

Health Advocacy Campaign

Venessa Cano

Walden University

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Diabetes is one of Hispanics' leading cause of illness, disability and death (Healthy Americas Institute, 2013). Texas is home to 38.6% of the United States Hispanic population (United States Census Bureau, 2010). Unfortunately, Hispanics are at a disadvantage when it comes to effectively treating and managing this disease. The purpose of this paper is to present a health advocacy campaign, serving the Hispanic population diagnosed with diabetes, with considerations of legal and ethical issues.

Name Your Specific Health Advocacy Campaign Here

Nurses have always been deemed advocates for their patients, but sometimes advocacy must extend beyond the bedside. As mentioned by Paquin (2011), the gap between “what is” and “what should be” can be abolished by nurses advocating for social justice. My health advocacy campaign will attempt to do just that. “Al Alcance,” translated, Within Reach, is the name for my campaign. The aim is to provide the uninsured and undocumented Hispanic population, the assistance and education they need to manage and treat their diabetes. Letting them know that quality care can be within reach.

Population Health Issue and Population Affected

There are 3.2 million Hispanics diagnosed with diabetes, accounting for a rate 1.7 times higher than non-Hispanic Whites (Healthy Americas Institute, 2013), and 1.7 million are undocumented immigrants (Chokshi, N., 2014). Texas is home to 815,315 diabetic Hispanics (Texas Department of State Health Services, 2015). Twenty-seven percent of these Hispanics are uninsured (Texas Medical Association, 2014), and 25% are in poverty (The Henry J. Kaiser Family

Foundation, 2014). Statistics like these, present a significant problem when it comes to accessing health care to treat and manage a chronic disease like diabetes.

According to the American Diabetes Association (2015), people diagnosed with diabetes average about \$13,700 in annual medical expenses, \$7,900 are specifically diabetes related. In a survey done by Healthy Americas Institute (2013), 77% of Hispanics diagnosed with diabetes say that their primary source for health care information is their health care provider. The problem is that people who do not have insurance visit their doctors 79% less and are prescribed 69% fewer medications(American Diabetes Association, 2015). Because they don't have regular access to a health care provider and medications, emergency visits are 55% more prevalent than those with insurance (American Diabetes Association, 2015). Even with the recently passed Affordable Care Act, undocumented immigrants do not qualify for any health care benefits, and those legal Hispanics that do, cannot afford it.

Advocacy Programs Researched in this Area

The first advocacy program researched was LA VIDA (Lifestyle and Values Impact Diabetes Awareness). Based in New Mexico, this program is aimed towards Hispanics and their families who have or are at risk for diabetes. It is community-based and funded through the CDC's REACH (Racial and Ethnic Approaches to Community Health) program. An integral part of LA VIDA's program are the promotores or community health workers. The promotores help guide and empower the Hispanic participants through the multiple needs and concerns they have regarding diabetes. LA VIDA addresses cultural barriers, diet, the role of social support, denial, and intergenerational legacy of diabetes, all factors affecting the way Hispanics act and behave towards diabetes. Then they provide strategies for empowerment and self-efficacy, assisting them

in setting goals that will lead to successful diabetes management (McCloskey, & Flenniken, D. 2010).

The second advocacy program researched was a nurse-managed clinic in a Hispanic senior center. The senior center is located in a majorly Hispanic neighborhood in Cleveland, Ohio and is funded by the Catholic Diocese of Cleveland, the city of Cleveland, and the Western Reserve Area Agency on Aging. A Breen School of Nursing, Ursuline College, faculty member initiated this program. It was a way to introduce nursing advocacy to RN students and provide needed assistance to a largely elderly, low income, non english speaking population. More than 75% of participants have diabetes. Nursing students are assigned one or two days on a one to one ratio. Advocacy interventions include listening to the patients, monitoring and documenting vital signs, symptoms, blood glucose and others, discussing diet, providing reassurance, contacting primary care providers, making referrals to specialists, working with the social worker, medication refill requests, treatment plan participation, and transportation arrangements for doctor or emergency room visits (Crowe, M.L., 2014).

Effective Attributes of the Program

LA VIDA's effectiveness stems from their ability to tap into the fears and cultural barriers that hold this population back. By empowering Hispanics, LA VIDA gives them support, skills and a sense of control over their health and their lives. Participants gained the belief that they can manage their diabetes. They set goals and felt confident that they will be able to reach them.

The nurse-led clinic in Cleveland is effective because it encompasses all the needs of the participants. They are listened to, monitored, supported, assisted, and reassured. The clinic helps them access services that, possibly, they would have never obtained on their own. They are also

assisted with communication within a health care system that can be confusing even to those who speak English, so much more for those that don't. Also, it provides real-world advocacy exposure to new RN's, giving them a head start.

Health Advocacy Plan

Diabetes is a chronic, life-altering illness. Hispanics are largely affected by diabetes and more often than not, lack the resources, finances, and knowledge to manage it effectively. Failing to meet the diabetic needs of the Hispanics community is costing the US health system billions of dollars. Al Alcance will target two major barriers to effective diabetes management in Hispanics, no insurance and knowledge deficit. Al Alcance, is a campaign aimed to change the policy that prevents undocumented immigrants access to any healthcare coverage by proposing a policy to allow undocumented Hispanics to be able to purchase insurance through the Marketplace. This campaign will also partner with REACH, a CDC national program to reduce racial and ethnic disparities (Centers for Disease Control and Prevention, 2015), for funding and support. With their support, this campaign can assist Hispanics in navigating through the healthcare system as well as provide education on diabetes control, through exercise and dietary changes.

Objectives for the Policy Implemented

- Within one year after the policy implements, we will see, at least, a 40% increase in undocumented Hispanics with insurance.
- ER visits, by the Hispanic population, due to uncontrolled diabetes will decrease by half within one year.
- Reduction of health care spending, due to fewer Emergency visits, will be seen within one year.
- The Hispanic population will be better educated to manage their diabetes efficiently.

- Within three years there will be an increase of Hispanics, who receive the necessary diabetes treatments and management.
- Within ten years, there will be a significant drop in healthcare spending due to improved management and treatment of Hispanics with diabetes.

How Information will be Conveyed to Various Stakeholders

As mentioned by Kickman & Kovner (2015), consumers can be very influential stakeholders. At the center of this health system, their needs and wants are why a health system exists in the first place. The Hispanic population will be one of the primary stakeholders for this campaign. Creating diabetes awareness in richly Hispanic populated areas in Texas is a start. Houston, Dallas-Ft Worth, San Antonio, Laredo, and Mcallen-Edinburg-Pharr-Mission have the largest Hispanic populations in Texas (Brown & Lopez, 2013). Reaching these places with flyers, community gatherings and events, schools, church events, and social media.

Health care providers, who serve in safety net hospitals or community clinics with large quantities of Hispanics, are also targeted stakeholders. These physicians, nurses, and other providers see the effects of uncontrolled diabetes day to day. Through presentations, flyers, and appropriate data referral, we can motivate them to fight for this cause.

Policy makers will be my most important stakeholders. In order to change a policy like the one preventing undocumented Hispanics from healthcare benefits, policy makers must be convinced and driven to back up this new proposed policy. In Texas, it can be especially difficult because it is a largely Republican state and their stance on qualifying undocumented immigrants for any healthcare benefit is “never.” The goal is to contact and demonstrate to state Senators and Representatives, the need and cost related to mismanaged and untreated Diabetes in Hispanics.

They have the power to move policies like this and make them a reality. Although this task seems impossible due to the state where the campaign is originating, it is not impossible to change a persons view when they are presented with compelling data. Like the needle-exchange program in Baltimore. A governor, previously strongly opposed to needle exchange, was convinced to support it and even introduce it himself (Laureate Education, 2012b).

Data and Evidence to Substantiate Proposed Need

Diabetes is one of the leading causes of disability and death in the United States. It is a lifetime disease that requires continuous monitoring, treatments, and management. In 2012, the estimated cost of diabetes was \$245 billion, including \$176 billion in direct medical costs and \$69 billion in reduced productivity (Zhuo, Zhang, & Hoerger, 2013). By the year 2034, the prevalence of diabetes is expected to double and the costs triple to \$336 billion (Zhuo, Zhang, & Hoerger, 2013). In Texas alone, diabetes costs were about \$18.5 billion in 2012, including \$12.3 billion in direct medical costs, and \$6.2 billion in indirect costs (Texas Diabetes Council, 2014). Diabetes is related to various complications including end-stage renal disease, neuropathy, non healing ulcers, amputations, coronary heart disease, and stroke, these account for 48%-64% of the lifetime medical costs(Zhuo, Zhang, & Hoerger, 2013). The longer a person has diabetes and the less controlled it is, the greater their risk for complications (Mayo Clinic, 2014). Hispanics are at increased risk for untreated and mismanaged diabetes and therefore at an increased risk for complications. Barriers to proper diagnosis, treatment, and management, for this population, are lack of insurance, financial burdens, culture and language, and a lack of diabetes education. According to Chen, Cheadle, Johnson & Duran (2014), having health insurance and a regular health

care provider along with diabetes education increased the chances of receiving recommended care and performing diabetes self-care activities.

There are over 2 million people, eighteen years and older, with Diabetes in Texas. Of these, over 800,000 are Hispanics (Texas Department of State Health Services, 2015). If there is to be a decrease in healthcare spending related to diabetes, then the prevalence of Hispanics with diabetes must be addressed. The Hispanic population is vulnerable to health disparities because of their immigration status, finances, knowledge, and education. Al Alcance aims to change that.

How Attributes to Effective Advocacy Programs Researched Can Be Applied to this Proposed Campaign

Like La VIDA advocacy program, Al Alcance aims to address the barriers that prevent Hispanics from receiving appropriate Diabetes treatment and the skills for successful management. Hispanics are a minority in this nation, and sometimes that title brings a sense of reduced rights. By instilling a sense of empowerment and success into the Hispanic population, Al Alcance will help them bring back control into their health and give them the skills and knowledge to manage it successfully. Al Alcance will be their voice in an issue that affects not only the Hispanic community but the whole state.

Legal Considerations

Enactment of Policy through Creation of New Legislation

Advocating for the Hispanic population with diabetes, through the enactment of new legislation, is a nursing role that is just as important as bedside nursing. The American Nurses Association states that (2010b), the nursing profession is an especially valued profession due to our knowledge, skill, and commitment to improving public health with safe, effective, quality care.

What better way to do this than by being part of the policy process. The policy proposed will enable, the almost 1.7 million, undocumented immigrants to purchase more affordable health care insurance.

How Existing Laws or Regulations could Impact My Advocacy

The primary law impacting my advocacy is the Affordable Care Act. Under this act, the law does not regard undocumented immigrants as “qualified individuals” (Gusmano, M.K, 2012), to purchase health insurance through the state health exchanges, or Marketplace. This law must change in order to place undocumented immigrants in the qualified individual category, giving them access to more affordable health care through the health exchanges. This law does provide additional funding for Federally Qualified Health Centers and an expansion of the Medicaid program, but Texas did not participate in this expansion. The ACA also plans for a cut in Medicaid and Medicare DSH (disproportionate share hospital) payments in 2020, under the principal that there will be less uninsured people so hospitals won’t need to provide as much charity care. These DHS hospitals receive additional Medicaid and Medicare funds, based on their percentages of treated low-income and uninsured patients. They provide more than \$20 billion per year to qualified hospitals (Gusmano, M.K, 2012). Undocumented immigrants don't receive public or private health insurance, and by the year 2020, the facilities where they can go to receive necessary care, might not be available due to decreased funding.

Analysis of Methods used to Influence Legislatures or Other Policy Makers to Support the Policy

Developing a Diabetes Fact Sheet of Texas and distributing it to legislators is one method to persuade and influence them. Another method will be obtaining and sharing testimonies of

affected patients. As well as case studies from organizations such as the American Diabetes Association, Healthy Americas Institute, and Centers for Disease Control. A significant action is promoting the impact of diabetes services to the legislators. Efforts will include identifying evidence for effective diabetes self management training and requesting town hall meetings with elected officials.

Including the “Three Legs” of Lobbying

Lobbyists’ input is essential to pass a bill. They influence the policy makers into a proposed outcome. Professional Lobbyists can be utilized to form successful connections. Investing in professional lobbyists comes with a price tag, but as stated by Lanier (2013), in order to get the legislative agenda passed successfully that price tag must be paid.

The grassroots lobbyists have the power to elect officials. They consist of nurses and those that the nurses come in contact with. By going to the Hispanic communities and creating activities to educate on diabetes, prevalence, complications, treatment and management, we can influence them to take action. NonHispanics will also be targeted because they have a financial interest in the case. Activities will consist of talks in community centers, outside activities promoting exercise, cooking classes, free glucose checks by volunteer nurse, and education on contacting state legislators to advance the cause. Support from the American Nurses Association will be crucial. Their position stands that every person in the US, including documented and undocumented immigrants, have access to healthcare (American Nurses Association, 2010a). Their connections and experience will assist in the overall success of this campaign.

The money leg is one of the toughest parts of lobbying, but as mentioned by Lanier (2013), sometimes a reputation transcends money. Nurses are considered as one of the most

trusted professions by the general public, according to the Gallup's annual Honesty and Ethics survey in 2010 (Lanier, 2013). Having a nursing organization, like the American Nurses Association, can have the same, or greater, effect as money.

Summary of Anticipated Obstacles and to Overcome

The obstacle I anticipate will be the topic of undocumented immigrants. As mentioned, Texas has large anti-undocumented immigrant preferences. It will be difficult and arduous to persuade Texas policy makers into changing their ideas and set standards. It will be difficult to convince non-Hispanic Texans of the benefits in allowing undocumented immigrants to purchase insurance through the health exchanges. Another obstacle I anticipate will be cultural barriers preventing the campaign to reach the most Hispanics possible. Language, fear of deportation, and interest are barriers that will have to be overcome.

Ethical Issues

Ethics and the law, ideally, would mirror each other. As mentioned by Dr. Cohn (Laureate Education, Inc., 2012a), we would want our laws to be based on ethical values but it isn't always the case. Sometimes the ethical thing to do might divert from what the law is saying, when this is the case, supportive and argumentative data must be presented to support the stance.

Ethical Dilemmas that Could Arise and How They Would be Resolved

Sudduth (2013) explains that a good program evolution will plan for moral conflicts and either plan ahead for these conflicts or find ways to deal with the conflicts as they arise. To solve these dilemmas it is best to keep to the commitment that a nurse's primary commitment is to the patient (American Nurses Association, 2015). A dilemma could arise from an evaluator vs. advocate conflict. Stakeholders might request an evaluation to continue funding and at times these

finding might not support the stakeholders purpose. The dilemma is whether the evaluator reports the findings or promotes the strengths of the campaign and the needs being addressed. The evaluator must balance beneficence vs non maleficence in removing the conflict. Another ethical dilemma is related to trust. When interacting with Hispanics, trust is fundamentally important. In this campaign, making sure that the staff and evaluator gain the population's trust, will ensure a successful evaluation. Even if the efforts to ensure trust interfere with the evaluators timeline or resources, ensuring trust is foremost to the future and success of the campaign (Loi & McDermott, 2010).

Ethic Laws and Reporting Requirements for this Campaign

Reporting a fair and accurate description of the campaign is necessary to decide on the overall success of the campaign. It is also ethical to provide a trustworthy, on time report. The evaluation design must fit the needs of those that require the information. If needs exceed or contradict with what the evaluator can do, then the evaluator must ask to change the design or alter in order to continue the evaluation. A report must be accomplished while the program is still active so the results can be used and they must be understandable and detailed for those that requested the information. Unless the results of the evaluation show that continuation would cause more harm than good, then negative findings should be presented in a way where they will be used to alter the campaign and not end it (Sudduth, 2013).

Ethical Challenges Unique to the Population

Confidentiality is an ethical issue present in most populations, but it is especially present in Hispanics. Consent forms will form part of various parts of this campaign as well as some personal identifiers, placing the participants at risk for exposure. An especially present fear for un-

documented immigrants. Due to this situation, it could be possible to waive the informed consent to protect identities. This option could pose a risk to the campaign because there would be no documentation that risks, benefits, and options were explained to the participant (Loi & McDermott, 2010). The language barrier can also be an ethical issue. Not able to understand all of the options explained, a participant's autonomy might be jeopardized.

Summary

Al Alcance is a campaign aimed at providing access to health care, for the 2 million Hispanics in Texas with Diabetes, especially those undocumented immigrants. The proposed policy could significantly improve Texas' billion dollar spending on Diabetes costs. The Hispanic population would gain knowledge on the treatment and management of diabetes through proper medical care, healthy diet, and exercise. Legal and ethical issues will arise before, during, and after this campaign, but the key is persistence. As mentioned by Lanier (2013), getting a law passed can take years and requires commitment, but if we are willing to act and work hard, we can bring about changes that will reform health care.

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**Walden University M.S. in Nursing
Formative Evaluation Criteria for Applications and Formal Papers**

Categories and Criteria	Points
QUALITY OF WORK SUBMITTED - 35 Possible Points	
<i>1. The extent to which work meets the assigned criteria and work reflects graduate level critical and analytic thinking</i> (0-30 Points)	
Assignment <u>exceeds</u> expectations. All topics are addressed with a minimum of 75% containing <u>exceptional</u> breadth and depth about each of the assignment topics.	25-30
Assignment meets expectations. All topics are addressed with a minimum of 50% containing <u>good</u> breadth and depth about each of the assignment topics.	20-24
Assignment meets most of the expectations. One required topic is either not addressed or inadequately addressed.	16-19
Assignment superficially meets some of the expectations. Two or more required topics are either not addressed or inadequately addressed.	0-15
<i>2. Purpose of the paper is clear</i> (0-5 Points)	
A clear and comprehensive purpose statement is provided which delineates all required criteria.	5
Purpose of the assignment is stated, yet is brief and not descriptive.	4
Purpose of the assignment is vague.	1-3
No purpose statement was provided.	0
ASSIMILATION AND SYNTHESIS OF IDEAS - 50 Possible Points The extent to which the work reflects the student's ability to-	
<i>1. Understand and interpret the assignment's key concepts</i> (0-10 Points)	
Demonstrates the ability to critically appraise and intellectually explore key concepts.	9-10
Demonstrates a clear understanding of key concepts.	8
Shows some degree of understanding of key concepts.	5-7
Shows a lack of understanding of key concepts, deviates from topics.	0-4
<i>2. Apply and integrate material in course resources (i.e. video, required readings, and textbook) and credible outside resources</i> (0-20 Points)	
Demonstrates and applies <u>exceptional</u> support of major points and integrates 2 or more credible outside sources, in addition to 3-4 course resources to support point of view.	15-20
Integrates specific information from 1 credible outside resource and 3 to 4 course resources to support major points and point of view.	10-14

Minimally includes and integrates specific information from 2-3 resources to support major points and point of view.	3-9
Includes and integrates specific information from 0 to 1 resource to support major points and point of view.	0-2
<i>3. Synthesize (combines various components or different ideas into a new whole) material in course resources (i.e. video, required readings, and textbook) by comparing different points of view and highlighting similarities, differences, and connections.</i> (0-20 Points)	
Synthesizes and justifies (defends, explains, validates, confirms) information gleaned from sources to support major points presented. Applies meaning to the field of advanced nursing practice.	18-20
Summarizes information gleaned from sources to support major points, but does not synthesize.	16-17
Identifies but does not interpret or apply concepts, and/or strategies correctly; ideas unclear and/or underdeveloped.	14-15
Rarely or does not interpret, apply, and synthesize concepts, and/or strategies.	0-13

WRITTEN EXPRESSION AND FORMATTING - 15 Possible Points		
<i>1. Paragraph and Sentence Structure: Paragraphs make clear points that support well developed ideas, flow logically, and demonstrate continuity of ideas. Sentences are clearly structured and carefully focused--neither long and rambling nor short and lacking substance.</i> (0-5 Points)		
Paragraphs and sentences follow writing standards.	5	
Paragraphs and sentences follow writing standards 80% of the time.	4	
Paragraphs and sentences follow writing standards 70% of the time.	3	
Paragraphs and sentences follow writing standards < 70% of the time.	0-2	
<i>2. English writing standards: Correct grammar, mechanics, and proper punctuation</i> (0-5 Points)		
Uses correct grammar, spelling, and punctuation with no errors.	5	
Contains a few (1-2) grammar, spelling, and punctuation errors.	4	
Contains several (3-4) grammar, spelling, and punctuation errors.	3	
Contains many (≥ 5) grammar, spelling, and punctuation errors that interfere with the reader's understanding.	0-2	
<i>3. The paper follows correct APA format for title page, headings, font, spacing, margins, indentations, page numbers, running head, parenthetical/in-text citations, and reference list</i> (0-5 Points)		
Uses correct APA format with no errors.	5	
Contains a few (1-2) APA format errors.	4	
Contains several (3-4) APA format errors.	3	
Contains many (≥ 5) APA format errors.	0-2	
Total Points for Assignment:		

Please copy and paste this rubric table at the end of all Application Assignments in order for your assignment to be graded.