – I agree for the most part

The writing is concise and sounds like a magazine, not like a textbook.

3/7 – I disagree somewhat

Comments on the best practice above

The writing is concise, appropriate for an online context. Additional detail is provided in popup windows, making the main screen less cluttered.

The production values are high and the course is appealing to use.

4/7 – I neither agree nor disagree

Comments on the best practice above

Visual design is rather stark.

Technical performance is flawless.

5/7 – I agree somewhat

Comments on the best practice above

Technical performance is affected somewhat by Microsoft security issues (pop-ups etc.). Modules are all separate units, so a bit tedious to navigate. But these are relatively minor issues.

Indigenous Cultural Competency Training Program (Canada)

Assessed on: February 22, 2013

Sponsoring organization

Provincial Health Services Authority
in BC – Aboriginal Health

Year developed

2009

Origin / Language

Canada / English

Links (to access or get more info)

Course access/info
Overview video (about 7 mins.)
Blog post about the course by Leslie Varley

Context and relevance

An online training program delivered by the Provincial Health Services Authority of British Columbia designed to increase Aboriginal-specific knowledge, enhance individual self-awareness and strengthen skills for any professional working directly or indirectly with Indigenous people. The training was created in response to the Transformative Change Accord First Nations Health Plan requirement to increase cultural competency within Health Authorities through Action Item 19: First Nations and the Province will develop a curriculum for cultural competency for health authorities.

Audience(s)

- Public health practitioners
- Others

Comments on the audience

It is reported that the ICC program has trained about 10,000 people over the last three years. There are 3 core ICC training programs: ICC CORE and ICC CORE Health and ICC CORE Mental Health. Core ICC Training is intended for those working in non-health related field (such as justice, policing, child and family services, education, business and government), and has five core modules on foundational issues of cultural competency.

- Introduction
- Culture and Canada's Indigenous People
- Colonization and its Legacies
- Images of Indigenous People
- Cultural Competency at Work

What is Core Indigenous Cultural Competency Health (ICC) Training?

Core ICC Health Training builds on the foundation provided in Core ICC with a specific focus on health care issues. The goal is to improve access to health services and health outcomes for Aboriginal people. Core ICC Mental Health Training builds on the foundation provided in Core ICC with a specific focus on mental health issues for professionals working with Indigenous people in British Columbia.

The training is designed for non-Aboriginal health professionals working in PHSA, Regional Health Authorities, Ministry of Healthy Living and Sport, Ministry of Health and their partner agencies.

Course type

Open-access CE course

Learning focus

Awareness – Reframing

Learning goals/objectives

The goal of the ICC training is to further develop individual competencies and promote positive partnerships. The goal of ICC Core Health training is to improve access to health services and health outcomes for Aboriginal people.

The curriculum is intended as an introductory training and is supplemented by the Nation and region-specific training provided by regional health authorities or Indigenous groups. This training is not intended to teach individual Nation-specific content but rather be a foundation for understanding the broader issues impacting services for Indigenous people.

Through interactive activities, participants examine culture, stereotyping, and the consequences and legacies of colonization. Participants will also be introduced to tools for developing more effective communication and relationship building skills.

For participants who have completed the ICC Core Training, additional training called Bystander to Ally is also available. This is a facilitated, interactive module that helps you explore how you can become an effective ally when you think that racism, bias, or stereotyping is impacting the service an Aboriginal person is receiving.

Course content/topics

- Terminology
- Diversity
- Aspects of colonial history such as Indian residential schools and Indian Hospitals
- Time line of historical events
- Contexts for understanding social disparities and inequities

See info on Audience for more.

Key topics covered

- Social determinants of health
- (Health) equity/disparities
- Population health

Key learning strategies/components

Skilled facilitators guide and support each participant through dynamic and interactive learning modules. Participants will learn about terminology; diversity; aspects of colonial history such as Indian residential schools and Indian Hospitals, time line of historical events; and contexts for understanding social disparities and inequities. Through interactive activities participants examine culture, stereotyping, and the consequences and legacies of colonization. Participants will also be introduced to tools for developing more effective communication and relationship building skills.

Types of learning components included

- Interactive exercises/activities
- Discussion forums
- Online instructor/facilitator
- Online reference resources

Fees, Pre-requisites, Credit

FREE for anyone directly employed by a BC provincial health authority or the Ministry of Health, or health care workers who work for Aboriginal organizations.

$250 for others. This program is approved for Continuing Education Credits by the Canadian Counselling and Psychotherapy Association.

It also meets the accreditation criteria of The College of Family Physicians of Canada and has been accredited for up to 8 Mainpro-C credits and 8 Mainpro-M1 Credits.

Approximate duration

ICC Core: about 5 hours over 6 weeks.
ICC Core Health: about 8 hours over 8 weeks.
ICC Core Mental Health: 9 hours over 8 weeks.

Human interaction

Skilled facilitators guide and support each participant through dynamic and interactive learning modules. Once they have completed the training, learners have access to supplementary training, resources, and on-going support. This includes the ability to connect with a facilitator (to as questions or share experiences in implementing learned skills), to ask an expert, or ask an elder.

Evaluation and assessment

Sample learner comments: "This course was so important to me. It consumed me. It engaged me on many levels. I talked about it to colleagues, friends, family. It made me re-evaluate my assumptions and beliefs". J.W.

"The amount of information was incredible. The facilitators are so knowledgeable and helpful. The course has made me so much more aware of issues faced by Aboriginal people now and the historical context of the experiences they encounter". V.S.

Developers and Funders

Developed by the Provincial Health Services Authority (PHSA) Aboriginal Health Program. Leslie Varley (Nisga'a) Director, and Cheryl Ward, (Kwakwaka'wakw) Provincial Lead, oversaw the development and implementation of this facilitated on line foundational training for health authorities. Details on the many other contributors to the program can be found here: http://www.culturalcompetency.ca/about-us

Course Best Practices Overview

The course presents public health content and practices that are current and authoritative.

6/7 – I agree for the most part

The course aims and manages to change performance in a visible, measurable way (rather than just transferring information).

6/7 – I agree somewhat

Comments on the best practice above

A key reason for including facilitation in this course is that the material has been shown to have such an impact on some learners that they need to debrief the experience in order to learn from it but not be overly disturbed by it. This speaks to its potential to change on-the-job behaviour! Moreover, once learners have completed the training, they have access to supplementary training, resources, and on-going support, thereby further improving skills transfer to their job.

The course feels like an immersive and engaging learning environment.

6/7 – I neither agree nor disagree

Comments on the best practice above

The course features an impressive variety of interactive and other resources in different media, and uses storytelling approaches as well to craft a rich learning environment.

The course design and choice of activities are well adapted to the learning goals and context.

6/7 – I neither agree nor disagree

Comments on the best practice above

Course designers have done a good job of adapting the course to the learning need. The popularity and reviews of the course further demonstrate that success was achieved.

The course is easy to use and follow.

6/7 – I agree for the most part

A rich variety of well-produced media is used, appropriate to the learning goals (video, graphics, etc).

7/7 – I agree completely.

Comments on the best practice above

See earlier comments.

The right amount and types of human interaction (with facilitator or peers) are available.

6/7 -I agree for the most part.

Comments on the best practice above

The decision to include facilitation is further evidence of the seriousness with which this design project was undertaken.

Interactive and other activities allow learners to engage with the content and practice realistic skills.

5/7 – I agree somewhat

Comments on the best practice above

The interactions do not specifically allow learners to practice job-relevant skills, but they do allow them to engage meaningfully with a content area that most in Canada think they know a fair bit about, but actually know less than they think!

Good and useful reference resources are provided for use in and outside the course (learners don't have to memorize content).

6/7 – I agree for the most part.

Comments on the best practice above

Relevant external resources are provided in a "virtual classroom" section of the course.

The writing is concise and sounds like a magazine, not like a textbook.

6/7 – I agree for the most part.

Comments on the best practice above

Appropriate tone, concise enough for the online environment.

The production values are high and the course is appealing to use.

6/7 – I agree for the most part.

Technical performance is flawless.

6/7 – I agree for the most part.

Introduction to Evidence-Informed Decision Making (Canada)

Assessed on: March 5, 2013

Sponsoring organization

NCCMT

Year developed

2010

Origin / Language

Canada / English & French

Links (to access or get more information)

[Access to module](#)

Figure 4.1 Decision Tree for Using Research Evidence

Context and relevance

The module's purpose is to demonstrate the components of evidence-informed decision making in public health and practice finding and applying the best available research evidence to a real world scenario.

Audience(s)

- Public health practitioners

Course type

Open-access CE course

Learning focus

Intervention skills

Learning goals/objectives

1. Construct a relevant, answerable question from a practice situation.
2. Identify sources of high-quality relevant research.
3. Review and apply a source of 'pre-appraised' research evidence to the situation and decide if the findings are applicable.
4. Practice integrating research evidence with other important factors that contribute to decision-making (e.g., resources/costs; political will; community acceptability; etc.) using an applicability and transferability tool.
5. Consider factors that need to be included in a plan for implementing and evaluating the decision that has been made.

Course content/topics

Introduction – What is evidence-informed public health: A step-by-step approach. (0.5 hours)
Learning Module
1. Define: Clearly define the question or problem. (0.5 hours)
2. Search: Efficiently search for research evidence. (1 hour)
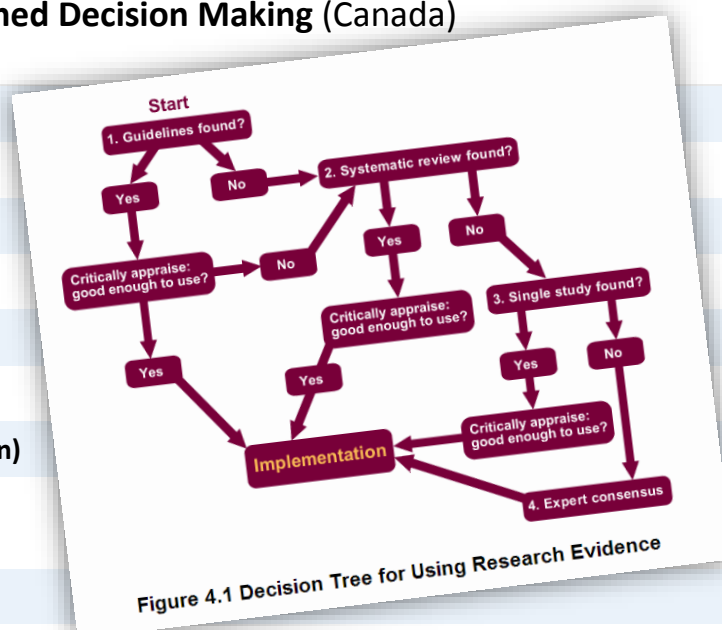
3. Appraise: Critically and efficiently appraise the information sources. (0.5 hours)
4. Synthesize: Interpret information and form recommendations for practice. (0.5 hours)
5. Adapt: Adapt the information to the local context. (0.5 hours)
6. Implement: Decide whether (and plan how) to implement the evidence. (0.5 hours)
7. Evaluate: Assess the effectiveness of implementation efforts. (0.5 hours)
Conclusion and next steps

Key topics covered

- ▪ Public health

Key learning strategies/components

- Independent reading
- 'Practice' activities and discussion questions which should be completed for each section of this module on your own or with a group of colleagues who are also working through the module.
- Application of evidence to a practice scenario – This module is built on a scenario that will allow you to understand and apply new knowledge and skills through each stage of the evidence-informed public health process.
- Opportunity to ask questions and discuss content with others through the DialoguePH online discussion forum

Types of learning components included

- ▪ Discussion forums
- ▪ Online reference resources
- ▪ Scenario-based training
- ▪ Individual or group assignments/projects

Fees, Pre-requisites, Credit

FREE
Pre- and post-module assessments of your learning are required in order for you to get a certificate of completion.

Approximate duration

3.5-5 hours

Human interaction

Discussion forum. Module can be completed in a workplace group context as well.

Evaluation and assessment

Pre- and post-module assessments of your learning are required in order for you to get a certificate of completion. (The pre and post assessment are identical.)

Developers and Funders

Developed by Donna Ciliska, RN, PhD,
Professor, McMaster University and
Scientific Director, National Collaborating Centre for Methods and Tools,
with Jacqueline Muresan, RN, MSc, Knowledge Broker, NCCMT

Course Best Practices Overview
The course presents public health content and practices that are current and authoritative.
6/7 – I agree for the most part
The course aims and manages to change performance in a visible, measurable way (rather than just transferring information).
5/7 – I agree somewhat
Comments on the best practice above
The choice of using a realistic scenario to have learners practice the process of evidence-based decision-making was a very good one. However, the implementation falls short.
The course feels like an immersive and engaging learning environment.
4/7 – I neither agree nor disagree
Comments on the best practice above
Even though the content pages are very text-heavy and there are very few opportunities to engage with the content, the scenario is motivating.
The course design and choice of activities are well adapted to the learning goals and context.
4/7 – I neither agree nor disagree
Comments on the best practice above
Too much use of hypertext links make for a lack of focus. Brief interactive activities would have helped learners to engage with each step of the process before doing the scenario.
The course is easy to use and follow.
6/7 – I agree for the most part
Comments on the best practice above
Except for the overuse of hyperlinks and excessive text. Also too many additional windows are used to display central content – this should be integrated into content pages.
A rich variety of well-produced media is used, appropriate to the learning goals (video, graphics, etc).
2/7 – I disagree for the most part
Comments on the best practice above
Audio narration would have helped to lighten up the text-heavy content pages. Video vignettes of "excellent performers" or experts could have reinforced the importance of each process step. More and better use of graphics would have also lightened up and improved retention of content.
The right amount and types of human interaction (with facilitator or peers) are available.
5/7 -I agree somewhat

Comments on the best practice above

This is a skill area that can be learned effectively in an individual learning context, with the right learning supports.

Interactive and other activities allow learners to engage with the content and practice realistic skills.

5/7 – I agree somewhat

Comments on the best practice above

The scenario was realistic, but its design was too simplistic. There should be job-realistic forms or documents for learners to use to do their scenario work, and learners should be able to compare their work with exemplary work.

Good and useful reference resources are provided for use in and outside the course (learners don't have to memorize content).

5/7 – I agree somewhat

Comments on the best practice above

Too many external resources are provided. It would be better to screen resources more thoroughly and only use the best and most relevant.

The writing is concise and sounds like a magazine, not like a textbook.

5/7 – I agree somewhat

Comments on the best practice above

The tone of writing was fine, but there was too much of it.

The production values are high and the course is appealing to use.

5/7 – I agree somewhat

Comments on the best practice above

The design is consistent, but lots of scrolling is needed, which is tedious for learners.

Technical performance is flawless.

7/7 – I agree completely

Introduction to Health Impact Assessment of Public Policies (Canada)

Assessed on: March 7, 2013

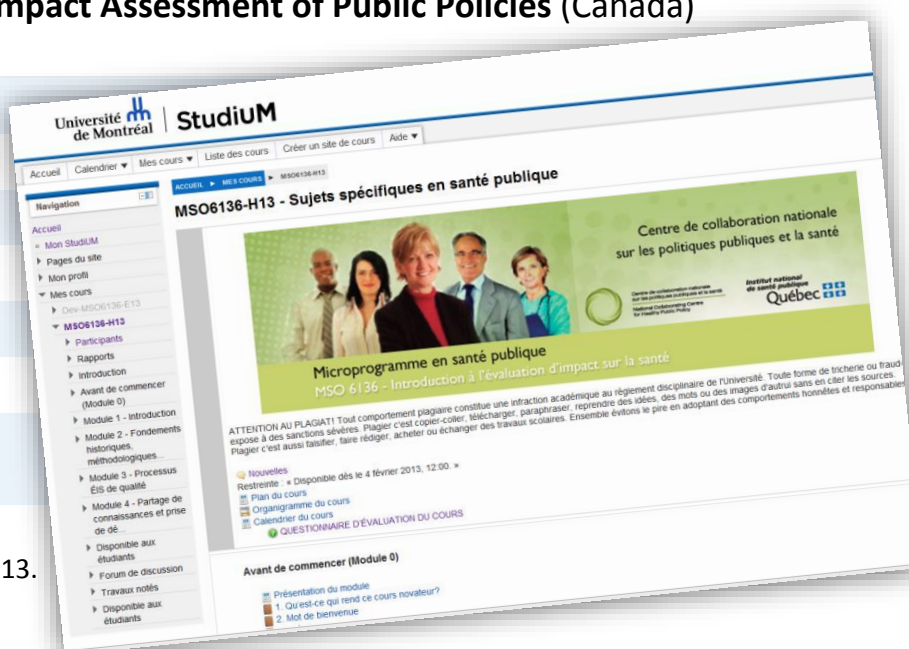|	
Sponsoring organization	
NCCHPP / Univ. de Montréal	
Year developed	
2012	
Origin / Language	
Canada / English & French	
Links (to access or get more information)	
Offered in French from: February 04 to March 31, 2013. Offered in English from: May 1 to June 11, 2013.	

Course info (English)

Course outline (English)

Course Q&A

For any questions concerning the course, and to receive an enrolment form: please contact Julie Castonguay (julie.castonguay@inspq.qc.ca), 514-864-1600 ext. 3637.

Context and relevance

The effective practice of HIA makes it possible to minimize negative and maximize positive health effects. Despite the growing popularity of HIA throughout the world, there are few accredited North-American based online training opportunities available.

This course has been designed using a competency-based approach. A working group first produced an expert-reviewed inventory of required competencies, then outlined a course structure to address the theoretical knowledge, tacit knowledge, attitudes required for the practice of HIA. Various specialists were then commissioned to write the course material.

Audience(s)

- Public health practitioners

Comments on the audience

The course is intended for participants who wish to pursue the HIA of public policies. In particular, it is meant for practitioners in public health and in other related sectors, as well as for decision makers, including:
- professionals and practitioners interested in public policies and their impacts on population health;

- professionals and practitioners working in evaluation, including HIA;
- professionals in charge of applying HIA in their organizations;
- professionals and researchers active in the health and social services sectors, particularly public health.

Course type

Open-access CE course

Learning focus

Intervention skills

Learning goals/objectives

This course aims to help participants to develop and improve their competencies for leading an HIA process relating to public policies, and to do this with partners from different sectors.

Objectives of first module:
- Present the evolution of HIA
- Present the different types of impact assessment and HIA models
- Identify the determinants of health in a scenario
- Determine the place of HIA within the stages of policy-making analysis
- Select a representative intersectoral working group and present the roles of the community in health impact assessment.

Competencies addressed in the second module:
- Using screening and scoping tools
- Producing a logic framework
- Using information sources available in public health
- Synthesizing a report
- Naming quality criteria of an HIA
- Knowing the contextual elements facilitating a successful application of HIA practice
- Explaining the process of project management.

Competencies addressed in the third module:
- Distinguish the diverse source of information inherent to all decision-making processes.
- Establish the conditions for a transparent and non-technical report in order to inform decision making.
- Determine if a knowledge-sharing plan responds adequately to the needs and the level of the audience for whom the HIA is intended.

Course content/topics

The content of the course is structured into three main themes, organized as modules:
- The historical, methodological and scientific foundations of HIA: the evolution of HIA, types of impact assessment and HIA models, the determinants of health, the process of policy making, intersectoral collaboration and public participation.
- Producing high-quality HIAs: the five steps of the HIA process. The quality principles and standards as well as implementation conditions and elements of project management are also presented.

- Knowledge sharing and decision making: decision making, knowledge brokering and knowledge sharing.

Key topics covered

- Social determinants of health

Key learning strategies/components

This course will be offered completely online on the StudiUM platform of the University of Montréal, and will be part of a Postgraduate micro-program in public health (in French).

The learning environment is designed to be interactive (guided discussion forums with feedback from the tutor, messaging) and to include individual study (reading online material and scientific articles, situational scenarios, reflective exercises, short questionnaires, and a final project), interprofessional collaboration and reliance on experts. The course includes five modules and several multimedia learning units. The various activities are grouped together in weekly programs.

Types of learning components included

- Interactive exercises/activities
- Discussion forums
- Online instructor/facilitator
- Webinars/Virtual classroom work
- Online reference resources
- Scenario-based training
- Individual or group assignments/projects

Fees, Pre-requisites, Credit

Fees are $121.43 for Québec residents and $244.44 for residents of Canada outside Québec.

To be eligible to register for the course, candidates should:
- Hold a bachelor's degree in a public health-related field, or a diploma deemed to be equivalent;
- Have at least one year's experience working for an institution delivering public health services or working on public health issues, or possess an equivalent experience;
- Possess sufficient understanding of written and spoken English. (Note: for the course in French, written and spoken French will be necessary, as well as the ability to read some materials in English.)

In addition, to ensure better understanding of the course content, we ask that candidates be familiar with:
- The basic concepts of population health
- Sources of information about public health (e.g., Canadian Virtual Health Library, HLWIKI Canada, PubMed, Global Health and Health Policy Reference Center, sources of grey literature, reference sites for HIA…)One university credit will be accorded to those who successfully complete the course.

Approximate duration

Approx. 15 hours online class time + 30 hours for assignments and readings, over 6 weeks

Human interaction

The online tutor is a professional with the public health and HIA competencies required to provide online support. The tutor is available to answer students' questions and discuss their concerns, as well as to guide students in their processes of reflection, analysis, discussion, communication, planning and design.

Students also communicate with each other and the tutor via a discussion forum.

Evaluation and assessment

Evaluation for the course MSO 6136 will focus on the following elements:
1. Participation in a discussion forum: 15%
2. Answers to a multiple choice questionnaire: 15%
3. Course participation and completion of short written assignments to be sent to the course tutor: 20%
4. Final assignment: 50%

Self-assessment exercises, contained within the learning units, will make it possible to verify whether the material has been understood. When appropriate, students will receive automatic feedback (detailed answers) following completion of the exercises.

At the end of the course, students are invited to evaluate all aspects of the online training. The comments submitted will allow us to improve the course content.

Developers and Funders

Developed by the NCCHPP in collaboration with Dr. Richard Massé, associate professor at the Department of social and preventive medicine at the University of Montreal, and other partners.

Introduction to Population Health (Canada)

Assessed on: February 23, 2013

Sponsoring organization

Canadian Institute for
Health Information (CIHI)

Origin / Language

Canada / English & French

Links (to access or get more information)

[Course information](#)

To get a free account and access the course, contact education@cihi.ca .

Context and relevance

This course was produced by CIHI in 2007 or so to provide the target audience with the core content for the concept of population health. In reviewing the content however, this translates into a description of and examples for each of the determinants of health. The course is limited in scope in that it does not enter into a discussion of inequities in health and is not interactive. There is thus no opportunity to go beyond the presentation of the basic concepts to discuss some of the policy issues or social justice aspects. With no interaction between the learner and a facilitator or self-assessments it is not possible to evaluate the learning process but the course is not designed with this goal in mind. Another course, "**Improving the Health of Young Canadians**" (based on a report of the same name), uses a very similar approach. That short tutorial presents analyses from the most recent cycle of the National Longitudinal Survey of Children and Youth (NLSCY) and the Canadian Community Health Survey (CCHS). The tutorial explores the association between positive assets in adolescents' social environments and their health behaviours and outcomes.
CIHI offers other online courses, using the above and other approaches such as recorded web conferences and case studies. Not all courses appeared to be active at the time of writing. Relevant topics include:
- Competencies for Population Health Intervention Research
- Linking Mental Health to Delinquency and Criminal Activity
- Mental Health and Homelessness in Canada
- Mental Health, Delinquency and Criminal Activity
- Reducing Gaps in Health: a Focus on Socio-Economic Status in Urban Canada
- Reducing Gaps: Using Area-Based Socio-Economic Measures to Explore Population Health

Audience(s)

▪   Public health practitioners

Comments on the audience

This basic course is intended as an introduction to population health for those who support or are interested in health planning and decision-making. Potential participants include members of interdisciplinary health planning teams, Regional Health Authorities, provincial ministries of health, community organizations and facilities, District Health Councils, public health units and students.

Course type	
	Open-access CE course
Learning focus	
	Awareness – Reframing
Learning goals/objectives	
	This course provides an introduction to the basics of population health. By the end of it participants will be able to - Recognize some developments in the history of population health in Canada; - Explain the basic concepts of population health; - Describe key social determinants of health; and - Identify some key types of evidence that may support a population health approach.
Course content/topics	
	The course begins with its learning objectives as outlined above and then gives definitions of health referring to the WHO definition and the Ottawa Charter. It then traces the history of the development of the concept of population health referring to Lalonde, Epp, CIAR documents, the Whitehall study and the Romanow Report. Drawing on this literature it provides the PHAC definition of population health and then briefly describes the elements of the population health framework. The rest of the course, more than half of the content, lists and describes each of the twelve determinants of health giving examples of how each influences population health. The course predates the WHO CSDH and thus does not have any of this content.
Key topics covered	
	▪ Social determinants of health
Key learning strategies/components	
	The course is designed in a self-directed format. It consists of some text pages interspersed with "Articulate"-based audio and slide presentations with graphics. There are no discussions or assignments. There are some very brief knowledge check questions and an 8-question MC final assessment at the end.
Types of learning components included	
	▪ Online reference resources
Fees, Pre-requisites, Credit	
	FREE
Approximate duration	
	1 hour
Human interaction	
	None.

Evaluation and assessment
Brief MC final assessment. Feedback on the course is requested upon completion.
Developers and Funders
CIHI.
Course Best Practices Overview
The course presents public health content and practices that are current and authoritative.
6/7 – I agree for the most part
The course aims and manages to change performance in a visible, measurable way (rather than just transferring information).
2/7 – I disagree for the most part
Comments on the best practice above
This brief course does little more than transfer information.
The course feels like an immersive and engaging learning environment.
1/7 – I disagree completely
The course design and choice of activities are well adapted to the learning goals and context.
2/7 – I disagree for the most part
Comments on the best practice above
Even with knowledge-level objectives, learners must engage actively with the content in order to retain it. In this case, there are only very few knowledge check question-based activities, and they are too simplistic.
The course is easy to use and follow.
7/7 – I agree completely
A rich variety of well-produced media is used, appropriate to the learning goals (video, graphics, etc).
2/7 – I disagree for the most part
Comments on the best practice above
There are no videos or other resources to support or reinforce key principles.
Interactive and other activities allow learners to engage with the content and practice realistic skills.
1/7 – I disagree completely
Comments on the best practice above
Only very simple knowledge check questions.
The writing is concise and sounds like a magazine, not like a textbook.

3/7 – I disagree somewhat
The production values are high and the course is appealing to use.
4/7 – I neither agree nor disagree
Comments on the best practice above
Would have been better to stick with a consistent design rather than mix and match text pages with Articulate-based presentations.
Technical performance is flawless.
6/7 – I agree for the most part

Reducing Gaps: Using Area-Based Socio-Economic Measures to Explore Population Health (Canada)

Assessed on: March 13, 2013

|	
Sponsoring organization	
Canadian Institute for Health Information (CIHI)	
Year developed	
2012	
Origin / Language	
Canada / English & French	
Links (to access or get more information)	

[Course info and access](#)
Must have an account with CIHI
e-learning. To get a free account and access the course, contact education@cihi.ca .
Must be sure to turn off the browser's pop-up blocker to use the course.
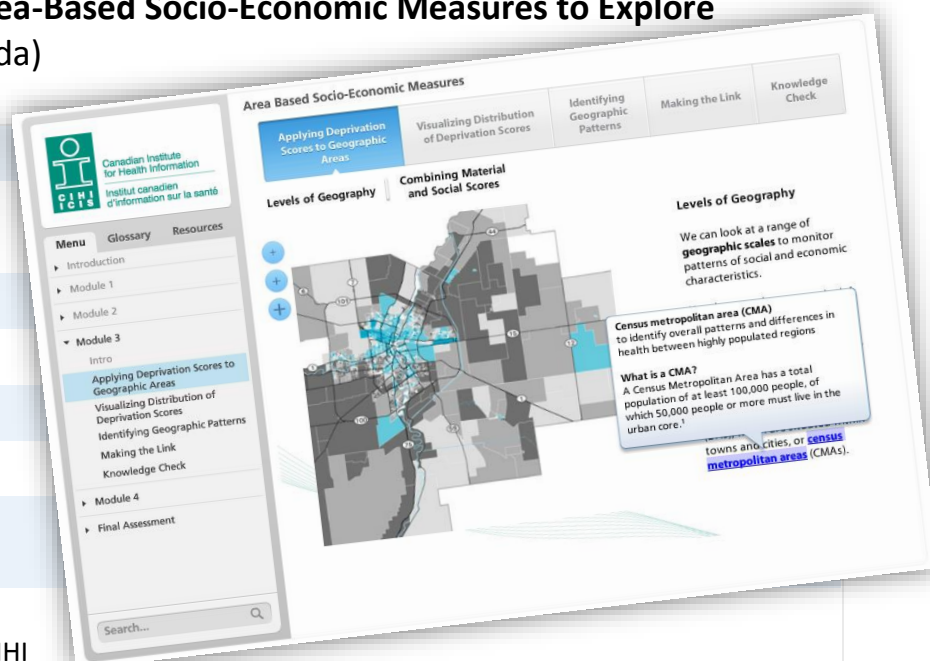
Context and relevance

This course explores how health and socio-economic data can be used together to better understand differences in health among areas with different population characteristics. With more knowledge of socio-economic status groups, their geographic distribution across Canadian municipalities and differences in health utilization according to socio-economic status, learners can then target their approaches to health planning, promotion and prevention and act to reduce disparities across their respective jurisdictions.

Audience(s)

- Public health practitioners

Comments on the audience

This course is intended for decision-makers and planners who seek to learn how health and socio-economic data can be used together to better understand differences in health between areas with different population characteristics. It may be of interest to those involved in

- Population health, public health and health promotion, and health system departments or ministries;
- Regional health authorities;
- Urban planning; and
- Social and community services.

Course type

Open-access CE course

Learning focus

Intervention skills

Learning goals/objectives

At the conclusion of this course, participants will be able to
- Define area-based socio-economic measures;
- Understand why area-based socio-economic measures are used to examine disparities in health; and
- Identify opportunities for using area-based measures in monitoring disparities in health or health service use.

Course content/topics

See objectives.

Key topics covered

- (Health) equity/disparities

Key learning strategies/components

The brief course is divided into 4 short modules, each containing a presentation of content followed by a knowledge check question. There is no narration, but the content presentation is supported by high-quality graphics and charts, and supporting examples from Toronto Public Health and Saskatoon Health Region. Content is presented very dynamically, using simple interactive techniques such as step-by-step display, tabs, zooming, etc.

Types of learning components included

- Online reference resources

Fees, Pre-requisites, Credit

FREE

Approximate duration

1 hour

Human interaction

None.

Evaluation and assessment

6-question final assessment at the end. Course evaluation questionnaire.

Developers and Funders

CIHI

Course Best Practices Overview

The course presents public health content and practices that are current and authoritative.

7/7 – I agree completely

Comments on the best practice above

Course content is based on principles and methods outlined in several of CIHI's own reports.

The course aims and manages to change performance in a visible, measurable way (rather than just transferring information).

5/7 – I agree somewhat

Comments on the best practice above

The course doesn't include any actual exercises for putting in practice the principles presented, but the approach and content are laid out so well that better performance is likely to result.

The course feels like an immersive and engaging learning environment.

5/7 – I agree somewhat

Comments on the best practice above

For a brief course that is mainly presenting information, it is surprisingly engaging.

The course design and choice of activities are well adapted to the learning goals and context.

6/7 – I agree for the most part

Comments on the best practice above

Assuming that most members of the audience are used to acquiring information via reading, then the course design is mostly appropriate. A brief integration exercise at the end, based on a realistic scenario, would have made the course even better.

The course is easy to use and follow.

7/7 – I agree completely

Comments on the best practice above

The course is very well designed. While much text is used, the course is made less "dense" through simple techniques such as step-by-step displaying of content, tabbed page design, zooming in on complex graphics and so on. Rollovers are used to add a layer of detail and examples when needed, and hyperlinks are not overused.

A rich variety of well-produced media is used, appropriate to the learning goals (video, graphics, etc).

6/7 – I agree for the most part

Comments on the best practice above

There is no narration, which would have allowed designers to lighten the volume of on-screen text, but as mentioned above, content is very nicely put together using simple interactive

methods. Graphics and charts are of very high-quality and always relevant. One or two brief video clips may have also helped to model desired performance via expert or peer commentary.

The right amount and types of human interaction (with facilitator or peers) are available.

6/7 – I agree for the most part

Comments on the best practice above

The course's learning objectives can be achieved without the need for human interaction.

Interactive & other activities allow learners to engage with the content and practice realistic skills.

4/7 – I neither agree nor disagree

Comments on the best practice above

There aren't any true practice activities, but the course is nevertheless a very well-designed brief interactive "e-book" on the topic.

Good and useful reference resources are provided for use in and outside the course (learners don't have to memorize content).

7/7 – I agree completely

Comments on the best practice above

Links are provided to a small number of highly relevant resources.

The writing is concise and sounds like a magazine, not like a textbook.

6/7 – I agree for the most part

Comments on the best practice above

Given that there is no narration and text is used heavily, the writing is appropriately free of most jargon, and is quite concise.

The production values are high and the course is appealing to use.

7/7 – I agree completely

Comments on the best practice above

The course is a good example of a high-quality tutorial built with the Articulate Studio "rapid e-learning" development tool. Learners don't really notice the underlying design, as it is seamlessly integrated with the content.

Technical performance is flawless.

7/7 – I agree completely

Rising to the Challenge: SGBA e-learning resource (Canada)

Assessed on: February 24, 2013

Sponsoring organization

Centres of Excellence for Women's Health (BC, Atlantic and Prairie)

Year developed

2010?

Origin / Language

Canada / English & French

Links (to access or get more information)

Course info and access – English
Course info and access - French

Context and relevance

SGBA is not always well-integrated into many areas of policy, planning and research, and there is still a great deal of misunderstanding about what it is, why we should do it, and how to go about it.

Activity: Picturing diversity

Try the following experiment. Go to your web browser and search for images using only the search word "diversity". If you had to base your definition of diversity on these images alone, what would it be?

Click to hide suggested answer(s)

Chances are that a huge proportion of the photographs and illustrations you found look like the images below.

If you had to define diversity using these images, you would likely focus exclusively on visible ethnic differences, particularly hair, skin tone, and facial features. You might add in sex if your definition is based on the photograph on the left, since both males and females are pictured. But if you relied on the drawing on the right, you'd either ignore sex, because all the people look the same, or you'd include only men, because the figure is the international symbol for male. In either case, your definition would not include less obvious ethnic variations, such as differences in language and cultural practices, as well as a host of other differences, both visible and invisible.

Audience(s)

- Public health practitioners
- Leaders and decision-makers

Comments on the audience

Content is flexible. Learners can choose to focus on topics that are relevant to them.

Course type

Open-access CE course

Learning focus

Awareness – Reframing

Learning goals/objectives

The goals of this website are to:
- Serve as a companion resource to the book Rising to the Challenge
- Provide training opportunities to introduce learners to the concepts and process of sex- and gender-based analysis
- Help learners to apply sex- and gender-based analysis in their own work

Course content/topics

The first set of modules includes a discussion and exercises on the core concepts of sex- and gender-based analysis: sex, gender, diversity and equity.
The second set is devoted to the process of SGBA and consists of five modules that deal with key aspects of the process: issues, populations, evidence, implications and recommendations.
The third provides you with opportunities to practice SGBA and apply it to your work or area of interest.

Key topics covered

- ▪ (Health) equity/disparities

Key learning strategies/components

The web site provides short readings, simple question-based exercises, a few modest written assignments, and links to external resources.

Types of learning components included

- ▪ Interactive exercises/activities
- ▪ Online reference resources

Fees, Pre-requisites, Credit

FREE

Approximate duration

2-4 hours?

Human interaction

None.

Evaluation and assessment

Question-based module review exercises. Practice exercises are series of questions – answers can be saved and printed.

Developers and Funders

Rising to the Challenge has been a collaborative project between the:
- Atlantic Centre of Excellence for Women's Health (ACEWH)
- British Columbia Centre of Excellence for Women's Health (BCCEWH)
- Prairie Women's Health Centre of Excellence (PWHCE)More info on contributors: http://sgba-resource.ca/en/about/who-we-are/This project was funded by Health Canada.

Course Best Practices Overview

The course aims and manages to change performance in a visible, measurable way (rather than just transferring information).

3/7 – I disagree somewhat

Interactive and other activities allow learners to engage with the content and practice realistic skills.

2/7 – I disagree for the most part

Comments on the best practice above

There is an interesting variety of exercises, but some are too simplistic to be of much educational use. The module review exercises reviewed were too easy to assess any actual learning.
The Practice exercises are all series of questions to answer (and print off as PDF). There is little or no connection to skills as practiced on the job.

The writing is concise and sounds like a magazine, not like a textbook.

6/7 – I agree for the most part

The production values are high and the course is appealing to use.

2/7 – I disagree for the most part

Technical performance is flawless.

2/7 – I disagree for the most part

Comments on the best practice above

Technical implementation is poor. Rather than being an e-learning resource, this is put together as a web site with some external components. Too much scrolling, too much text, somewhat tedious to use. Some video resources are no longer available.

Social Determinants of Health (Canada)

Assessed on: April 29, 2013

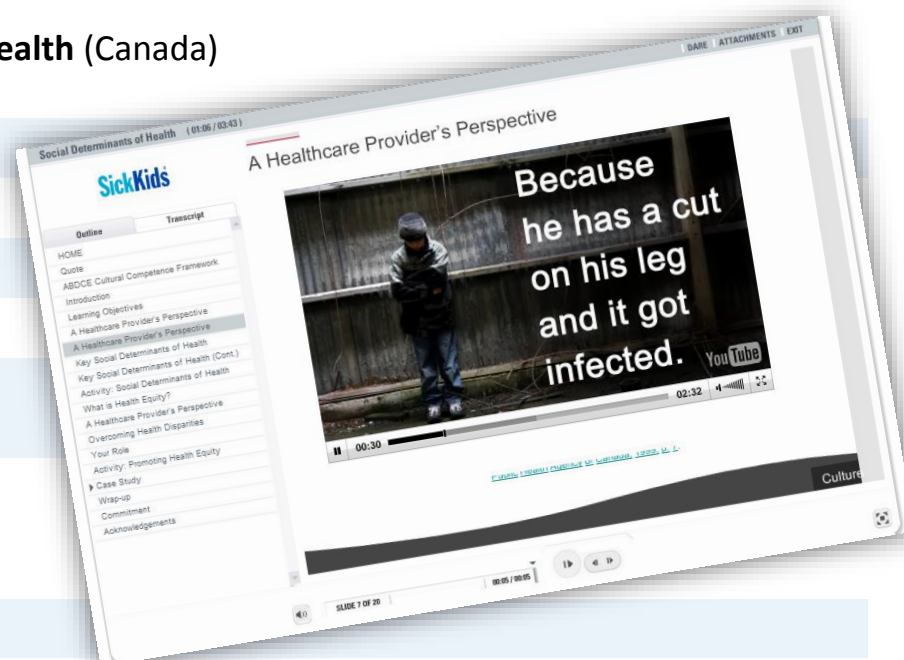| **Sponsoring organization** |
|---|
| SickKids Hospital (Toronto) |
| **Origin / Language** |
| Canada / English |
| **Links (to access or get more information)** |
| Module access Module series |

Context and relevance

A series of 15 open-access multimedia and interactive e-learning modules were created to increase the accessibility to and dissemination of cultural competence educational resources.

- These are part of a broader set of professional development resources that also include:
- Train-the-trainer workshops.
- SickKids Cultural Competence Community-of-Practice (CoP), a web-based communication and networking forum aimed at knowledge building and practice improvement. Hosted by the SickKids New Immigrant Support Network on LinkedIn.
- The "Journey to Cultural Competence" film.

The 15 modules are
- Introduction to Clinical Cultural Competence
- Refugee and Immigrant Health
- Social Determinants of Health
- Cross-Cultural Communication
- Working Effectively with Health-care Interpreters
- Health Literacy in Clinical Practice
- Pain and Cultural Competence
- Parenting Across Cultures
- Mental Health and Cultural Competence
- Complementary and Alternative Medicine
- Ethics and Cultural Competence
- Religion, Spirituality, and Health
- Cultural Considerations in End-of-Life Care and Bereavement
- Valuing Diversity in Health Care
- Cultural Competence in Social Work – A Case Study Approach

Audience(s)

- Public health practitioners
- Leaders and decision-makers
- Others

Course type

Open-access CE course

Learning focus

Awareness – Reframing

Learning goals/objectives

The module's goal is to illustration how social and economic conditions influence the health of individuals, communities and nations.
Upon completion, participants will be able to:

- Apply the ABCDE Cultural Competence framework and SickKids' DARE approach to their work.
- Define health equity.
- Identify and describe the SDH.
- Describe how clinical cultural competence can address the issues related to the SDH and health inequity for immigrant populations.
- Identify and action you will commit to as a result of completing this module.

Course content/topics

- ABCDE Cultural Competence Framework
- Key social determinants of health
- What is health equity?
- Overcoming health disparities
- Your role

Key topics covered

- Social determinants of health
- (Health) equity/disparities

Key learning strategies/components

Well-produced narrated tutorial uses simple but effective interactive graphics, video clips and a brief case study and reflection exercise to introduce the topic of SDH.

Types of learning components included

- Interactive exercises/activities
- Online reference resources

Fees, Pre-requisites, Credit

FREE

Approximate duration

1 hour

Human interaction

None in the module itself. However, as mentioned above, an online community of practice is also available to participants.

Evaluation and assessment

Open-ended brief writing exercise, but no verification. Course evaluation form.

Course Best Practices Overview

The course presents public health content and practices that are current and authoritative.

6/7 – I agree for the most part

Comments on the best practice above

Includes a 5-part cultural competence framework, and mentions SickKids' own DARE approach.

The course aims and manages to change performance in a visible, measurable way (rather than just transferring information).

3/7 – I disagree somewhat

Comments on the best practice above

The course includes a call to action, but the module is short and introductory. Not enough depth to build practices and skills.

The course feels like an immersive and engaging learning environment.

5/7 – I agree somewhat

Comments on the best practice above

The course is a tutorial with no real practice of skills, but its good production values and simple design make it engaging.

The course design and choice of activities are well adapted to the learning goals and context.

5/7 – I agree somewhat

Comments on the best practice above

Meets the learning objectives, but could have gone further in skill development while still remaining brief.

The course is easy to use and follow.

7/7 – I agree completely

Comments on the best practice above

Simple layout common to all Articulate-produced modules.

A rich variety of well-produced media is used, appropriate to the learning goals (video, graphics, etc).

6/7 – I agree for the most part

Comments on the best practice above

Videos, animation, images and interactive graphics are well-produced and attractive. Case study would have been more compelling with video, more images, etc.

Interactive and other activities allow learners to engage with the content and practice realistic skills.

3/7 – I disagree somewhat

Comments on the best practice above

No, but this wasn't the objective pursued.

Good and useful reference resources are provided for use in and outside the course (learners don't have to memorize content).

7/7 – I agree completely

Comments on the best practice above

Really just one single resource, but just what is needed in this case.

The writing is concise and sounds like a magazine, not like a textbook.

6/7 – I agree for the most part

Comments on the best practice above

Generally good, clear and concise narration and text.

The production values are high and the course is appealing to use.

6/7 – I agree for the most part

Technical performance is flawless.

4/7 – I neither agree nor disagree

Comments on the best practice above

Functioned very well until the ending screens. Module controls no longer worked in case study. Needs a bit more testing.

The 4 Determinants of Healthy Child Development (Canada)

Assessed on: February 26, 2013

Sponsoring organization	
McMaster University (machealth)	
Year developed	
??	
Origin / Language	
Canada / English	
Links (to access or get more information)	
[Course info and access](#)	

Context and relevance

As health-care providers, it is essential that we understand the biology of the human body and also the environmental forces that shape the biology of individuals, leading to good or ill health. Therefore the first goal of this curriculum is to outline an approach to understanding and assessing social determinants of health by examining how children's environments affect their biology and their pathways in health.

Audience(s)

- Others

Comments on the audience

Medical students, physicians, other health-care providers.

Course type

Open-access CE course

Learning focus

Intervention skills

Learning goals/objectives

At the end of this curriculum you should be able to:
1. Understand the definition of social determinants of health and why they are important to child development.
2. Remember the 4 determinants of healthy child development and apply these to your assessment of children.
3. Describe risk and protective factors for conduct disorder related to the determinants of health.
4. Outline an approach to prevention and intervention for children with conduct disorder based on social determinants of health organized across 3 levels of intervention: universal, targeted and

clinical.

Course content/topics

This module will help you meet the objectives through different chapters that are organized as follows:

1. The first two chapters will review conduct disorder, a common childhood behavioural disorder that has been well-researched with respect to social determinants of health and how they affect children's brains and behaviour.

2. The next chapter will introduce you to 4 key concepts in child development that will pop up throughout the module: determinants of health, trajectories, risk and protective factors, and resilience.

3. Chapters 5-8 will each cover one of the 4 determinants of child development. This will include a case example, an exploration of how this determinant affects kids' developmental pathways and how social environments get "under the skin" to affect individual children.

4. The final 2 chapters will enable you to develop: a) A solid approach to assessing the important influences on children's development based on these 4 determinants. b) A helpful framework for translating this knowledge into practice through interventions that will help the children and families you meet in the office.

Key topics covered

- Social determinants of health

Key learning strategies/components

Text/graphic presentations of key concepts, research and practices are interwoven with review questions, reflection questions, and numerous scenarios/cases.

Types of learning components included

- Interactive exercises/activities
- Online reference resources
- Scenario-based training

Fees, Pre-requisites, Credit

FREE

Approximate duration

2 hours

Human interaction

None. There is a forum on the program site, but it is unused.

Evaluation and assessment

All self-assessment, no graded quizzes or assignments.

Developers and Funders

Course Best Practices Overview

The course presents public health content and practices that are current and authoritative.

7/7 – I agree completely

The course aims and manages to change performance in a visible, measurable way (rather than just transferring information).

6/7 – I agree for the most part

Comments on the best practice above

McMaster is well-known for case-based teaching, and this module reflects this approach.

The course feels like an immersive and engaging learning environment.

5/7 – I agree somewhat

The course design and choice of activities are well adapted to the learning goals and context.

6/7 – I agree for the most part

Comments on the best practice above

For motivated students, the design should work well. Less motivated students will learn and retain less, since there are no performance checks.

The course is easy to use and follow.

6/7 – I agree for the most part

Comments on the best practice above

A media clip is mentioned in the course, and clips are listed in the Resources section, but the actual clips could not be located.

Interactive and other activities allow learners to engage with the content and practice realistic skills.

6/7 – I agree for the most part

Comments on the best practice above

There are numerous scenarios, and if student completes them diligently, job-relevant skills will be learned.

Good and useful reference resources are provided for use in and outside the course (learners don't have to memorize content).

6/7 – I agree for the most part
The writing is concise and sounds like a magazine, not like a textbook.
6/7 – I agree for the most part
The production values are high and the course is appealing to use.
6/7 – I agree for the most part
Technical performance is flawless.
5/7 – I agree somewhat
Comments on the best practice above
Except for missing videos….

Community Tool Box - **Series of 8 online modules** (US)

Assessed on: March 29, 2013

Sponsoring organization

Work Group for Community Health
and Development at the University of
Kansas & Kansas Department of
Health and Environment

Year developed

Various

Origin / Language

US / English

Links (to access or get more information)

[Community Tool Box information](#)

The online learning modules are available at
[CDC TRAIN](#) (must sign up for a free account).

Context and relevance

The Community Tool Box is a service of the Work Group for Community Health and Development at
the University of Kansas. It is billed as a global resource for free information on essential skills for
building healthy communities. It offers more than 7,000 pages of practical guidance in creating
change and improvement, in the following key areas:
1. Creating and Maintaining Coalitions and Partnerships
2. Assessing Community Needs and Resources
3. Analyzing Problems and Goals
4. Developing a Framework or Model of Change
5. Developing Strategic and Action Plans
6. Building Leadership
7. Developing an Intervention
8. Increasing Participation and Membership
9. Enhancing Cultural Competence
10. Advocating for Change
11. Influencing Policy Development
12. Evaluating the Initiative
13. Implementing a Social Marketing Effort
14. Writing a Grant Application for Funding
15. Improving Organizational Management and Development
16. Sustaining the Work or Initiative
In addition to many other resources, the Tool Box includes 8 self-paced online learning modules.
See below for details.

Audience(s)

- Public health practitioners
- Leaders and decision-makers
- Others

Comments on the audience

The audiences or end users for the Community Tool Box include:
a) People doing the work of community change and improvement (community leaders and members)
b) People supporting it (intermediary organizations such as public agencies or university-based centers)
c) People funding it (governmental institutions, foundations, and others).
Use of the Community Tool Box grew nearly exponentially: over 100,000 hits in 1997, over 500,000 in 1998, and well over one million in 1999. Guestbook data confirm that users represent a wide variety of community-building settings and positions and come from all corners of the planet.

Course type

Open-access CE course

Learning focus

Intervention skills

Learning goals/objectives

Module 1: Assuring Engagement in Community Health Improvement Efforts (30 minutes)
(See next entry for detailed assessment of this module.)
- Define community health assessment
- Engage community members and assure ownership among stakeholders
Module 2: Identifying Community Health Needs and Assets (45 minutes)
- Identify communities with unmet/disproportionate health needs
- Describe what matters to people in the community
- Describe the resources available for addressing identified issues
Module 3: Conducting Community Health Assessments (45 minutes)
(See subsequent entry for detailed assessment of this module.)
- Define community health assessment
- Define the geographic boundaries of the assessment
- Compile and describe evidence about local needs
Module 4: Setting Community Priorities Based on Identified Issues (45 minutes)
- Use criteria and processes for prioritizing issues to be addressed
- Identify factors affecting community problems and goals
Module 5: Developing a Logic Model for Community Health Improvement (30 minutes)
- Develop a framework or model of change to guide your improvement efforts
Module 6: Developing a Strategic Plan for Community Health Improvement (30 minutes)
- Develop an action plan for improvement
Module 7: Developing an Intervention (30 minutes)
- Develop a preliminary intervention

- Review and select "best practices"
- Adapt interventions for the local context
Module 8: Assuring Collaboration During Implementation (30 minutes)
- Assure collaboration across sectors
- Share investment in implementation of the community health improvement plan

Course content/topics

See Learning goals/objectives.

Key topics covered

- Population health

Key learning strategies/components

The modules include audio files, text/image presentations, brief written exercises related to realistic cases, knowledge check and reflection questions, a concluding exercise based on a scenario, a post assessment, a glossary, a practice guide, additional resources, an evaluation and a certificate of completion.
The Best Practices overview below is based on a review of Module 3: Conducting Community Health Assessments.

Types of learning components included

- Interactive exercises/activities
- Online reference resources
- Individual or group assignments/projects

Fees, Pre-requisites, Credit

FREE
A certificate of completion can be obtained upon completion of each module.
Community Tool Box materials are licensed under a Creative Commons Attribution-Non-commercial-Share Alike 3.0 License.

Approximate duration

30-45 minutes per module

Human interaction

Although the online training modules are not facilitated, the Community Tool Box provides for the following types of interaction:
Ask an Advisor: Ask specific questions of experienced community members and experts about issues relevant to your community work.
View Global Stories of Community Innovation: See how others are taking action to bring about change and improvement.
Sign our Guestbook: Share how you are using the resources on the site to support your community work
Subscribe to an eNewsletter
The Work Group for Community Health and Development also develops tailored online WorkStation websites for local, national, and global initiatives. WorkStations solve needs for online collaboration and enable users to easily share materials, make announcements, access tools, learn

from others' success stories, access guidance from peer discussions and solve needs for online collaboration. (See http://ctb.ku.edu/en/services/wstoverview.aspx for details.)

Evaluation and assessment

Post-assessment at the end of the module, and written exercises during the module.

Developers and Funders

Development of the Community Tool Box has been ongoing since 1994, and is a public service of the University of Kansas. The Community Tool Box is developed and managed by the Work Group for Community Health and Development at the University of Kansas, and partners nationally and internationally. Because of our work building capacity for community health and development work and our participatory research to extend the evidence base for community efforts to promote health and development, we have been designated at as World Health Collaborating Centre since 2004.

Course Best Practices Overview

The course presents public health content and practices that are current and authoritative.

6/7 – I agree for the most part

The course aims and manages to change performance in a visible, measurable way (rather than just transferring information).

7/7 – I agree completely

Comments on the best practice above

This brief course targets skill-based learning surprisingly well. The focus is on getting learners to try the tasks out quickly, and with good feedback and guidance.

The course feels like an immersive and engaging learning environment.

5/7 – I agree somewhat

The course design and choice of activities are well adapted to the learning goals and context.

6/7 – I agree for the most part

The course is easy to use and follow.

7/7 – I agree completely

Comments on the best practice above

Well structured and parts well integrated together.

A rich variety of well-produced media is used, appropriate to the learning goals (video, graphics, etc).

5/7 – I agree somewhat

Comments on the best practice above

Some audio clips. Not much in the way of graphics or illustrations.

Interactive and other activities allow learners to engage with the content and practice realistic skills.

6/7 – I agree for the most part

Comments on the best practice above

Simple open-ended exercises require learner to complete realistic assessment tasks, and then compare their answers with exemplary possible answers. A PDF Practice Guide allows the learner to write down their assessment information and plan.

Good and useful reference resources are provided for use in and outside the course (learners don't have to memorize content).

6/7 – I agree for the most part

Comments on the best practice above

Resources are screened and linked directly to module objectives/sections.

The production values are high and the course is appealing to use.

6/7 – I agree for the most part

Technical performance is flawless.

7/7 – I agree completely

Community Tool Box – Module 1: Assuring Engagement in Community Health Improvement Efforts (US)

Assessed on: March 17, 2013

Sponsoring organization	
Kansas Department of Health and Environment	
Year developed	
2011	
Origin / Language	
US / English	
Links (to access or get more information)	
Course info and access on CDC TRAIN	

Context and relevance

This module is part of the Community Tool Box, a service of the Work Group for Community Health and Development at the University of Kansas. See http://ctb.ku.edu/en/default.aspx for details. In addition to many other resources, the Tool Box includes 8 self-paced online learning modules:
Module 1: Assuring Engagement in Community Health Improvement Efforts
Module 2: Identifying Community Health Needs and Assets
Module 3: Conducting Community Health Assessments
Module 4: Setting Community Priorities Based on Identified Issues
Module 5: Developing a Logic Model for Community Health Improvement
Module 6: Developing a Strategic Plan for Community Health Improvement
Module 7: Developing an Intervention
Module 8: Assuring Collaboration During Implementation

Audience(s)

- Public health practitioners
- Leaders and decision-makers
- Others

Comments on the audience

- Environmental Health Professionals
- Educators / Trainers
- Policy / Planner
- Researchers / Analysts
- Public Health
- Health Care

Course type

Open-access credit course

Learning focus

Awareness – Reframing

Learning goals/objectives

At the completion of this 30 minute online course learners will be able to:
- Define community health assessment
- Engage community members and assure ownership among stakeholders

Course content/topics

See objectives.

Key topics covered

- Population health

Key learning strategies/components

This course includes audio files, brief written exercises, a post assessment, a glossary, a practice guide, additional resources, an evaluation and a certificate of completion.

Types of learning components included

- Interactive exercises/activities
- Online reference resources

Fees, Pre-requisites, Credit

FREE

Approximate duration

30 minutes

Human interaction

None.

Evaluation and assessment

Post-assessment at the end of the module, and written exercises during the module.

Developers and Funders

This project was funded in part through the Kansas Department of Health and Environment, Bureau of Community Health Systems – State Office of Rural Health (SORH) grant. The SORH program is managed by the Federal Office of Rural Health Policy, Health Resources and Services Administration, U.S. Department of Health and Human Services.

Community Tool Box – Module 3: Conducting Community Health Needs Assessments (US)

Assessed on: March 6, 2013

Sponsoring organization	
Kansas Department of Health and Environment	
Year developed	
2011	
Origin / Language	
US / English	
Links (to access or get more information)	
Access via CDC TRAIN. Must register for a free account to access.	
Context and relevance	

Targets the following core competencies:
- Analytic / Assessment Skills
- Identifies the health status of populations and their related determinants of health and illness
- Describes the characteristics of a population-based problem
- Uses variables that measure public health conditions
- Uses methods and instruments for collecting valid and reliable quantitative and qualitative data
- Identifies sources of public health data and information
- Identifies gaps in data sources
- Describes how data are used to address scientific, political, ethical, and social public health issues

This module is part of the Community Tool Box, a service of the Work Group for Community Health and Development at the University of Kansas. See http://ctb.ku.edu/en/default.aspx for details. In addition to many other resources, the Tool Box includes 8 self-paced online learning modules:
Module 1: Assuring Engagement in Community Health Improvement Efforts
Module 2: Identifying Community Health Needs and Assets
Module 3: Conducting Community Health Assessments
Module 4: Setting Community Priorities Based on Identified Issues
Module 5: Developing a Logic Model for Community Health Improvement
Module 6: Developing a Strategic Plan for Community Health Improvement
Module 7: Developing an Intervention
Module 8: Assuring Collaboration During Implementation

Audience(s)
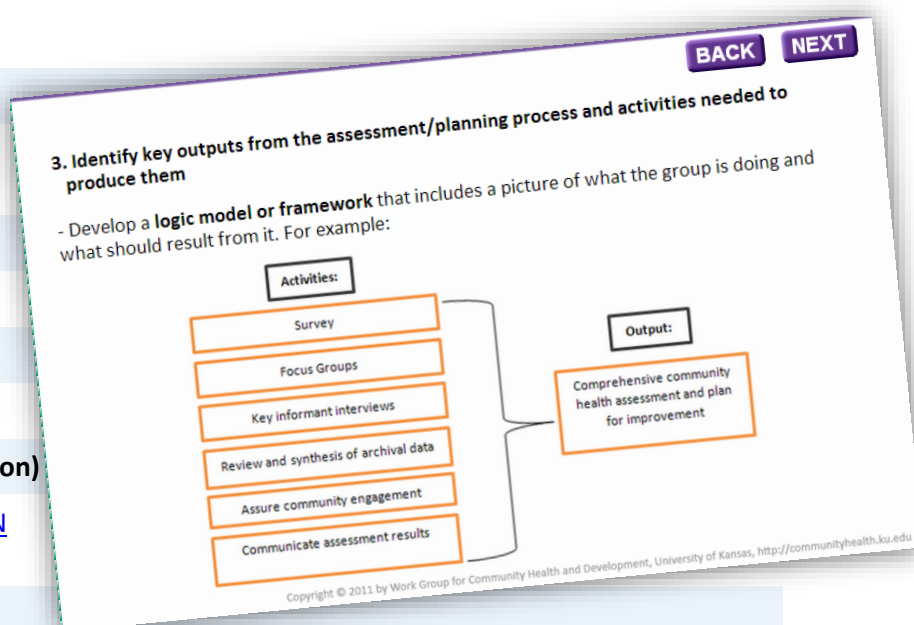
- Public health practitioners

Course type

Open-access credit course

Learning focus

Awareness – Reframing

Learning goals/objectives

At the completion of this 45 minute online course learners will be able to:
- Define community health assessment
- Define the geographic boundaries of the assessment
- Compile and describe evidence about local needs

Course content/topics

See objectives.

Key topics covered

(Health) equity/disparities

Key learning strategies/components

Knowledge check questions, post-assessment, text/image presentations, reflection questions, lots of open-ended assignment questions related to realistic cases. Concluding exercise based on a scenario.

Types of learning components included

- Interactive exercises/activities
- Online reference resources
- Scenario-based training

Fees, Pre-requisites, Credit

FREE Certificate of completion.

Approximate duration

1 hour

Human interaction

None.

Evaluation and assessment

Post-assessment reflection questions, etc.

Developers and Funders

This project was funded in part through the Kansas Department of Health and Environment, Bureau of Community Health Systems – State Office of Rural Health (SORH) grant. The SORH program is managed by the Federal Office of Rural Health Policy, Health Resources and Services Administration, U.S. Department of Health and Human Services.

Course Best Practices Overview

The course aims and manages to change performance in a visible, measurable way (rather than just transferring information).

    7/7 – I agree completely

Comments on the best practice above

    This brief course targets skill-based learning surprisingly well. The focus is on getting learners to try the tasks out quickly, and with good feedback and guidance.

The course feels like an immersive and engaging learning environment.

    5/7 – I agree somewhat

The course design and choice of activities are well adapted to the learning goals and context.

    6/7 – I agree for the most part

The course is easy to use and follow.

    7/7 – I agree completely

Comments on the best practice above

    Well structured and parts well integrated together.

A rich variety of well-produced media is used, appropriate to the learning goals (video, graphics…).

    5/7 – I agree somewhat

Comments on the best practice above

    Some audio clips, Not much in the way of graphics or illustrations.

Interactive and other activities allow learners to engage with the content and practice realistic skills.

    6/7 – I agree for the most part

Comments on the best practice above

    Simple open-ended exercises require learner to complete realistic assessment tasks, and then compare their answers with exemplary possible answers. A PDF Practice Guide allows the learner to write down their assessment information and plan.

Good and useful reference resources are provided for use in and outside the course (learners don't have to memorize content).

    6/7 – I agree for the most part

Comments on the best practice above

    Resources are screened and linked directly to module objectives/sections.

The production values are high and the course is appealing to use.

6/7 – I agree for the most part

Technical performance is flawless.

7/7 – I agree completely

Diversity and Cultural Competency in Public Health Settings – Basic Level (US)

Assessed on: February 28, 2013

Sponsoring organization	
South Central Public Health Partnership	
Year developed	
2002	
Origin / Language	
US / English	
Links (to access or get more information)	
Accessed via CDC TRAIN	
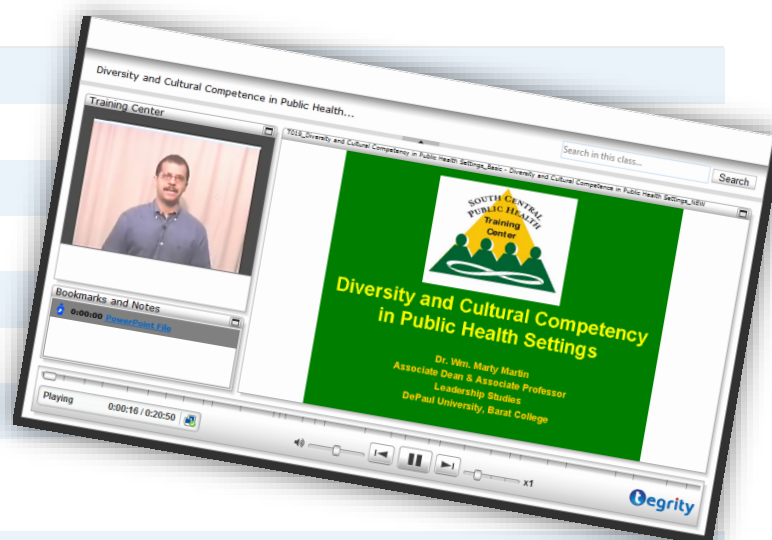
Context and relevance

This course explores the need for cultural competence in the design and delivery of public health services. Many forces, one of which is the increasing diversity among the U.S. population, drive this need. The lecture addresses concepts and skills pertinent for public health practitioners as they work to improve the public's health. The course is the first in a series. Other topics include:

- Cultural Diversity, Health Disparities and Public Health
- Managing Diversity Begins with You
- Psychological First Aid: Building Resiliency for Us and Them
- The Intersections of Cultural Diversity, Health Policy Development and Policy Analysis

Audience(s)

- Public health practitioners

Course type

Open-access CE course

Learning focus

Awareness – Reframing

Learning goals/objectives

The purpose of this course is to provide public health practitioners with the awareness and knowledge to incorporate diversity and cultural competency concepts, tools, and techniques into their daily work. It is expected that by the end of this course that each participant will be conversant in issues related to culture and health, health disparities, and community health models designed to close the gap in health disparities.- Describe the demographic and epidemiological trends related to diverse populations in the US and abroad.
- Conceptualize cultural competency and compare and contrast with diversity.
- Identify a framework to design culturally competence public health care services to diverse populations.

Course content/topics

See objectives. The course also makes use of the Purnell Model of Cultural Competence Assumptions.

Key topics covered

- (Health) equity/disparities

Key learning strategies/components

The course is based on a recorded lecture/presentation by the instructor. Exercises are completed by pausing the presentation at various points, consulting and completing parts of the course workbook, and then returning to the presentation.

Types of learning components included

- Online instructor/facilitator
- Online reference resources
- Individual or group assignments/projects

Fees, Pre-requisites, Credit

FREE

Approximate duration

2 hours

Human interaction

Instructor (in recorded presentation only): Wm. Marty Martin, Associate Professor, Associate Director, Chicago School of Professional Psychology

Evaluation and assessment

"Self-corrected" exercises, including final case study exercise (compare answers with provided answers).

Developers and Funders

South Central Public Health Partnership and Tulane University School of Public Health. Sponsored by HHS Health Resources and Services Administration.

Course Best Practices Overview

The course aims and manages to change performance in a visible, measurable way (rather than just transferring information).

5/7 – I agree somewhat

Comments on the best practice above

While the course is very short and at a rather basic level, the exercises are meaningful and if completed conscientiously, will lead to learning.

The course is easy to use and follow.

5/7 – I agree somewhat

Comments on the best practice above

Access to the course requires up to two separate registrations. The recorded lecture + workbook combination is somewhat "old-fashioned" and tedious, but works pretty well regardless.

Good and useful reference resources are provided for use in and outside the course (learners don't have to memorize content).

6/7 – I agree for the most part

Health Equity and Prevention Primer (US)

Assessed on: February 24, 2013

Sponsoring organization

Prevention Institute

Year developed

??

Origin / Language

US / English

Links (to access or get more information)

[Access to HEPP](#)
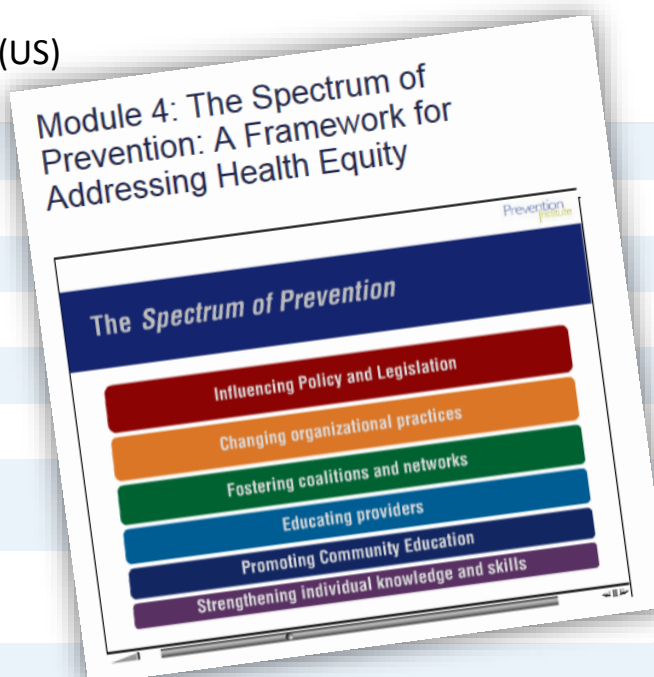
Context and relevance

This seems to be a relatively early attempt at creating an online learning resource for wide dissemination on a topic of growing interest, but the design and implementation fall short.

Audience(s)

▪ Public health practitioners

Comments on the audience

The Health Equity and Prevention Primer (HEPP) is an equity-focused online learning tool and collection of resources to build the knowledge and capacity of practitioners to incorporate health equity into their work.

Course type

Open-access CE course

Learning focus

Awareness – Reframing

Learning goals/objectives

Module 1
Define primary prevention, disparities and inequities;
Identify examples of primary prevention strategies; and
Discuss why primary prevention is key to achieving equity in health and safety outcomes.
Module 2
Discuss the Two Steps to Prevention framework;
Identify the elements in the Trajectory of Health Inequities; and
Use the Two Steps to Prevention framework to move from a focus on services to the environment, and address the reasons why people are disproportionately sick or injured in the first place.

etc.

Course content/topics

Module 1 Achieving Equity in Health and Safety through Primary Prevention – describes how Primary Prevention is a key strategy for eliminating inequities in health and safety. It provides an overview of Primary Prevention and previews material that will be covered later in the series.
Duration: 14 minutes

Module 2 Take Two Steps to Prevention – describes the Two Steps to Prevention Framework and the Trajectory of Health Inequities. These tools can be used to describe why a focus on the environment is essential for health equity efforts.
Duration: 16 minutes

Module 3 Community Factors & How They Influence Health Equity – explores eighteen community factors. These eighteen factors are linked to health equity. Each factor is part of a community and provides tangible opportunities for achieving equitable health and safety outcomes.
Duration: 12 minutes

Module 4 The Spectrum of Prevention: A Framework for Addressing Health Equity, introduces the Spectrum of Prevention. It provides a step by step explanation of how the Spectrum can be used to develop a mutually supportive set of actions as part of a comprehensive primary prevention strategy to change environments for equity.
Duration: 14 minutes

Module 5 Enhancing Effective Partnerships for Health Equity – explores the power of partnerships for improving equity. It introduces the Eight Steps to Coalition Building, which can be used to launch and stabilize effective equity-focused coalitions.
Duration: 15 minutes

Module 6 The Importance of Local Policy for Achieving Equitable Outcomes looks at why policy–at the city and county levels, in particular-is important to health equity efforts. It provides an overview of key strategies in the policy development process.
Duration: 21 minutes

Module 7 Good Health Counts: Measurement and Evaluation for Health Equity – describes how community health indicators can be used to assess and monitor conditions that influence health and safety. It highlights a number of indicator reports that have been used to advance health equity efforts.
Duration: 19 minutes

Key topics covered

▪ (Health) equity/disparities

Key learning strategies/components

The Primer is comprised of seven brief, interactive presentations along with selected publications, tools, and other resources focused on health equity. After the presentations, learners explore the sections with strategic links and related papers on health equity-related efforts across the country.

Types of learning components included

▪ Online reference resources

Fees, Pre-requisites, Credit
FREE CHES-certified users: To receive 5 hours of credit, students complete all seven modules and fill out this CHES Assessment and Evaluation Survey via Survey Monkey.
Approximate duration
2-3 hours (dependent on external resources consulted)
Human interaction
None.
Evaluation and assessment
End-of-module online survey.
Developers and Funders
Developed by the Prevention Institute with guidance from state and local health department staff and nationally-recognized health equity experts. Prevention Institute is grateful to have worked with the National Association of City and County Health Officials' Health Equity and Social Justice Strategic Direction Team. Support for the Health Equity and Prevention Primer was provided by a grant from the Robert Wood Johnson Foundation® in Princeton, New Jersey.

Course Best Practices Overview

The course aims and manages to change performance in a visible, measurable way (rather than just transferring information).
2/7 – I disagree for the most part
The course design and choice of activities are well adapted to the learning goals and context.
2/7 – I disagree for the most part
The course is easy to use and follow.
4/7 – I neither agree nor disagree
A rich variety of well-produced media is used, appropriate to the learning goals (video, graphics, etc).
2/7 – I disagree for the most part
The right amount and types of human interaction (with facilitator or peers) are available.
2/7 – I disagree for the most part
Interactive and other activities allow learners to engage with the content and practice realistic skills.
1/7 – I disagree completely
Good and useful reference resources are provided for use in and outside the course (learners don't have to memorize content).

4/7 – I neither agree nor disagree

The writing is concise and sounds like a magazine, not like a textbook.

6/7 – I agree for the most part

Comments on the best practice above

The writing is generally concise and free of needless jargon.

The production values are high and the course is appealing to use.

2/7 – I disagree for the most part

Technical performance is flawless.

1/7 – I disagree completely

Comments on the best practice above

The technical implementation of this course is very poor. The presentations cannot only be paused, cannot be controlled by learners. Transcripts must be downloaded separately – needlessly tedious. Some links to reference resources were broken.

Measuring Health Disparities (US)

Assessed on: February 23, 2013

Sponsoring organization

Michigan Public Health Training Center

Year developed

2009?

Origin / Language

US / English

Links (to access or get more information

[Course information and access](#)

One must complete a basic survey in order to obtain a password to download and use the course file.

Context and relevance

The continuous audio with accompanying graphics and US examples presents a number of complex measures clearly moving logically from point to point. There are links to a large number of additional resource materials online for those wishing to get more deeply involved with the theory or practice of measuring disparities.

This is a well constructed course but limited in its applicability to a general public health audience due to the specialized nature of its content.

Audience(s)

- Public health practitioners
- Leaders and decision-makers

Comments on the audience

The course is designed to be accessible to a broad audience of practitioners across all sectors of the public health and related workforce who are concerned about the issue of health disparity. Parts III and IV are more technical; although not required, it is helpful to have a background in statistics, epidemiology, or other related sciences for ease of understanding these sections.

Course type

Open-access CE course

Learning focus

Other

Learning goals/objectives

By the end of Part I What are Health Disparities? and Part II Issues in Measuring Health Disparities), you will be able to:

- Identify the dimensions of health disparity as described in Healthy People 2010
- List three definitions of health disparity
- Interpret health disparity in graphical representations of data
- Explain relative and absolute disparity
- Describe how reference groups can affect disparity measurement

By the end of Part III Measures of Health Disparities and Part IV Analytic Steps in Measuring Health Disparity), you will be able to:
- Describe at least three complex measures of health disparities
- List strengths and weaknesses of at least three health disparity measures
- Summarize the analytic steps in measuring health disparity

Course content/topics

This interactive course focuses on some basic issues for public health practice — how to understand, define and measure health disparity. This course examines the language of health disparity to come to some common understanding of what that term means, explains key measures of health disparity and shows how to calculate them. This computer-based course provides a durable tool that is useful to daily activities in the practice of public health.
The material is divided into four content sections. Parts I and II review what health disparities are, how they are defined, and provide an overview of common issues faced in measuring health disparities. Parts III and IV introduce users to a range of health disparity measures, providing advantages and disadvantages of each, and discuss how best to use different measures to communicate and evaluate health disparity in our communities.

Key topics covered

- (Health) equity/disparities

Key learning strategies/components

Each section of the course has a set of Learning Objectives followed by an audio presentation with extensive use of graphics. Basic question-based exercises are included and a multiple-choice self-assessment, with answers provided, is included at the end of each section of the course. There is a comprehensive set of resources for the course. This includes a printed transcript of the course, journal articles and links to websites, journals and documents

Types of learning components included

- Interactive exercises/activities

Fees, Pre-requisites, Credit

FREE
Nursing contact hours, and CHES (Category I) continuing education contact hours are available for those successfully completing this course.

Approximate duration

2-3 hours

Human interaction

None.

Evaluation and assessment

Post-course test; post-course evaluation.

Developers and Funders

This course has been made possible through funding from the Health Resources and Services Administration, Centers for Disease Control and Prevention, Michigan Public Health Training Center, Center for Social Epidemiology and Population Health, and Prevention Research Center of Michigan.
Planning committee: John Lynch, PhD, MPH, Sam Harper, PhD, MSPH, Julie McCallum, BSN, MPH, Amy Sarigiannis, MPH.

Course Best Practices Overview

The course aims and manages to change performance in a visible, measurable way (rather than just transferring information).

4/7 – I neither agree nor disagree

Comments on the best practice above

The content focus is narrow enough for skill development, but there are too few exercises, and they are at too low a level for skill development.

The course feels like an immersive and engaging learning environment.

2/7 – I disagree for the most part

Comments on the best practice above

The module feels more like a lecture.

Technical performance is flawless.

4/7 – I neither agree nor disagree

Comments on the best practice above

Module performance is fine, but the file downloading process is uncalled for.

New Directions in Public Health and Community Development Online Workshop Series (US)

Assessed on: March 4, 2013

Sponsoring organization	
Health Equity Initiative (New York, NY)	
Year developed	
2013	
Origin / Language	
US / English	
Links (to access or get more information)	
Info and access to [Winter/Spring 2013 online workshop series](#)	

Context and relevance

Health Equity Initiative (HEI) is a non-profit organization dedicated to building community, capacity and communication resources for health equity. HEI's team has extensive professional development and training experience in a variety of different public health/global health areas. In 2012 alone, we conceived, developed, and offered 12 interactive public or customized workshops (in-person or online) for a total of 148 participants from multiple sectors!

Audience(s)

- Public health practitioners
- Leaders and decision-makers

Comments on the audience

Workshops are specifically designed to meet the needs of staff and board members of non-profit health organizations, community development organizations, associations, foundations, community-based organizations, and hospitals, as well as other public health, healthcare and community development professionals from US and international organizations and government agencies.

Course type

Open-access CE course

Learning focus

Awareness – Reframing

Learning goals/objectives

Health Equity and Health Communication: Strategies to Reach the Underserved
Participants in this workshop will be able to:
- Review examples of populations that experience the greatest health disparities across different

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health issues and settings both in the U.S. and globally
- Describe the essential components of communication planning to reach the underserved
- Appreciate the importance of increasing social support of health and community behaviours
- Identify key communication strategies to achieve relevant behavioural and social results among vulnerable and underserved populations
- Discuss communication channels used by underserved populations in a variety of settings/ countries
- Differentiate between linguistic competence, cultural competency, and health literacy in public health practice
- Review relevant case studies and resources

Implementing the Social Determinants of Health Agenda: New Trends, Strategies, and Case Studies
Participants in this workshop will be able to:
- List different socially-determined factors and their contribution to health disparities
- Discuss the importance of integrating a social determinants of health agenda within their work and organizations
- Identify practical steps to analyzing and incorporating a social determinants of health perspective in addressing local health issues and conditions
- Review the link between health equity and socio-economic development (and vice versa)
- Summarize new trends on community action and transformation in support of better chances for better health within different settings
- Describe new trends in re-shaping the built environment for healthy lives
- Discuss practical examples, case studies and resources

Assessing Organizational Capacity via Health Equity-Related Assessment (HERA): An Introductory Workshop
This workshop will help you:
- Introduce Health Equity-Related Assessment (HERA), a strategic tool to evaluate your organization's core competencies and capacity vis-à-vis its ability to reach/address the needs of vulnerable and underserved populations across a variety of settings and health issues
- Apply key criteria to determine the extent to which underserved populations know about/use key resources your organization offers
- Use collaborative methods to integrate/complement your organization's core competencies/ capacity and to achieve organizational and community health goals
- Apply "system thinking" to develop capacity building programs and to address organizational gaps vis-à-vis health equity issues
- Review relevant case studies, resources and examples re: health equity/health disparities

Course content/topics

Recent/upcoming online workshops include:
February 21, 2013 12pm – 2pm
Implementing the Social Determinants of Health Agenda: New Trends, Strategies, and Case Studies
March 13, 2013 12pm – 2pm
Communication for Behavioural Impact (COMBI): An Integrated Model for Health and Social Change
April 18, 2013 12pm – 2pm
Health Equity and Health Communication: Strategies to Reach the Underserved

Key topics covered

- Social determinants of health
- (Health) equity/disparities

Key learning strategies/components

For our online workshops we use a GoToMeeting platform, which include a visual of the presentation, as well as chatting and audio options both via dialling in from your telephone line or via the use of computer speakers and a microphone. Our online workshops are very interactive with built in time for an extensive Q&A period via audio or chat-style.

Types of learning components included

- Online instructor/facilitator
- Webinars/Virtual classroom work

Fees, Pre-requisites, Credit

$30 per workshop
All participants who attend at least 4 online workshops in our New Directions in Public Health and Community Development series within a 6 months period will receive a Certificate in Promoting Health Equity: Emerging Strategies and Tools from Health Equity Initiative. In addition, eligible professionals who are Certified in Public Health by the National Board of Public Health Examiners can apply for Certified in Public Health (CPH) CE credits.

Approximate duration

2 hours

Human interaction

Online facilitator; communication with other participants.

Evaluation and assessment

None indicated.

Practicing Cross Cultural Communication (US)

Assessed on: February 28, 2013

Sponsoring organization	
New York – New Jersey Public Health Training Center	
Year developed	
??	
Origin / Language	
US / English	
Links (to access or get more information)	
Access via CDC TRAIN	

Context and relevance

"Communicate to Make a Difference: Practicing Cross-Cultural Communication" is a web-based course that consists of three case-based modules. Each module is a separate case study which examines the practical application of the "Ten Strategies for Effective Cross-Cultural Communication."

The cases have been inspired by real public health situations:

Hepatitis A Outbreak

Developing an effective public health intervention in a time of crisis is challenging. This story of a Hepatitis A outbreak in a Mexican-American community demonstrates how effective cross-cultural communication can lead to good solutions.

The Bamboo Dragon

One of the essential services of public health is to enforce laws and regulations that protect health and ensure safety. This case study begins with the health inspection of an Asian restaurant. Can the stakeholders overcome the barriers to communication that cultural differences have created?

Community Health Worker Program

There are many facets of organizational culture. It is the awareness of these facets and how communication can affect an organization that is the focus of this module. How can three different groups overcome communication challenges to work together?

Audience(s)

- Public health practitioners

Course type

Open-access CE course

Learning focus

Awareness – Reframing

Learning goals/objectives

After working through this module, "The Bamboo Dragon," you will be better able to apply the following skills in your daily work:
- Distinguish cultural perspectives.
- Avoid culturally insensitive language and behaviours.
- Recognize the complexity of cross-cultural communication.
- Respect cultural differences.
- Build self-awareness.
- Ask questions to develop cultural knowledge.
- Avoid stereotyping.

Course content/topics

The main ideas in this module include:
Focus on solutions through good cross-cultural communication, instead of fixating on the intensity of the problem.
Solutions to difficult problems can come only through good communication.
Learning specifics about a culture in advance can prevent insensitive behaviours.
Stereotyping and negative assumptions can create further communication barriers.
A person's culture is much more than his/her race and ethnicity.
Effective communication takes time.
Good communication involves acknowledging a person's feelings.

Key topics covered

- Health promotion

Key learning strategies/components

Scenario-based learning, with text and photo-based exchanges between a health inspector and a client, and later between the client and a group of health department staff.

Types of learning components included

- Interactive exercises/activities
- Scenario-based training

Fees, Pre-requisites, Credit

FREE

Approximate duration

1.5 hours per case

Human interaction

None. But learners see previous learners' selected responses to compare.

Evaluation and assessment

Impact self-assessment at end of each module.

Developers and Funders

New York – New Jersey Public Health Training Center

Course Best Practices Overview

The course aims and manages to change performance in a visible, measurable way (rather than just transferring information).

6/7 – I agree for the most part

Comments on the best practice above

Good implementation of a case-based training approach – though there is no "branching" in the scenario, i.e., learner cannot make correct/incorrect choices and see the consequences.

The course feels like an immersive and engaging learning environment.

6/7 – I agree for the most part

Comments on the best practice above

The modules use simple text and photo dialogue segments, followed by learner responses and comparisons with other learners' answers and feedback from the course. But this is sufficient to create an engaging learning environment.

The course design and choice of activities are well adapted to the learning goals and context.

6/7 – I agree for the most part

Comments on the best practice above

Given the awareness-level learning objectives, the choice of activities works well.

The course is easy to use and follow.

7/7 – I agree completely

Comments on the best practice above

Easy and intuitive to use.

A rich variety of well-produced media is used, appropriate to the learning goals (video, graphics, etc).

6/7 – I agree for the most part

Comments on the best practice above

While there is no audio or video, the design of the case-based activity keeps the learner engaged.

Interactive and other activities allow learners to engage with the content and practice realistic skills.

6/7 – I agree for the most part

The writing is concise and sounds like a magazine, not like a textbook.

7/7 – I agree completely

The production values are high and the course is appealing to use.

7/7 – I agree completely

Technical performance is flawless.

7/7 – I agree completely

Comments on the best practice above

Nice visual design, and will work in a low-bandwidth context as well – no audio or video.

Putting Social Justice at the Heart of Public Health (US)

Assessed on: March 5, 2013

Sponsoring organization

PreventConnect

Year developed

2012

Origin / Language

US / English

Links

[Course info](#)

Link to [Moodle learning platform](#)

[Course home page](#)

Learners must sign up for their own free account, to get access to courses.

Context and relevance

PreventConnect is a national project of the California Coalition Against Sexual Assault with funding from the U.S. Centers for Disease Control and Prevention (CDC), National Center for Injury Prevention and Control. The goal of PreventConnect is to advance the primary prevention of sexual assault and relationship violence by building a community of practice among people who are engaged in such efforts.

I had high hopes for this course, since it is hosted on a Moodle platform (that allows the delivery of rich and varied courses). Unfortunately, the course makes poor use of the platform's functionality and potential.

Audience(s)

- Public health practitioners
- Others

Comments on the audience

Intended for those who have a firm understanding of prevention concepts, this course guides learners through a lesson that includes a presentation, offering opportunities to test one's learning.

Course type

Open-access CE course

Learning focus

Awareness – Reframing

Learning goals/objectives

Educational Objectives
- Describe the public health perspective as it relates to the primary prevention of sexual assault and domestic violence.
- Learn how social justice is central to the public health framework for the prevention of sexual assault and domestic violence.
Skill Objectives
- Be able to incorporate social justice principles into the public health model.
- Utilize public health tools in conjunction with a social justice approach to sexual assault and domestic violence prevention efforts.

Course content/topics

Putting Social Justice at the Heart of Public Health is an advanced-level course that develops a public health framework for the prevention of violence against women that is rooted in social justice, community assets, and community needs. It explores the compatibility of common public health and feminist perspectives for the prevention of violence against women.

Key topics covered

- (Health) equity/disparities

Key learning strategies/components

The course is presented in a potentially rich course platform (Moodle), but uses very few learning components. There is a single audio and slide (Articulate) presentation with no interactivity, there are a couple PDF readings, a few MC knowledge check questions, one general discussion forum not truly related to the course, and a course-specific discussion forum with no activity.

Types of learning components included

- Discussion forums
- Online reference resources

Fees, Pre-requisites, Credit

FREE

Approximate duration

1 hour

Human interaction

A course discussion forum is available, but is not moderated and has no activity. The course links to a more general discussion forum not related to the course.

Evaluation and assessment

A few knowledge check questions.

Course Best Practices Overview

The course presents public health content and practices that are current and authoritative.

4/7 – I neither agree nor disagree

Comments on the best practice above

The course is based on a model developed by David Lee, who works for CALCASA.

The course aims and manages to change performance in a visible, measurable way.

2/7 – I disagree for the most part

Comments on the best practice above

The potential was there, but was not exploited.

The course feels like an immersive and engaging learning environment.

2/7 – I disagree for the most part

The course design and choice of activities are well adapted to the learning goals and context.

2/7 – I disagree for the most part

Comments on the best practice above

There are no opportunities for learners to engage interactively with the content, to actually apply the skill objectives of the course.

The course is easy to use and follow.

3/7 – I disagree somewhat

Comments on the best practice above

One link actually takes learner to another course – one then has to trace back to current course.

A rich variety of well-produced media is used, appropriate to learning goals (video, graphics, etc).

2/7 – I disagree for the most part

Comments on the best practice above

One narrated presentation.

The right amount and types of human interaction (with facilitator or peers) are available.

2/7 – I disagree for the most part

Comments on the best practice above

The course advertises contact with peers via a discussion forum, but this is inactive.

Interactive and other activities allow learners to engage with the content and practice skills.

1/7 – I disagree completely

Comments on the best practice above

No activities.

The writing is concise and sounds like a magazine, not like a textbook.

6/7 – I agree for the most part

Race and Ethnicity in Health Care (US)

Assessed on: March 5, 2013

Sponsoring organization

Kaiser Educational Foundation

Year developed

2007

Origin / Language

US / English

Links (to access or get more informa

[Access to tutorial](#)

Context and relevance

KaiserEDU's tutorials are multimedia presentations on health policy issues, research methodology or the workings of government.

Audience(s)

- Public health practitioners

Course type

Open-access CE course

Learning focus

Awareness – Reframing

Learning goals/objectives

Examine health care characteristics of various populations in the US.

Course content/topics

Health care characteristics of various populations in the US.

Key topics covered

- (Health) equity/disparities

Key learning strategies/components

This is a roughly 20-minute audio and slide presentation. There are no interactive activities or exercises.

Types of learning components included

- Online reference resources

Fees, Pre-requisites, Credit

FREE

Approximate duration

20 minutes

Human interaction

None

Evaluation and assessment

None

Course Best Practices Overview

The course presents public health content and practices that are current and authoritative.

6/7 – I agree for the most part

The course aims and manages to change performance in a visible, measurable way (rather than just transferring information).

1/7 – I disagree completely

Comments on the best practice above

Information transfer only.

The course feels like an immersive and engaging learning environment.

1/7 – I disagree completely

The course design and choice of activities are well adapted to the learning goals and context.

2/7 – I disagree for the most part

Comments on the best practice above

Only very motivated learners are likely to benefit from the presentation.

The course is easy to use and follow.

6/7 – I agree for the most part

A rich variety of well-produced media is used, appropriate to the learning goals (video, graphics, etc).

3/7 – I disagree somewhat

Comments on the best practice above

Illustrations are mainly limited to charts and graphs.

Interactive and other activities allow learners to engage with the content and practice realistic skills.

1/7 – I disagree completely

Good and useful reference resources are provided for use in and outside the course (learners don't have to memorize content).

6/7 – I agree for the most part

The writing is concise and sounds like a magazine, not like a textbook.

3/7 – I disagree somewhat

Comments on the best practice above

The presenter is reading her text in a rather monotone voice. The tone is anything but conversational.

Technical performance is flawless.

6/7 – I agree for the most part

Roots of Health Inequity (US)

Assessed on: February 17, 2013

Sponsoring organization
National Association of County & City Health Officials

Year developed
2011

Origin /Language
US / English

Links (to access or get more information)
[Course access](#)   [Overview](#) of course development techniques/challenges.   [Course entry](#) at Healthcare Communities site.

The Evolving Role of Public Health

Context and relevance

This course is intended for an American public health audience. While many of the SDH concepts described and issues discussed are relevant for Canadian practitioners, the tone of the course is rooted in US politics and culture, and all examples are based on American events. In a Canadian context, this course would be more relevant for leaders and decision-makers not previously exposed to SDH concepts. Public health practitioners in Canada would likely have already worked with the concepts presented here.

Learning goals/objectives

This course provides an online learning environment in which to explore root causes of inequity in the distribution of disease, illness, and death. It seeks to ground participants in the concepts and strategies that could lead to effective action. As part of the Roots of Health Inequity Learning Collaborative, participants will be able to:- Explore social processes that produce health inequities in the distribution of disease and illness.
- Strategize more effective ways to act on the root causes of health inequity.
- Form relationships with other local health departments who are working to ensure health equity.

Course content/topics

UNIT 1 – Where Do We Start?
Explore the relationships among changing the culture of our organizations, engaging community members, and negotiating with political pressures strategically.
UNIT 2 – Perspectives on Framing
Consider how mental "models" or "frames" influence public health work. Discuss how values, assumptions, and interests affect people's and organizations' capacity to address health

inequities.

UNIT 3 – Public Health History

What can history teach us about the role of public health and public health practitioners? Explore the transformation of public health during the last 150 years, including the forces that advanced or limited the field.

UNIT 4 – Root Causes

Examine the importance of class structure, racism, and gender inequality in the development of health inequities.

UNIT 5 – Social Justice

Explore the principles of social justice and ways to influence the institutions and agencies that generate health inequity.

Key topics covered

- Social determinants of health
- (Health) equity/disparities

Key learning strategies/components

- Varied resources, such as interactive maps and timelines, geographic story-telling, resource libraries, video presentations, case studies and "Voices from the Field" (interviews with practitioners).- Group-directed learning – the material is designed around group participation (mainly group discussions). Participants working in the field are expected to join as a group and discuss the material face-to-face as well as online. Participants signing up on their own can join online discussions as part of the General Group or follow the course on their own.

Types of learning components included

- Interactive exercises/activities
- Discussion forums
- Online reference resources

Audience(s)

- Public health practitioners

Comments on the audience

Anyone interested in addressing the root causes of health inequity may take this course, but the material is written primarily for local public health department staff at all levels.

Fees, Pre-requisites, Credit

There is NO FEE for the course. No prior knowledge of health equity is required to take this course. Basic familiarity with public health practice is suggested. Participation in specified activities of UNIT 1(only) provides about 2.5 hours of Continuing Education credit.

Approximate duration

15 to 30 hours over about 2-3 months?

Human interaction

The course is intended to be followed in a workplace group context. NACCHO does not provide access to facilitators or moderators. Rather, each group selects a leader who must administer the group, moderate face-to-face discussions and online activities, and use tools in the "Roots" website's online-community area to post goals, target dates, meetings and an overall schedule. "Solitary" students can follow the course on their own by creating their own private one-person group, or can join the General Group and interact with any other solitary students taking the course at the same time.

Evaluation and assessment

There are no tests or other explicit evaluation of learning in the course. A survey at the end of the course asks learners to assess the quality of the course and to self-report on the extent of learning achieved.

Developers and Funders

Developed by NACCHO staff, Interactive Knowledge (Charlotte, NC), Insighters Educational Consulting (Ithaca, NY), and many others contributors and advisors. (The course took a year to develop for a 30-person team.)Funded by the National Center for Minority Health and Health Disparities, National Institutes of Health.

Course Best Practices Overview

The course presents public health content and practices that are current and authoritative.

6/7 – I agree for the most part

Comments on the best practice above

- A number of well-respected researchers, practitioners and thought leaders contributed to the course. A wide range of expertise is represented.
- Course material is also based on NACCHO's established practices related to SDH.
- On the other hand, opposing views are not represented.

The course aims and manages to change performance in a visible, measurable way (rather than just transferring information).

4/7 – I neither agree nor disagree

Comments on the best practice above

- The course exposes participants to numerous good-quality resources that provide much opportunity for real change in knowledge and behaviour.
- The course provides a communication platform and thoughtful guidelines for group interaction that can change behaviour if they are used conscientiously.
- Although the course aims to change attitudes and behaviour, there is little measurement of this (limited to self-reporting of "what I will do now" in end-of-course survey).

The course feels like an immersive and engaging learning environment.

5/7 – I agree somewhat

Comments on the best practice above

- The flow of topics is logical, and a good variety of learning experiences are provided.
- There is however no integrating thread running through the course to tie everything together (such as a more involved learning challenge that could move the course beyond exploration).

The course design and choice of activities are well adapted to the learning goals and context.

4/7 – I neither agree nor disagree

Comments on the best practice above

- The resources and activities have the potential for changing the attitudes and practices of learners, but perhaps only for those who are already motivated to do so.
- Activities and exercises do not go much beyond exploration, so behaviour change seems unlikely for learners who are not so motivated at the outset.
- The objective of "forming relationships" with other departments is also not addressed explicitly.

The course is easy to use and follow.

7/7 – I agree completely

Comments on the best practice above

- The online interface is clear, and navigation among topics is both flexible and clear.
- Instructions for activities are also clear.

A rich variety of well-produced media is used, appropriate to the learning goals (video, graphics, etc).

6/7 – I agree for the most part

Comments on the best practice above

- Animations, video and audio presentations, interactive activities and exercises are based on actual events and/or concepts/practices relevant to participants' job context.
- Interactives and animations are of very good quality; some videos are excellent, others are of average quality.

The right amount and types of human interaction (with facilitator or peers) are available.

3/7 – I disagree somewhat

Comments on the best practice above

- The course is designed around group participation, although significant parts of the course are completed individually.
- Good tools and resources are available to group leaders, but the quality of group learning is left in the hands of people who may not have the time and aptitude to do a good job.
- Individual students are for the most part left on their own, as communications in the General Group are haphazard (neither monitored nor moderated).

Interactive and other activities allow learners to engage with the content and practice realistic skills.

4/7 – I neither agree nor disagree

Comments on the best practice above

- Interactives, exercises and animations do support knowledge-level objectives well.
- The course provides for much discussion of topics, but provides no opportunity for practice of job-related skills.

Good and useful reference resources are provided for use in and outside the course (learners don't have to memorize content).

7/7 – I agree completely

Comments on the best practice above

- PDF versions of key resources can be downloaded, as can transcripts of videos, etc.
- Links are provided to best-practice tools currently in use in leading organizations.

The writing is concise and sounds like a magazine, not like a textbook.

5/7 – I agree somewhat

Comments on the best practice above

- SDH and social justice concepts are by nature terminology-laden, but more effort could have been invested in simplifying language and reducing the amount of text.

The production values are high and the course is appealing to use.

7/7 – I agree completely

Comments on the best practice above

- The course visual design is attractive, artful and appealing.

Technical performance is flawless.

5/7 – I agree somewhat

Comments on the best practice above

- Videos did not stream smoothly on the reviewer's computer; would need to be downloaded.
- Other than that, the course performed well.

Building Community Capacity (Europe)

Assessed on: March 31, 2013

Sponsoring organization

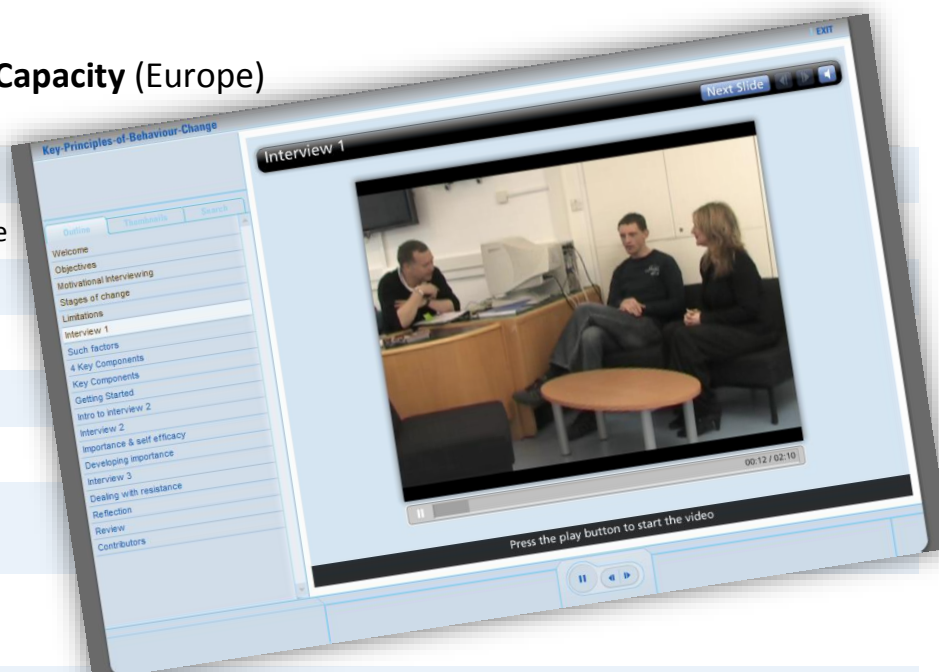e-Learning for Healthcare

Year developed

Unknown

Origin / Language

Europe / English

Links (to access or get more information)

[Project home](#)

Context and relevance

Learning in this programme is self-directed, supported by web-based resources over a 24 week period. Learning mainly takes place in practice. It involves carrying out a work based project through to completion. Participants register online, and follow a series of six phases. The standard package will enable everyone who completes it to gain evidence of their thinking and skills through a reflective portfolio, as well as delivering a capacity building project with clear, evidenced outcomes. The standard package will provide a good basis if you might want to use it for accreditation at a later date (but usually within five years of completion).

Audience(s)

- Public health practitioners (Health visitors)
- Others

Comments on the audience

Health visitors are able to build community capacity. Building from the principles which we have espoused for more than three decades, to search out health needs, to stimulate awareness of health needs among individuals, families and communities, to influence policies affecting health and wellbeing and to facilitate people in engaging with health-enhancing activities (CETHV 1977). Health visitors are seen as bridging and guiding the complex networks of people required to support children, families and communities to achieve the best possible health outcomes. However, whilst the existing workforce has the potential to undertake this role, many people have been overwhelmed by current workloads, and few have been able to sustain the necessary skills or up to date knowledge.

Course type

Other

Learning focus

Intervention skills

Learning goals/objectives

This package will help you to refresh your knowledge of relevant areas and most importantly help you to work through, in practice, ways in which you can increase:
• Skills, confidence
• Understanding of people, parents, families, the wider community and any of the voluntary and statutory agencies working with them and address issues affecting health and wellbeing
• Facilitate and provide leadership for collaborative working.
It should help you to deliver some specific developments / improvements with clear, measurable outputs in partnership with the local community.

Course content/topics

This package is designed to facilitate existing health visitors to gain confidence and extend or renew their skills in building community capacity. The teaching and learning model adopted draws on principles from the work of Boud and colleagues (2006), in particular the notion of productive reflection which harnesses reflection on work experience and work practice to enhance engagement and outputs as well as learning.

Key topics covered

- Social determinants of health
- Health promotion

Key learning strategies/components

As part of your participation in the Building Community Capacity package you are expected to plan, implement and evaluate a change in your practice which demonstrates how you have worked with individuals, groups and the wider community to build their capacity to enhance health and wellbeing. Your chosen 'project' will help you implement what you have learnt through the programme and to demonstrate to others how the programme has influenced your practice. You are welcome to work on a 'project' either alone or with a small group of colleagues. A workbook supports learners through the learning programme. A variety of online knowledge resources are also provided, including several online "Masterclass" modules on key topics (these are content presentations created with Articulate Studio – some are text and graphics, some include media content as well).

Types of learning components included

- Online reference resources
- Individual or group assignments/projects

Fees, Pre-requisites, Credit

e-LfH content is free of charge to those who work within the NHS. For those of you who want to build on existing qualifications and get recognition for taking part, you may want to follow our accredited route. Northumbria University offer accreditation for your learning from this package (30 postgraduate credits).

Approximate duration

24 weeks

Human interaction

Your learning journey will follow the Phases of the package. In order to be successful you are expected to complete all Phases to the satisfaction of your employing organisation (and academic tutor if going for accreditation). Whilst each Phase is shown in chronological order it is expected that you will revisit various elements as you go through your learning journey in order to review and enhance your knowledge and skills.

Evaluation and assessment

Demonstrating Your Achievements are an important part of the programme. They will help you be clear about what you have learnt, and will assure your managers, clients and colleagues that you can do an effective job in community capacity building, and that you have the tools to continue doing this. It is most important in order to meet the requirements for 'Demonstrating Your Achievements' that you follow the detailed guidance and complete the relevant activities which you are required to submit via hs.submit-bcc@northumbria.ac.uk.

Developers and Funders

e-Learning for Healthcare / NHS / Northumbria University. The design team is co-ordinated and led by Revd Professor Pauline Pearson, Professor of Nursing at Northumbria University, Newcastle upon Tyne. She is an experienced health visitor with significant experience in educational and community development as well as a track record in research, practice and education for public health and primary health care. She has extensive experience in managing interagency collaborations.

Course Best Practices Overview

The course aims and manages to change performance in a visible, measurable way (rather than just transferring information).

7/7 – I agree completely

Comments on the best practice above

The primary focus of this programme and approach is to tangibly improve on-the-job skills. The commitment required by the learner and their programme supervisor is considerable, but if the needed effort is invested and the extensive available resources well used, success is very likely.

Factors that influence health: An introduction (Europe)

Assessed on: March 31, 2013

Sponsoring organization	
OpenLearn (The Open University)	
Year developed	
2012	
Origin / Language	
Europe / English	
Links (to access or get more information)	
Course access and info	

Thinking point: to what extent do you think that the factors identified by Dahlgren and Whitehead in Figure 1 influence your own health?

Figure 1 The main determinants of health (Dahlgren and Whitehead, 1991)

Context and relevance

This unit is an adapted extract from the course Promoting public health (K311).

Audience(s)

- Public health practitioners
- Others

Course type

Open-access CE course

Learning focus

Awareness – Reframing

Learning goals/objectives

Once you have completed this unit you will:

- have gained a knowledge and understanding of the social determinants of health
- be able to demonstrate an ability to identify, use and critically evaluate different types of health information.

Course content/topics

What factors influence our health? A lot of attention is focused on people's behaviour – their decisions to smoke, drink, over-eat and so on – with strong messages about the changes needed to become healthier. But people's behaviour is influenced by circumstances and events, friends and family, education, job prospects, income, housing and environment. In this unit we look at how these factors, these wider social determinants, work together to influence our health for good or ill.
1 Exploring the factors that influence health
2 Age, sex and hereditary factors
3 Individual lifestyle factors
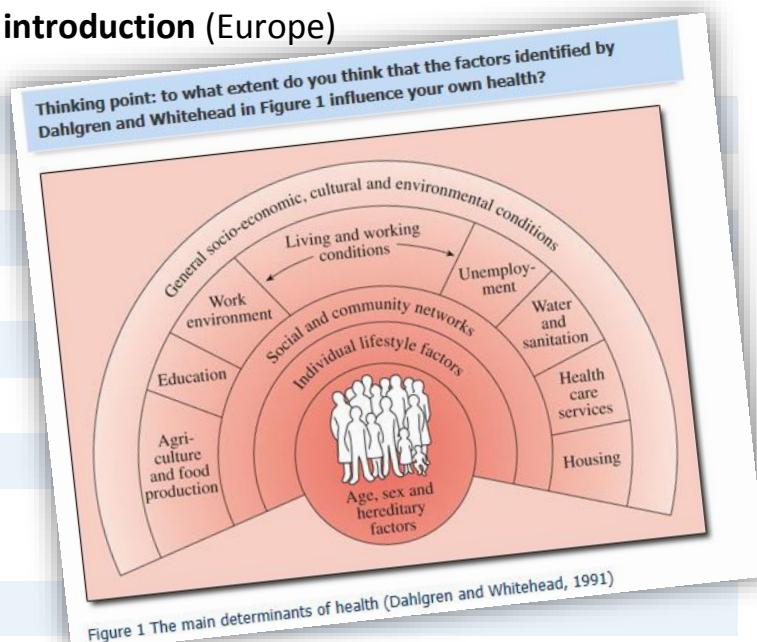
4 Social and community influences

5 Living and working conditions

6 General social and environmental conditions

7 Investigating health inequalities

Key topics covered

- Social determinants of health

Key learning strategies/components

This excerpt from a larger course contains mainly readings and question-based activities on those readings. These are self-corrected. Some general "feedback" is provided.

Types of learning components included

- Individual or group assignments/projects

Fees, Pre-requisites, Credit

FREE

Approximate duration

5 hours

Human interaction

None

Evaluation and assessment

None. Self-corrected activities.

Developers and Funders

The Open University.

Course Best Practices Overview

The course presents public health content and practices that are current and authoritative.

6/7 – I agree for the most part

The course aims and manages to change performance in a visible, measurable way (rather than just transferring information).

3/7 – I disagree somewhat

Comments on the best practice above

This course excerpt is intended to increase awareness and knowledge.

The course feels like an immersive and engaging learning environment.

4/7 – I neither agree nor disagree

Comments on the best practice above

There is no interaction, so the emphasis in on reading and reflecting/thinking/writing on the readings.

The course is easy to use and follow.

3/7 – I disagree somewhat

Comments on the best practice above

The content area is embedded in the course web page, so other content elements are distracting. The content is too text-heavy.

A rich variety of well-produced media is used, appropriate to the learning goals (video, graphics, etc).

3/7 – I disagree somewhat

Interactive and other activities allow learners to engage with the content and practice realistic skills.

2/7 – I disagree for the most part

The writing is concise and sounds like a magazine, not like a textbook.

7/7 – I agree completely

Health Impact Assessment in Practice (Europe)

Assessed on: March 30, 2013

Sponsoring organization

    NHS Health Scotland

Year developed

    2008

Origin / Language

    Europe / English

Links (to access or get more information)

    NHS Health Scotland – Virtual Learning Environment (Moodle)

    Help and How-To on the Virtual Learning Environment

Context and relevance

    NHS Health Scotland is a Special Health Board with a national remit. We play an important role in improving the health of everybody living in Scotland and tackling inequalities in health.

Audience(s)

    ▪   Public health practitioners

Comments on the audience

    The course is designed for practitioners with some existing awareness of HIA, but limited experience.
    Some public health and research skills are assumed. For example the course will assume participants would be able to conduct literature reviews, undertake critical appraisal, interpret descriptive statistics, and be able to lead a small group exercise

Course type

    Open-access CE course

Learning focus

    Intervention skills

Learning goals/objectives

    By the end of the course you should be able to:
    ▪   Outline the definition, purpose and values of doing a health impact assessment
    ▪   Describe why and how to consider health inequalities when doing HIA
    ▪   Describe the spectrum of activity and the steps to go through when doing a HIA
    ▪   Conduct a rapid tabletop HIA

- Demonstrate 'screening' and 'scoping' of an HIA
- Use different kinds of evidence in HIA, including routine data and literature review
- Describe why and how to involve stakeholders and informants in HIA
- Summarise HIA findings in a matrix and use this to make recommendations
- Apply some criteria to evaluate HIA

Course content/topics

1. Key concepts and approaches
2. Case study: A tabletop screening HIA
3. Case study: A rapid HIA
4. Case study: A detailed HIA
5. Case study: A detailed HIA (continued)
6. Evaluation of Health Impact Assessment

Key topics covered

- Social determinants of health
- Population health

Key learning strategies/components

Information is presented on screen, but the main part of the course is three HIA case studies for you to work through. You are asked to write down or type in data, findings and ideas in this workbook. The workbook then forms a record of what you have learnt on the course. There are also some self-assessment quizzes for you to do. At the end of each module the workbook has a bibliography of optional further reading.

Types of learning components included

- Discussion forums
- Online reference resources
- Scenario-based training
- Individual or group assignments/projects

Fees, Pre-requisites, Credit

FREE

Approximate duration

6-12 hours

Human interaction

None. It is not clear if a tutor is available for this course or not, but some Health Scotland courses do use a blended approach.

Evaluation and assessment

Module quizzes with True-False questions.

Developers and Funders

NHS Health Scotland

Course Best Practices Overview
The course presents public health content and practices that are current and authoritative.
4/7 – I neither agree nor disagree
Comments on the best practice above
Note on course home page: This is a 2008 resource. Whilst much of the learning is relevant to the principles of Health Impact Assessment in Practice the currency of some content may not be up to date. Please treat this as an archived resource.
The course aims and manages to change performance in a visible, measurable way (rather than just transferring information).
7/7 – I agree completely
Comments on the best practice above
The combination of online tutorial and scenarios, with scenario exercise completed in the course workbook, works well to practice skills which would be used in an actual job context.
The course feels like an immersive and engaging learning environment.
5/7 – I agree somewhat
Comments on the best practice above
Because no audio or video are used, the "immersion" effect is limited. In spite of that, the focus on realistic scenarios is quite engaging.
The course design and choice of activities are well adapted to the learning goals and context.
6/7 – I agree for the most part
Comments on the best practice above
One design error, arguably, is to use too-easy True-False questions for the module quizzes. These do not do a good job of discriminating learners who have mastered the content from those who haven't and/or who are just guessing.
The course is easy to use and follow.
6/7 – I agree for the most part
Comments on the best practice above
Instructions are clear. But there is occasional use of audio which is a bit disconcerting. Since there is a bit of audio, one finds oneself expecting more but not knowing when it will appear.
A rich variety of well-produced media is used, appropriate to the learning goals (video, graphics, etc).
5/7 – I agree somewhat
Comments on the best practice above

Graphics are of good quality, but no audio or video are used. Audio narration is good for enhancing retention, and video is good in this content area for behaviour modeling, etc.

Interactive and other activities allow learners to engage with the content and practice realistic skills.

6/7 – I agree for the most part

Comments on the best practice above

Commented on above.

Good and useful reference resources are provided for use in and outside the course (learners don't have to memorize content).

6/7 – I agree for the most part

Comments on the best practice above

Relevant resources are referenced in the course workbook, and occasionally in the course itself.

The writing is concise and sounds like a magazine, not like a textbook.

6/7 – I agree for the most part

The production values are high and the course is appealing to use.

6/7 – I agree for the most part

Technical performance is flawless.

4/7 – I neither agree nor disagree

Comments on the best practice above

The course only works with certain browsers.
Audio clips are launched by rolling over with the mouse, but don't always work.
At least one resource link was a broken link.

Introducing Public Health (Europe)

Assessed on: March 31, 2013

Sponsoring organization	
OpenLearn (The Open University)	
Year developed	
2012	
Origin / Language	
Europe / English	
Links (to access or get more info)	
[Course info and access](#)	

In Foleshill, Veena Singh is working with a local GP practice to improve women's health and wellbeing.

Context and relevance

This unit is adapted from the course "Promoting public health" (K311), and uses a case study of Coventry to introduce two important public health issues: factors that influence health and ill health; and the scope of public health work.

Factors influencing health, or the 'wider determinants of health and ill-health' as they are often called, are complex and contested. Family circumstances, poverty, education, work, housing and environment all impact on our health to some extent. You will see some of these influences at work in Coventry.

Public health has become 'everybody's business' and is undertaken by a wide range of people, not just in the health sector but in other sectors too. It is both 'multi-professional' – involving professionals such as police, teachers, housing officers as well as health workers – and 'inter-sectoral' – involving different government departments, local government, the voluntary sector, private sector and so on.

Consider how to use your study of this unit, for example by recording your ideas in a paper-based or online journal. If you enjoy this unit you can also study the other units in this sequence:
- Public health in community settings: An introduction
- Factors that influence health: An introduction

Audience(s)

- Public health practitioners
- Others

Comments on the audience

If you are a public health practitioner you may wish to use your work to help build portfolio evidence of your public health knowledge and skills.

Course type

Open-access credit course

Learning focus

Awareness – Reframing

Learning goals/objectives

After studying this unit you should be able to:

- demonstrate some knowledge and understanding of the wider determinants of health and ill-health
- demonstrate some knowledge and understanding of the roles of people and agencies who undertake work in the promotion of public health, and your own role in promoting health
- be aware of the debates and dilemmas that may arise from the promotion of public health.

Course content/topics

This unit introduces some key elements of public health and health promotion, using a video case study of Coventry. It focuses on the major determinants of health and ill health and the scope of public health work.
1 Public health on the ground
2 Thinking about your own health
3 Scope of public health
4 Agencies and players in today's public health
5 Everybody's business?

Key topics covered

- Social determinants of health
- Public health

Key learning strategies/components

This excerpt from a larger course provides a sampling of content and activities. The activities are all question-based activities related to a video vignette, web research or readings. There is no tutor for the excerpt, so the activities are not corrected. Instead, a comment on each activity is available for learners to reveal – presumably once the activity has been completed.

Types of learning components included

- Individual or group assignments/projects

Fees, Pre-requisites, Credit

FREE

Approximate duration

6 hours

Human interaction

None

Evaluation and assessment

None. The activities are "self-corrected".

Developers and Funders

The Open University

Course Best Practices Overview

The course presents public health content and practices that are current and authoritative.

7/7 – I agree completely

Comments on the best practice above

The Open University is a very well-respected source of open learning materials. This excerpt is from a course published in 2012.

The course aims and manages to change performance in a visible, measurable way (rather than just transferring information).

4/7 – I neither agree nor disagree

Comments on the best practice above

This excerpt is aimed at more of an awareness/reframing level than on skills.

The course feels like an immersive and engaging learning environment.

5/7 – I agree somewhat

Comments on the best practice above

The activities provide a reasonably good idea of the sorts of resources and activities available in the larger course.

The course design and choice of activities are well adapted to the learning goals and context.

4/7 – I neither agree nor disagree

Comments on the best practice above

Cannot really judge, based on this small excerpt.

The course is easy to use and follow.

6/7 – I agree for the most part

A rich variety of well-produced media is used, appropriate to the learning goals (video, graphics, etc).

6/7 – I agree for the most part

The right amount and types of human interaction (with facilitator or peers) are available.

4/7 – I neither agree nor disagree

The writing is concise and sounds like a magazine, not like a textbook.

7/7 – I agree completely

Comments on the best practice above

Quality standards at the Open U are very high.
The production values are high and the course is appealing to use.
5/7 – I agree somewhat
Comments on the best practice above
The content area is embedded in the course web page, so all other elements surround the content area, which is distracting.
Technical performance is flawless.
7/7 – I agree completely

Learning from Stakeholders (Europe)

Assessed on: February 25, 2013

Sponsoring organization

HealthKnowledge

Year developed

2011?

Origin / Language

Europe / English

Links (to access or get more information)

[Course access](#)

Chapter 5 – Using engagement methods, Part 1: Focus Groups

Context and relevance

In 2005 HealthKnowledge became an integral part of the UK Department of Health's 'Informing Healthier Choices' strategy, resulting in a fully developed learning forum, using different types of learning styles. It supports the continuing and professional development of those working in the fields of health and social care, voluntary organisations and others who wish to increase their public health skills by providing fast and easy access to quality learning materials.

Audience(s)

- Public health practitioners

Comments on the audience

The language and terminology are UK-focused, but courses on topics as general as Learning from Stakeholders are relevant for audiences elsewhere.

Course type

Open-access CE course

Learning focus

Intervention skills

Learning goals/objectives

Phase 1: The Engagement Process describes the purpose and context for stakeholder engagement, how to identify stakeholders, the differences between stakeholders and their potential impact on the project or programme. (Chapters 1 to 3)
Phase 2: Engagement Methods explores how to undertake stakeholder engagement and describes the
management and analysis of data. (Chapters 4 to 6)

Phase 3: Reviewing Stakeholder Engagement discusses the differences between monitoring and evaluation, why they are both needed within the engagement process and the need for observation and documentation in order to enable learning and improvement. (Chapters 7 to 9)

Course content/topics

Introduction
Chapter 1 – Stakeholder engagement
Chapter 2 – Reasons for engaging stakeholders
Chapter 3 – Identifying appropriate stakeholders
Chapter 4 – Understanding engagement methods
Chapter 5 – Using engagement methods
Part 1: Focus Groups
Part 2: Interviews
Chapter 6 – Analysing the data
Chapter 7 – Monitoring engagement
Chapter 8 – Evaluating engagement
Chapter 9 – Understanding the lessons learned

Key topics covered

- Health promotion

Key learning strategies/components

Content presentations are provided in the form of online videos. Written transcripts of the video presentations are available for download. A Workbook is also available, which is designed in modular fashion and aims to provide hands on materials to be used alongside the video presentations. It contains activity sheets which follow the video presentation with answers at the back of the workbook. There are also references and resources supporting further learning and development in the field of Learning from Stakeholders.

Types of learning components included

- Interactive exercises/activities
- Online reference resources

Fees, Pre-requisites, Credit

FREE

Approximate duration

3-4 hours?

Human interaction

None.

Evaluation and assessment

Self-corrected written exercises.

Developers and Funders

UK Department of Health and Public Health Action Support Team CIC

Course Best Practices Overview

The course design and choice of activities are well adapted to the learning goals and context.

5/7 – I agree somewhat

The course is easy to use and follow.

2/7 – I disagree for the most part

Comments on the best practice above

The combination of linear video presentations, separate workbook and resources is needlessly tedious to use.

A rich variety of well-produced media is used, appropriate to the learning goals (video, graphics, etc).

6/7 – I agree for the most part

Comments on the best practice above

Graphics are of good quality, as are the video presentations and video clips.

Interactive and other activities allow learners to engage with the content and practice realistic skills.

5/7 – I agree somewhat

Comments on the best practice above

The content and exercises are well structured and relevant to the job context – but as described below, the technical implementation gets in the way.

Good and useful reference resources are provided for use in and outside the course (learners don't have to memorize content).

6/7 – I agree for the most part

Technical performance is flawless.

2/7 – I disagree for the most part

Comments on the best practice above

The various components of the course are of good quality, but the technical implementation is awkward and ineffective. The video presentations should have been broken up into smaller, modular chunks, and the workbook exercises should have been integrated into a more complete, easier-to-use e-learning product.

Principes et méthodologie de Santé Publique : Concepts et savoirs de base
(Europe)

Assessed on: March 29, 2013

Sponsoring organization	
Université de Lorraine / Nancy-Université	
Year developed	
2011	
Origin / Language	
Europe / French	
Links (to access or get more information)	

[Information sur le cours](#)

[Plan du cours](#)

Responsable de la formation : Serge BRIANÇON
Contact : Catherine CRUAUX – catherine.cruaux@univ-lorraine.fr – Tél : (33) 03 83 68 35 24

Context and relevance

Formation qualifiante sans crédit universitaire.

Audience(s)

- Public health practitioners
- Others

Comments on the audience

- Professionnels du secteur sanitaire et social
- Professionnels des collectivités territoriales travaillant dans le champ de la santé
- Professionnels du secteur medico-social

Course type

Open-access CE course

Learning focus

Awareness – Reframing

Learning goals/objectives

A l'issue de la formation, les étudiants seront en mesure de :
- Connaître les grandes fonctions de la santé publique.
- Définir les concepts de santé/santé publique/population et communauté.
- Expliquer l'apport de la promotion de la santé pour la santé publique.
- Distinguer les problèmes de santé/problèmes de santé publique.
- Définir les concepts de déterminant, de risque et de facteurs de risque.

- Citer les grandes catégories de déterminants.
- Définir le concept d'indicateurs et reconnaître les différents types d'indicateurs.
- Identifier le champ de la recherche en santé publique.
- Reconnaître l'importance des besoins/demandes/réponses dans l'analyse d'une situation.
- Caractériser le champ d'action de la santé publique et communautaire.
- Identifier les différents acteurs en santé publique.
- Reconnaître l'importance de l'éthique en santé publique.

Course content/topics

Le programme de formation est étalé sur 9 semaines. Les chapitres ouverts sont les suivants :
- Qu'est-ce que la santé publique ?
- Les déterminants de l'état de santé des individus et des populations.
- L'observation en santé publique.
- La recherche en santé publique.
- L'intervention en santé publique.
- Les acteurs en santé publique.
- L'éthique en santé publique.

Key topics covered

- Social determinants of health
- Population health

Key learning strategies/components

La formation se déroule à distance, en e-learning. Elle est semi-tutorée, ponctuée d'exercices et de tests de connaissance.
- Travail à distance en e-learning, formation semi-tutorée ponctuée de 3 exercices dont 1 auto-corrigé, et 2 tutorés, de 2 tests de connaissances en auto-formation, et de 2 études de cas, dont 1 auto-corrigée et 1 tutorée, constituant l'exercice de synthèse.
- Ouverture et clôture de la formation par votre tuteur sous forme de chat. La formation est ponctuée de 5 « chats » d'une heure chacun durant la formation, favorisant les échanges et la communication au sein du groupe.
- Les étudiants peuvent communiquer entre eux et avec un tuteur par le biais d'un forum.

Types of learning components included

- Interactive exercises/activities / Exercices interactifs
- Discussion forums / Forums de discussion
- Online instructor/facilitator / Formateur ou tuteur en ligne
- Webinars/Virtual classroom work / Classe virtuelle
- Online reference resources / Ressources en ligne
- Individual or group assignments/projects / Projets/travaux/devoirs

Fees, Pre-requisites, Credit

800 euros. La formation est généralement ouverte de février à avril. Le bulletin d'inscription accessible est à retourner pour janvier 2014.

Une attestation de formation est délivrée à l'issue de la formation sous réserve de la participation

aux

activités. La participation aux « chats » d'ouverture et de clôture de la formation est indispensable.

Approximate duration

50 à 70 heures sur 9 semaines (y compris 5 à 25 heures de travail personnel)

Human interaction

Le tutorat est assuré par un enseignant de l'Ecole de Santé Publique.

Evaluation and assessment

Exercices tutorés et tests de connaissance.

Developers and Funders

Ecole de Santé Publique – Faculté de Médecine – Université de Lorraine

An Ethnic Approach to Health (International)

Assessed on: March 13, 2013

Sponsoring organization	
PAHO/WHO	
Year developed	
??	
Origin / Language	
International / English & Spanish	
Links (to access or get more information)	
[Course access](#)	

Context and relevance

Module 1 is a theoretical framework. Module 2 seems to address a health analysis process that is mostly relevant for PAHO staff doing studies. Not relevant for PH practitioners in the field.
The course focuses on indigenous, afro-descendant, Roma and migrant workers – groups most relevant to PAHO's clientele in the Americas.

Audience(s)

▪ Others

Comments on the audience

PAHO/WHO staff and their counterparts.

Course type

Open-access CE course

Learning focus

Awareness – Reframing

Learning goals/objectives

The course aims to support the training of officials of the Organization and its partners in dealing with conceptual and analytical tools related to ethnicity.
It also aims to contribute to the analysis of health status and access to services, incorporate indicators by ethnicity and develop proposals that are responsive to the needs of the communities, respecting their identities.

Course content/topics

Module 1 – Conceptual framework for the adoption of the ethnic approach to health: Introduces key concepts organized in a theoretical framework for an ethnic approach.

Module 2 – Health situation diagnosis with an ethnic approach: Introduces methodological elements for health status analysis of self-reported ethnic/racial groups compared with the general population.

Key topics covered

- (Health) equity/disparities

Key learning strategies/components

This is an interactive tutorial with audio narration, text, images and charts. Some simple exercises, and also a somewhat more detailed integration activity at the end (focused on analyzing data from graphs.

Types of learning components included

- Interactive exercises/activities
- Online reference resources

Fees, Pre-requisites, Credit

FREE
A course certificate is available for learners who complete the final quiz and feedback survey.

Approximate duration

4 hours

Human interaction

None.

Evaluation and assessment

Final quiz. Integration activity at end of Module 2.

Developers and Funders

Sponsored and content development by
Gender, Ethnicity and Health Office, PAHO/WHO
Developed by AXG Tecnonexo (Buenos Aires) tecnonexo.com
Funded by Norwegian Agency for Development Cooperation

Course Best Practices Overview

The course presents public health content and practices that are current and authoritative.

6/7 – I agree for the most part

Comments on the best practice above

The content seems to be current and of high-quality. But it seems to be largely sourced from reports and technical articles, and includes too few real-life examples.

The course aims and manages to change performance in a visible, measurable way (rather than just transferring information).

2/7 – I disagree for the most part

Comments on the best practice above

The Intro and Module 1 are mainly an "information dump". Some simple interaction (hyperlinks, click on items and simple exercises), but not enough to help much.

The course feels like an immersive and engaging learning environment.

2/7 – I disagree for the most part

The course design and choice of activities are well adapted to the learning goals and context.

2/7 – I disagree for the most part

Comments on the best practice above

The content would lend itself to more human, media-based treatment, but it is mainly a lecture.

The course is easy to use and follow.

2/7 – I disagree for the most part

Comments on the best practice above

The course is tedious to use. Too much text, too much detail, extremely explicit, redundant instructions. And the pace cannot be controlled by the learner. Can only follow topics in order, cannot interact with elements until narration ends. Could easily be cut by an hour or even two with better editing of content!

A rich variety of well-produced media is used, appropriate to the learning goals (video, graphics, etc).

5/7 – I agree somewhat

Comments on the best practice above

For emotion- and attitude-laden concepts like intolerance, video should ideally be used. Only text and images used throughout, save for the welcome message.
Narration is used extensively, which is good, but the narration text is reproduced exactly on screen, which does not help retention. Narrators have strong US Northeastern accents, which is a bit odd.

Interactive and other activities allow learners to engage with the content and practice realistic skills.

2/7 – I disagree for the most part

Comments on the best practice above

Too few exercises or opportunities to truly engage with the content. Most of the interaction is low-level, clicking on links or parts of table, etc. The fill-in (crossword) exercise in Module 1 is dry – would have been much more useful using examples rather than definitions! The integration activity at the end of Module 2 had good potential, but only involves simple analysis of graphical data.

Good and useful reference resources are provided for use in and outside the course (learners don't have to memorize content).

1/7 – I disagree completely

Comments on the best practice above

Additional resources are in Spanish only.

The writing is concise and sounds like a magazine, not like a textbook.

2/7 – I disagree for the most part

Comments on the best practice above

Too academic in tone, too much jargon. The narration and text are too long and detailed. Writing for online context must be much more concise.

The production values are high and the course is appealing to use.

6/7 – I agree for the most part

Technical performance is flawless.

7/7 – I agree completely

Environmental Health (International)

Assessed on: March 5, 2013

Sponsoring organization	
NextGenU	
Year developed	
2011	
Origin / Language	
International / English	
Links (to access or get more information)	
nextgenu.org	

Context and relevance

This course is not related to SDH or Health Equity, but it is included here as an example of a very well-designed self- or group-paced online course, using the Moodle platform.

NextGenU.org is the world's first place where anyone can get free, accredited, higher education. For now we concentrate our trainings (courses, certificates, residencies, etc.) primarily in the health sciences, using expert-created competencies and resources. We work in partnership with experts and professional organizations for quality assurance and endorsement, and use cutting-edge educational innovations, including computer-based learning resources, and local and web-based peer-to-peer and mentoring experiences.

We also strongly encourage teachers and training institutions around the world to take the collected resources and link to them whenever they'd like, all the way up to creating full degrees with collections of our courses.

Audience(s)

- Public health practitioners
- Others

Comments on the audience

This introductory course in Environmental Health is intended for undergraduate- and graduate-level students of medicine, environmental sciences or public health, and provides foundational theoretical and practical knowledge and skills.

Course type

Open-access CE course

Learning focus

Awareness – Reframing

Learning goals/objectives

Module 1 objectives:
Upon completion of this module, students should be able to:

Identify the milestones of historical development in the field of environmental health

Describe the importance and impact of environmental health issues on population health, and the burden of disease due to environmental factors

Define critical environmental health terms

Discuss the links between environmental and occupational health

Give examples of major environmental disasters, and discuss their relevance to the field of environmental health in general

Course content/topics

There are 9 modules to complete, providing a basic introduction to the study of environmental health, exposure assessment, toxicology, and risk management, among other topics.

Key topics covered

- Public health

Key learning strategies/components

You'll learn through online study, peer-to-peer activities, and optional local activities and discussion with an environmental health mentor that you or your institution identify.

At the end of each module, there is a practice quiz, and at the end of the course you'll have a final exam, and a chance to assess the training. We will give you all the results of your assessments. We can report your testing information and share your work with anyone (your school, employer, etc.) that you request.

NextGenU.org's learning model builds on educational best practices, including using high-quality online learning materials (e.g., text, videos, images), interactive peer activities (e.g. online chat rooms, and creating and assessing peer-generated case studies, images, and multiple choice questions), and hands-on mentored experiences (e.g., seeing and discussing patients). This model mirrors and expands on the traditional university experience through interacting with peers and experts in the field of study, while learning basic knowledge on one's own via online learning materials.

Types of learning components included

- Interactive exercises/activities
- Discussion forums
- Online instructor/facilitator
- Online reference resources
- Individual or group assignments/projects

Fees, Pre-requisites, Credit

FREE

Approximate duration

23 hours

Human interaction

If enrol for certification, peer and/or mentor assessment is used. Discussion forums are also part of the course.

Our courses do not require active traditional faculty involvement (that's part of how NextGenU.org can offer the trainings for free), though course creators, advisory committee members, students' mentors, and other experts are invited to participate in chat rooms.

Evaluation and assessment

Peer-reviewed and/or mentor-assessed assignments; online quizzes/exams.

Developers and Funders

This certificate is cosponsored by the International Society of Doctors for the Environment, Physicians for Social Responsibility and Simon Fraser University's Faculty of Health Sciences. This course uses the competencies recommended by the Association of Schools of Public Health (ASPH) and the Association of Schools of Public Health in the European Region (ASPHER), and resources from accredited, world-class organizations such as the Centers for Disease Control and Prevention, Harvard Medical School, U.S. National Institutes of Health, and World Health Organization. The course developer is Lindsay Galway (Simon Fraser University), and our Advisory Committee is Ryan Allen, PhD (Simon Fraser University), Sylvia Struck, PhD (National Collaborating Centre for Environmental Health), and Tim Takaro, MD, MPH, MSc (Simon Fraser University). We also gratefully acknowledge Course Contributor Kristian Dubrawski, PhD candidate (University of British Columbia).

Course Best Practices Overview

The course presents public health content and practices that are current and authoritative.

6/7 – I agree for the most part

The course aims and manages to change performance in a visible, measurable way (rather than just transferring information).

7/7 – I agree completely

The course feels like an immersive and engaging learning environment.

6/7 – I agree for the most part

The course design and choice of activities are well adapted to the learning goals and context.

6/7 – I agree for the most part

Comments on the best practice above

Designers took care to select the right resources and activities for each module's objectives.

The course is easy to use and follow.

6/7 – I agree for the most part

Comments on the best practice above

Moodle leads to a large number of windows being open simultaneously, but other than that, the course is very easy to follow and use.

A rich variety of well-produced media is used, appropriate to the learning goals (video, graphics, etc).

6/7 – I agree for the most part

The right amount and types of human interaction (with facilitator or peers) are available.

6/7 – I agree for the most part

Comments on the best practice above

For the course to be most effective, a good mentor must be found.

Interactive and other activities allow learners to engage with the content and practice realistic skills.

5/7 – I agree somewhat

Comments on the best practice above

Did not see truly interactive activities, but these can be integrated into the design.

Good and useful reference resources are provided for use in and outside the course (learners don't have to memorize content).

7/7 – I agree completely

Comments on the best practice above

…and the resources are selected/screened for guided reading, rather than providing learners with long pages of links.

The writing is concise and sounds like a magazine, not like a textbook.

6/7 – I agree for the most part

The production values are high and the course is appealing to use.

6/7 – I agree for the most part

Technical performance is flawless.

6/7 – I agree for the most part

Gender and Health Self-Learning Course (International)

Assessed on: February 23, 2013

Sponsoring organization

World Health Organization

Year developed

??

Origin / Language

International / English

Links (to access or get more information)

[Course access](#) at PAHO Virtual Campus of Public Health:

Context and relevance

Detailed self-paced e-learning module that stimulates reflection on why and how gender norms and inequalities influence women's and men's participation in health sector activities as well as their own health status, outcomes and related behaviours.

Audience(s)

- Public health practitioners

Comments on the audience

Intended for PAHO/WHO staff. Focuses on PAHO/WHO practices, policies, etc. but the Gender and Health content is relevant for PH practitioners everywhere.

Course type

Open-access CE course

Learning focus

Intervention skills

Learning goals/objectives

PURPOSE
To provide PAHO/WHO staff with basic skills on gender mainstreaming in health. The e-learning builds familiarity with how gender operates as a determinant of health, guides participants through basic steps of applying gender responsive planning to their work, and introduces the basic skills to integrate gender concerns into public health practice.
OBJECTIVES
1. Increase knowledge and awareness of how outcomes in health are related to sex, gender norms, roles, relations and other determinants of health.
2. Initiate the building of core analytical skills for gender analysis and its application in a public health context.

3. Understand how the health sector can use gender analysis tools to effectively reduce health inequities

Course content/topics

Module 1 – Awareness
By the end of the module, you will understand:
- Why considering gender issues in health is important.
- The concepts of gender equality, gender equity, and health equity.
- The differences between sex and gender, and develop an understanding about how gender norms are constructed, maintained and reinforced.
- Why and how gender and gender inequity are social determinants of health, and their relationship with other determinants.
Module 2 – Analysis
By the end of the module, you will be able to:
- Outline the principles of gender analysis of a health problem.
- Define the interrelated factors that need to be examined during a gender analysis.
- Understand the steps of a gender analysis and their relation to institutional mechanisms such as budgets and human resource plans.
- Conduct gender analysis of a health problem.
- Use gender analysis in institutional planning processes.
Module 3 – Action
You will be able to:
- Apply gender assessment methods to a new or existing project or programme.
- Identify key elements for developing gender-specific actions.
- Develop gender-responsive activities, work plans, programmes or policies.
- Classify top tasks and products by using the WHO GSM gender classification or AMRO/PAHO Biennial Work Plan and monitoring system.

Key topics covered

- (Health) equity/disparities
- Health promotion

Key learning strategies/components

The module uses a self-paced tutorial format, with a linear progression through the Awareness, Analysis and Action modules. Content presentation uses text, photos, audio clips, illustrations, graphics and a hyperlinked structure that presents detailed information in "layers". A good variety of interactive exercises, and reflection/written work reinforce the knowledge and skill objectives.

Types of learning components included

- Interactive exercises/activities
- Online reference resources
- Scenario-based training
- Individual or group assignments/projects

Fees, Pre-requisites, Credit

FREE. However, to obtain a certificate, learners need to enrol.

Approximate duration

About 4-5 hours (variable, since lots of reference material is provided).

Human interaction

There is no facilitator, but there are a few reflection/written exercises that are suggested to be done in a workplace team context. Discussion guides are also available for those who wish to follow the course as a group.

Evaluation and assessment

End-of-module multiple-choice quizzes and end-of-course feedback form.

Developers and Funders

Produced by WHO with assistance from Christie Communications.
See Credits image for details on the extensive development team in the WHO Gender, Women and Health Network in HQ, regional and country offices.

Course Best Practices Overview

The course presents public health content and practices that are current and authoritative.

6/7 – I agree for the most part

Comments on the best practice above

Based on established PAHO/WHO practice.

The course aims and manages to change performance in a visible, measurable way (rather than just transferring information).

6/7 – I agree for the most part

Comments on the best practice above

The course focuses on both knowledge and skill objectives. Actual workplace documents and tools are used by learners to complete case study-based exercises.
However, there is no post-training strategy for supporting transfer of skills to the workplace.

The course feels like an immersive and engaging learning environment.

4/7 – I neither agree nor disagree

Comments on the best practice above

The course uses a rather conventional e-learning "design, but it is a very good-quality implementation of this design.

The course design and choice of activities are well adapted to the learning goals and context.

6/7 – I agree for the most part

Comments on the best practice above

The content is dense, so the layered information presentation and varied reinforcement exercises are appropriate.

The course is easy to use and follow.

6/7 – I agree for the most part

Comments on the best practice above

Very explicit audio and text instructions, clear user interface. In some cases, there are simply too many content elements on the course page, but this was difficult to avoid given the density of the content.

A rich variety of well-produced media is used, appropriate to the learning goals (video, graphics, etc).

6/7 – I agree for the most part

Comments on the best practice above

Good use of audio to reinforce concepts and principles. Simple animations are well used to make key points. Graphics are of good quality. No video is used.

The right amount and types of human interaction (with facilitator or peers) are available.

3/7 – I disagree somewhat

Comments on the best practice above

The course would be more effective if it was to be followed by a group project-based training workshop.

Interactive and other activities allow learners to engage with the content and practice realistic skills.

7/7 – I agree completely

Comments on the best practice above

Good variety of exercises, well implemented.

Good and useful reference resources are provided for use in and outside the course (learners don't have to memorize content).

7/7 – I agree completely

Comments on the best practice above

Good set of reference resources, and some tools are provided right in the course in PDF and RTF formats to allow completion of written exercises.

The writing is concise and sounds like a magazine, not like a textbook.

5/7 – I agree somewhat

Comments on the best practice above

Generally good, but very heavy with terminology (but mostly unavoidable).

The production values are high and the course is appealing to use.

6/7 – I agree for the most part
Comments on the best practice above
The visual design is traditional but consistent and well executed.
Technical performance is flawless.
7/7 – I agree completely
Comments on the best practice above
Everything works properly. Well tested.

Global Learning Device on Social Determinants of Health (International)

Assessed on: February 22, 2013

Sponsoring organization	
Pan American Health Organization	
Year developed	
2009	
Origin / Language	
International / English & Spanish	
Links (to access or get more information)	
[Course information and access](#)	

Context and relevance

The Module is primarily intended for WHO/PAHO senior staff members and officials of Ministries of Health involved in designing action programmes, policies and plans for SDH. The module stresses the importance of encouraging global learning processes for reflecting upon the SDH approach, so it becomes a political and educational instrument for changes in usual public policy practices. The module's perspective includes participatory policy principles, among which equity is a core principle and objective in the design of integrated policies for integrated action on SDH.

Audience(s)

- Leaders and decision-makers
- Others

Comments on the audience

The Module is primarily intended for WHO/PAHO senior staff members and officials of Ministries of Health involved in designing action programmes, policies and plans for SDH. However, the authors would also like to reach a broader audience to provide basic knowledge re the SDH which will lead to application of the SDH approach to public policies and other strategies through providing a knowledge-base at the personal and institutional levels. The course is presented in three languages, English, Spanish and Portuguese.

Course type

Open-access CE course

Learning focus

Awareness – Reframing

Learning goals/objectives

To raise awareness of and provide insight into the Social Determinants of Health (SDH) in order to reduce health inequities, encourage changes in the political agenda and contribute to a better administration of social justice and enforcement of human rights. Understand Health Equity as a

value that reflects social justice theory and constitutes a basic factor for the right to health.
- Recognize the potential of identifying health inequities as a strategic element in designing more equitable public policies.
- Recognize intersectoral policies and concerted action strategies from the SDH perspective.
- Analyze the recommendations drawn from the reports drafted by the Commission on Social Determinants of Health and its nine Knowledge Networks, as well as foster their discussion and adoption, taking into account both the conditions and priorities in each country.

Course content/topics

Unit #1 – Social Determinants of Health: Values, Approaches and Perspectives of Action
Basic concepts of the SDH approach – core values, the social gradient, health inequities, primary health care, understanding mechanisms creating inequities in health, implications for policy making etc.
Unit #2 – Policies and Interventions to Address the Social Determinants of Health
Three policy approaches and directions to address inequities in health and the SDH. New methods of measuring achievement in reaching goals.
Complementary Unit - Historical background and process of the WHO Commission on Social Determinants of Health (CSDH), its recommendations. The final "Food-for-Thought" activity asks the participants to reflect on their own country situation in light of the recommendations of the Commission.

Key topics covered

- Social determinants of health

Key learning strategies/components

Each Unit of the Module contains text and some graphical material. After a section of text, a "Food for Thought Activity" is presented consisting of a series of case studies (Unit 1) or questions for reflection, based on the preceding content, asking the participant to reflect on how the material presented relates to their local situation. Reflections are to be written in a "SDH Reflection Notebook". Each Unit has links to further reference material and a self-assessment with sample answers provided. A final "Wrap-up Activity" is provided wherein the participant is asked to write a short essay (not more than three pages) on why the policies and interventions discussed in the Module should be introduced in their jurisdiction. Feedback is available on the content of the essay.

Types of learning components included

- Interactive exercises/activities
- Online reference resources

Fees, Pre-requisites, Credit

FREE

Approximate duration

About 2-3 hours (without referring to additional reference materials or reflecting on the case scenarios).

Human interaction

The Module is designed to be self-taught without facilitation. However, the final wrap-up activity (written assignment) can be emailed to PAHO for feedback.

Evaluation and assessment

Each unit has a self-assessment quiz, and there is a final self-assessment and evaluation of the course.

Developers and Funders

This online Module is a product of staff working with PAHO and WHO, primarily Marco Akerman and Cristina Davini.

Course Best Practices Overview

A rich variety of well-produced media is used, appropriate to the learning goals (video, graphics, etc).

2/7 – I disagree for the most part

Comments on the best practice above

The material is very text orientated with not enough breaks in the text or illustrations. The graphics that were presented are too small to read in many instances and not clear when enlarged.

The right amount and types of human interaction (with facilitator or peers) are available.

2/7 – I disagree for the most part

Comments on the best practice above

There is no facilitation.

Good and useful reference resources are provided for use in and outside the course (learners don't have to memorize content).

4/7 – I neither agree nor disagree

Comments on the best practice above

There is an abundance of relevant reference material related to the Commission and Knowledge Network reports as well as some local material relevant to the Latin American context. Links to potentially very good media resources on the CSDH web site are included, but all the links tried were broken.

Human Rights and Health (International)

Assessed on: March 9, 2013

Sponsoring organization	
PAHO/WHO	
Year developed	
2010	
Origin / Language	
International / English & Spanish	
Links (to access or get more info)	
[Basic course info](#)	
[Course access](#)	

Context and relevance

PAHO's strategies on health and human rights have as an objective the dissemination and promotion of the international human rights norms and standards among community leaders, health service users, advocacy group members, ombudspersons, medical professionals, and government workers and decision-makers, among others.

Audience(s)

- Public health practitioners
- Others

Comments on the audience

This course aims to build the capacities of public health personnel and other governmental officials, Ombudspersons, judges, legislators, human rights organizations, civil society organizations, universities, journalists, organizations of consumers and all other stakeholders who are working on the promotion and protection of health.
Course available in English, French, Spanish and Portuguese.

Course type

Open-access CE course

Learning focus

Awareness – Reframing

Learning goals/objectives

Disseminate the links between health and human rights and explain the international human rights instruments that protect the right to health and other related human rights.

Course content/topics

The course is divided in three modules:
1) Relationships between health and human rights in the context of PAHO and WHO strategies,
2) the right to health and other related human rights and fundamental freedoms, and
3) the human rights-based approach as a transformative strategy of health systems.

Key topics covered

- Social determinants of health
- (Health) equity/disparities

Key learning strategies/components

This is a self-paced module consisting of animated audio/text/image content presentations, with simple interactive presentations as well, and question-based self-assessment activities. The third and final module presents a series of quite detailed cases illustrating the many links between health and human rights for a variety of populations.

Types of learning components included

- Interactive exercises/activities
- Online reference resources

Fees, Pre-requisites, Credit

Access to course content is free, however, learners must enrol in order to take the final assessment and obtain a completion certificate.

Approximate duration

Approx. 2-3 hours

Human interaction

None.

Evaluation and assessment

Self-assessment question-based activities are included in the course, and a final assessment quiz can be taken to obtain a completion certificate.

Developers and Funders

The virtual campus of public health is a technical cooperation strategy of the Pan American Health Organization (PAHO) designed in the context of the public health in the Americas that seeks to strengthen the institutional capabilities and practices public health in the Region of the Americas. It operates as a decentralized network of institutions and organizations that share courses, resources, services and education, with the common purpose of improving the skills of the workforce in public health

Course Best Practices Overview

The course presents public health content and practices that are current and authoritative.

6/7 – I agree for the most part

Comments on the best practice above

The course provides a good foundation of knowledge on measures taken by international organizations like WHO and PAHO to improve health and human rights concurrently.

The course aims and manages to change performance in a visible, measurable way (rather than just transferring information).

2/7 – I disagree for the most part

Comments on the best practice above

While this is a well-designed e-learning module, it targets only knowledge-level and attitude objectives. There is no explicit attempt here to build explicit skills.

The course feels like an immersive and engaging learning environment.

5/7 – I agree somewhat

Comments on the best practice above

Even though skills are not targeted, the production values and the quality of the content are such that most learners are likely to feel at least somewhat engaged.

The course design and choice of activities are well adapted to the learning goals and context.

4/7 – I neither agree nor disagree

Comments on the best practice above

Overall, too much presentation of content and too little interaction with the content.

The course is easy to use and follow.

6/7 – I agree for the most part

Comments on the best practice above

Course controls are easy to use, and there is a detailed help section for learners who need it. The biggest issue here is that the pace and sequence of content presentations cannot be controlled by the learner, which will be annoying to some.

A rich variety of well-produced media is used, appropriate to the learning goals (video, graphics, etc).

5/7 – I agree somewhat

Comments on the best practice above

The images are beautiful and mostly relevant, the audio narration is professional and pleasant, and there are a few video clips of experts speaking which are well produced. Videos could have been used to support the Module 3 cases and make them less text-heavy.

Interactive and other activities allow learners to engage with the content and practice realistic skills.

5/7 – I agree somewhat

Comments on the best practice above

The content presentations (audio with supporting animated text and images) are of good quality, but some are too long and lacking in interactivity. In these cases, learners cannot control the pace or sequence of the presentation. Others are better, employing simple interactivity for better engagement.
The question-based activities are somewhat simplistic.

Good and useful reference resources are provided for use in and outside the course (learners don't have to memorize content).

3/7 – I disagree somewhat

Comments on the best practice above

Resources in this English version were in Spanish.

The writing is concise and sounds like a magazine, not like a textbook.

6/7 – I agree for the most part

The production values are high and the course is appealing to use.

7/7 – I agree completely

Technical performance is flawless.

3/7 – I disagree somewhat

Comments on the best practice above

Progress bars on videos and presentations would be an easy and good addition.
Resources in this English version were in Spanish.
Some videos loaded at the wrong point in the lesson.
Some sections of the course load slowly.
Some Course Map links go to wrong place or don't load any page.
Overall, the course was subjected to insufficient testing.
PAHO's Virtual Campus for Public Health is also somewhat difficult to use. Course enrolment is needlessly complicated.

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Appendix 3 – Course review protocol and forms

Online Course Assessment Protocol

What follows is a straightforward process for describing the scope and coverage of individual online courses in the public health area, and assessing their quality and relevance for NCCDH audiences.

The protocol makes use of a course description and assessment form.

The process is intended to require about **2-4 hours** to complete, on average, for each course reviewed.

Access

⚠ For purposes of this assessment, it is rather important to have "complete" access to the course you are reviewing, i.e., it isn't enough to only assess a "demo" or otherwise partial version.

So be sure you have complete access to the whole course prior to the assessment. For some courses, you will be able to register online for free, for others there may be a fee. Usually, you can get the fee waived if you contact the course sponsoring organization and ask for free course access for review purposes.

Supplementary Information

💡 Prior to beginning the assessment, try to obtain additional information about the course:

- Do a quick Web search about the course, to see what articles, press releases or reviews have been written about it.

- Review any testimonials written on the course "home page".

- Respectfully ask for any additional information that the organization responsible is willing to share, including a summary of course evaluation data (most courses have at least a satisfaction survey at the end), evaluation reports and so on.

Course Summary Information

❶ Fill out as much of the **Course Summary Information** portion of the course description and assessment form as you can.

Most of this information will be obtained from the course home page or description, or the course itself. Summarize any information that is too verbose.

Best Practices Overview

💡	As you review the course, capture (using *SnagIt* or other tool) screen shots that are representative of the course's content, language, structure, activities and resources. Once your assessment is complete, insert a sample of these images on the front page.
❶	Begin with a high-level walkthrough of the course, to get an overall sense of its quality, context and relevance for a Canadian audience. Write down any initial impressions as notes in the Online Course Assessment Form: either in the *Summary Course Information table* or in the comments portion of each *Best Practices* "block".
❷	Choose a section or unit of the course to "dive into" in more detail, and refine your comments in each best practice block. If you need to see more of the course to make up your mind on some practices, choose another section or unit to review in detail.
❸	"Rate" the course on each best practice "spectrum" by shading in the appropriate box in the 7-point scale provided for each practice.
❹	Review any additional information you have gathered on the course—evaluation data or reports, course reviews and so on—in order to confirm or refine your own best practice overview of the course.
❺	If possible, ask a colleague to review the course as well, and compare notes in order to further refine your assessment.

Course Information Form

The following basic course information was collected (* = required fields):

- Information entered by*
- Course title*
- Sponsoring organization*
- Year developed
- Language
- Origin*(country/continent)
- Links (to access or get more information)*
- Context and relevance*(including, if possible, assessment of relevance for Canadian PH audience)
- Audience(s)*
    - Public health practitioners
    - Leaders and decision-makers
    - Public
    - Others

- Comments on the audience
- Course type*
  - Open access credit course
  - Open access CE course
  - Other
- Learning focus*
  - Awareness/reframing
  - Intervention skills
  - Leadership
  - Other
- Learning goals/objectives*
- Course content/topics* (Titles and very brief descriptions of major units or sections in the course.)
- Key topics covered*
  - Social determinants of health
  - (Health) equity/disparities
  - Health promotion
  - Population health
  - Public health
- Key learning strategies/components*
- Types of learning components included*
- Interactive exercises/activities
  - Discussion forums
  - Online instructor/facilitator
  - Webinars/Virtual classroom work
  - Online reference resources
  - Scenario-based training
  - Individual or group assignments/projects
- Fees, Pre-requisites, Credit* (Are any fees charged? If so, how much? Any pre-requisites? Can Continuing Education or other credit be obtained by taking the course?)
- Approximate duration* (About how many hours of effort would be needed to complete the course for an "average" learner? Over how long a period of time, on average?)
- Human interaction* (What sorts of interaction, if any, does the course allow with an instructor/facilitator or among learners?)
- Evaluation and assessment* (How is learner performance in the course evaluated? How is the course itself assessed?)
- Developers and Funders

Course Best Practices Overview

Prioritized courses were also assessed on the following best practice dimensions. A rating was assigned on a 7-point scale ("I agree completely" to "I disagree completely), and comments were added when needed.

- The course presents public health content and practices that are current and authoritative.
- The course aims and manages to change performance in a visible, measurable way (rather than just transferring information).
- The course feels like an immersive and engaging learning environment.
- The course design and choice of activities are well adapted to the learning goals and context.
- The course is easy to use and follow.
- A rich variety of well-produced media is used, appropriate to the learning goals (video, graphics, etc).
- The right amount and types of human interaction (with facilitator or peers) are available.
- Interactive and other activities allow learners to engage with the content and practice realistic skills.
- Good and useful reference resources are provided for use in and outside the course (learners don't have to memorize content).
- The writing is concise and sounds like a magazine, not like a textbook.
- The production values are high and the course is appealing to use.
- Technical performance is flawless.

Appendix 4 - References

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Moore, C. (2011). *Checklist for strong e-learning.* Miami, FL: Django Labs, LLC.

NCCPP & INSPQ (2012). *Competency framework for health impact assessment (HIA)*. Poster presented at 12th HIA International Conference, Quebec City, Canada.

Pyra Management Consulting Services Inc. (2013). *Environmental scan of online continuing education resources to support public health core competencies.* Ottawa, ON: Public Health Agency of Canada.

Warner, R. (2009). *Health Equity Literature Review: Frameworks, Policies, Standards, Accountability & Quality Assurance Mechanisms, Training & Education*. Ajax, ON: Central East Local Health Integration Network.

Wright, C.R. (unknown). *Criteria for evaluating the quality of online courses.* Edmonton, AB: Grant MacEwan College.

Appendix 5 – Organizations/Sites

The scan included the following sites and organizations. The websites of numerous Canadian, American and other universities were also searched for relevant online continuing education resources—these are not listed here.

Canada

- Association of Faculties of Medicine of Canada
- BC Healthy Communities
- Canadian Association of Public Health Nurses
- Canadian Institute for Health Information
- Canadian Institutes of Health Research
- Canadian Public Health Association
- Centre for Aboriginal Health Research
- Centre for Addiction and Mental Health
- Compass Training Centre
- Community Health Nurses Canada
- CHNET-WORKS
- Ehealthontario.ca
- Health-evidence.ca
- Initiative sur le partage des connaissances et le développement des compétences
- International Development Research Centre (IDRC)
- NCC network
- Ontario Health Promotion E-bulletin
- Ontario Health Promotion Resource System
- Ontario Inclusion Learning Network
- Le Programme de formation en utilisation de la recherche pour cadres qui exercent dans la santé (FORCES)
- Réseau de recherche en santé des populations du Québec
- Réseau Francophone International pour la Promotion de la Santé (RÉFIPS)
- Sudbury & District Health Unit
- The Health Communication Unit (Ontario)
- Institut national de santé publique du Québec

USA

- American Medical Student Association (Health Equity Scholars Program)
- Centers for Disease Control (CDC)
- Centers For Public Health Education And Outreach
- Health Equity Initiative
- Evidence-Based Behavioural Practice (ebbp.org)
- Health Resources Services Administration
- HealthyPeople.gov / Healthy People 2020
- KaiserEDU.org
- Kansas Department of Health and Environment
- MCH Navigator / Maternal and Child Health Bureau (MCHB)
- Media/Materials Clearinghouse (Health)
- Midwest Center for Life-Long Learning in Public Health
- National Center for Cultural Competence
- National Conference of State Legislatures
- National Association of County & City Health Officials (NACCHO)
- National Board of Public Health Examiners
- NE Alliance for Public Health Workforce Development
- New York City-Long Island-Lower Tri-County Public Health Training Center
- Office of Minority Health / Think Cultural Health
- Pacific Public Health Training Center
- Partnership for Families and Children (Colorado)
- Partners in Information Access for the Public Health Workforce (phpartners.org)
- Preventconnect.org
- Public Health & Social Justice (phsj.org)
- South Central Public Health Partnership
- Technical Assistance Partnership for Child and Family Mental Health (TA Partnership)
- Virginia Department of Health

Europe

- Alliance Compétences en Matière de Santé

- Association Suisse pour l'Evaluation d'Impact sur la santé (Switzerland)

- Equity Action (EU)

- European Portal for Action on Health Inequalities – Training and Courses

- Funds for Health

- IMPACT - International Health Impact Assessment Consortium (UK) – provide some online training but courses can't be found via this site.

- Institut national de prévention et d'éducation pour la santé (France)

- Institut ICADES

- London Health Commission

- London Health Improvement Board

- Office fédéral de santé publique (Switzerland)

- Plateforme sur l'évaluation d'impact sur la santé

- pourseformer.org (French training portal)

- Promotion Santé Suisse / Health Promotion Switzerland
  (No online courses in areas of interest, but innovative "Health Coaching" project using a blended learning approach to train doctors and support patients in preventive health.

- Public Health Observatories

- Réseau Francophone International pour la Promotion de la santé (Réfips)

- Royal Tropical Institute

- Skills for Health Core Learning Unit
  List of e-learning courses:
  http://www.skillsforhealth.org.uk/e%11learning-courses-for-essential-core-skills/courses-we-offer/
  (relevant courses limited to 1.5-hr intro on Public Health Awareness)

- The Open University (OpenLearn) – Public Health

- Union internationale de Promotion de la Santé et d'Education pour la Santé (UIPES) / International Union for Health Promotion and Education (IUHPE)

- 'Université d'été francophone en santé publique de Besançon (France)
  (Public health "summer school")

- University of Southampton e-learning site on public health
  (interesting project, but all e-learning resources listed were either already found or quite dated. A brief online resource on a public health model is also presented at
  https://www.som.soton.ac.uk/learn/publichealth/healthmodel/)

- Virtual College - NHS training and Social Care training courses Online (UK)
  (no courses in relevant areas)

- Wales Health Impact Assessment Support Unit

Australia/New Zealand

- Centre for Cultural Competence Australia

- Department of Human Services, Victoria, Australia

International

- ACTION:SDH (WHO)

- Global Health Education Consortium

- Global Health eLearning

- International Union for Health Promotion and Education (IUHPE)

- Knowledge for Health (K4Health)

- Nextgenu.org

- WHO Health Impact Assessment site
  (link to an online course on Health impact assessment of mining projects, but link is broken)

- World Bank Institute