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**Final Capstone Research Report
Watsonville High School Promoters of Healthy Lifestyles: A
Teen Diabetes Support Group**

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CHHS 400B: Senior Capstone B
CHHS 496: Field Seminar B
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Key Words: Diabetes, Latino, Hispanic, Watsonville, South Santa Cruz County, Obesity, Teens, Support Program, Students

Abstract: This is a pilot Diabetes Teen Support program for Watsonville High School students of Hispanic decent in South Santa Cruz County. The program focuses on understanding diabetes, obesity and overweight problems, the impacts of diabetes on daily lives, self management and a safe place to express their feelings. The findings of this pilot program were that the program had impact on students' lives in many ways, from being aware of their actions, their socioeconomic position and creating opportunities for change.

Executive Summary

For the last three years I been interning for Migrant Health Services in Pajaro Valley Unified School District which is located in South Santa Cruz County. Migrant Health Services offer health and support services to PVUSD student's k-12. About 86% of the students attending PVUSD are known to be obese or suffer from Diabetes Type II. Currently there are no school-base support groups for this population. Many of the support groups are not accessible and are expensive. Many are unable to afford or access a support group in their community.

My capstone project was to create a teen support group for Latinos/as and/or Hispanics at Watsonville High School for ages 14-18 years old. Our group meetings were scheduled every Friday from 11:30am- 2:00pm. The program provided participant's with food from Togo's along with water and fruits at every meeting. Many students have shared that having a healthy lunch helped them to continue eating healthy foods through out the week. All of the sessions started of with icebreakers so that participants could share things about themselves, at the same time have a fun and relaxing time.

The field trips beyond the 24 session's help students continue the use of resources in the community with other family members. They were pleased with the services received from the program. The support group also helped them create relationships with other students whom they don't normally spend time with. Most of the students enjoy and practice the message that our guest speakers provided especially being aware of the different resources in the community.

My hopes are that support groups open in all high schools in my community. It is hard to keep track of students with health issues because some don't even know diabetes

is affecting them. By creating a program that is willing to collaborate and share meaningful information will open the students up to other possibilities and support.

Unfortunately, due to budget cuts, our community will lose a strong advocate and Migrant Education Health Services Coordinator. Many students will now face more obstacles to access preventative health care in the community.

Description of the Agency

During the past three years, I have been interning with Migrant Education/Healthy Start, which share the same mission as the Pajaro Valley Unified School District (PVUSD). Their goals are to improve academic achievement by increasing students' attendance through improved access to health, human services, safety and injury prevention. PVUSD Healthy Start has been serving PVUSD school children since 1992. PVUSD and the Migrant Education Health Services are both located in South Santa Cruz County.

There are three main resource centers which are the Teen Resource Center located within Salud Para La Gente, the Children's Resource Center which is located in Cesar Chavez Elementary School and the Pajaro Resource Center located in Pajaro Middle School. Two years ago, I started working on the Childhood Obesity Project, one of the many projects that the Healthy Start Collaborative Community Wide Advisory Body had created to address health issues affecting our community. The Childhood Obesity Project was created by one of the board members, James Brudnick, my mentor.

Intern's roles were to measure and weigh students ages 4 to 8 years from five pilot schools in the district. These measurements, after their calculation, demonstrated that "50% of the students were overweight or at risk of chronic disease conditions (James

Brudnick, Personal Communication 11/27/06).” Interns also participated and facilitated in monthly migrant parent meetings about healthy eating and physical activity to reinforce what they already know. “We know that life is hectic; there are many factors contributing to obesity. Food deprivation and the low socio-economic population are some of the contributing factors that increase obesity (James Brudnick, Personal Communication 11/27/06).” The lack of money to buy healthy foods puts them out of reach for the population, and people decide to spend money on fast food that would gratify their appetite as well as dense caloric foods high in fat, sugar and salt. Overall according to Caballero (2007) Latino teens have “higher incidence of Diabetes type II due to a combination of genetic susceptibility and lifestyles and cultural factors.”

Obesity is an issue, especially in the South County, where students do not have access to health care and do not have insurance to cover preventative care. According to Stein (1989) “Hispanics are found among the socioeconomically less advantaged in society.” On the other hand, in the North County where the population is predominantly Anglos, the students do not have the same problems as in South Santa Cruz County. In contrast, students have private insurance and easy access to health care. According to Haas (2003) and his research associating race, socioeconomic status, and health insurance status with the prevalence of overweight problems among children and adolescents, he concluded that in fact, “there is an effect of race, socioeconomic status, and health insurance status on the prevalence of overweight among children and adolescents (Haas, 2003).” The inability to access health care or preventative ways is affecting students’ health.

Statistics

“Diabetes is a growing disease; Santa Cruz County ranks in the top ten counties in California for the incidence of childhood obesity (Go for Health 2004).” In the city of Watsonville, according to Martha P. Quintana, a Nurse Educator from the Diabetes Health Center; “only 65 students out of 134 students ages 19 and younger are known to have diabetes type 2. There are more out there and they are not being treated (Martha Quintana, Personal Communication 11/17/06).”

According to the California Healthy Kids Survey administered in Santa Cruz County schools, “13% of seventh graders were overweight.” This survey was also conducted in 9th and 11th graders in the fall of 2002. Many students who live in this region are experiencing the inability to access preventative health care. The inability to access preventative health care leads to chronic diseases that can be prevented before the problems become worse. “Children will die before their parents with this chronic disease if they don’t get control over this epidemic (Martha Quintana, Personal Communication 11/17/06).”

The Need

Tri-county has only one support group for teens located at Natividad Medical Center which is hosted by Chesney Hoagland, a Diabetes Educator and Nursing Educator. “The community needs accessible and free informative services so that the community can make informed choices (Martha Quintana, Personal Communication 11/17/06).”

If a high school student decided to seek a support group, he or she would need to travel about 25 miles to reach one. There are no existing support groups for teens in the

Santa Cruz County. Diabetes in teen is an issue that it is a major health concern among this population. We usually tend to think that diabetes only affects adults and we never stop to think how diabetes affects our youth. According to Gleeson-Kreig (2002) support groups have not been explored within a Hispanic community, especially with this population. "PVUSD is made up of 86% Hispanic/Latino population, and about 14% of the Latino population are known to have Diabetes; twice the number in the general population. (James Brudnick, Personal Communication 11/27/06)." Watsonville High School has a majority population of Latino students. The majority of these students come from migrant farm worker families who immigrated to this country for a better life. "Most of the Latino families do not use the resource that the community offers due to fear of becoming deported (Martha Quintana, Personal Communication 11/17/06). Latinos are more vulnerable to Diabetes Type II due to many contributing factors, like low income, and lack of insurance, prevents access to preventative health care and inability to access healthy foods.

Project Description:

My mentor and I submitted a grant proposal to the Pajaro Valley Community Health Trust and requested \$2,657.07 to cover the cost to the program. By March 2007, we were notified that the Pajaro Valley Community Health Trust awarded our pilot program \$2,650.00 to accomplish our outcomes.

With the requested amount of \$2,650.00 our plans are to accomplish the following outcomes:

- Recruit 15 overweight, pre-diabetic and/or diabetic students from WHS
- Maintain optimal attendance (75 – 100%)

- Be active for 30 minutes at each session
- Have six guest speakers from the community
- Participate in four physical activity field trips beyond the twelve sessions
- Keep personal journals of the experience
- Final evaluation and suggestions regarding program

With regard to schools, our goals of the project were to increase the number of nutrition education sessions offered and integrated through our specific curriculum. We will increase the number of young adults eating healthy foods at school and at home through food-label literacy and discussions. Also provide fun, robust daily physical education for at least thirty minutes at each session.

With regard to community, our goals were to increase the number of young adults who are media literate and understand the various aspects of body image.

We (James Brudnick and I) established the first teen diabetes support group in Santa Cruz County at Watsonville High School (WHS). The population targeted was predominantly low-income high school students who are of Hispanic/ Latino decent. Students were recruited by Kathleen Kilpatrick, WHS nurse, from the school's general population; ages 14 through 18 years. Kathleen interviewed, screened and selected 15 students who were interested in getting involved in this support group. Among the criteria used for selecting the students was their health status; if they are overweight, pre-diabetic and/or diagnosed diabetics.

The diabetes support group has four main components: students will have the opportunity to learn how to self-manage diabetes on a daily basis, read food labels, share

their frustrations as well as hopes and dreams, and they will become aware of physical activity resources in our community by using them.

The teen diabetes support group meetings took place at Watsonville High School, located at 250 E. Beach Street. This location is readily accessible to participants who will be involved in the group. Scheduled sessions were ongoing, once a week for 12 weeks (two semesters) during the 2007- 2008 school year, from 11:50 am – 2:00 pm on Fridays.

Each session had a different focus that explores the members' previous experience with their condition and anticipates successive presentations and topics. For example, we had interactive discussions on living with diabetes before guest speakers from the community share their personal experiences and topics. In this way, we made the themes relevant and worthwhile to the participants. We covered a variety of perspectives from healthy, culturally-competent recipes and community-oriented physical activity to diabetes self-management to feelings of despair to getting the resources one needs from their primary care provider and health care team.

Collaboration was important for the support group. This demonstrates my ability to work as a team with other professionals across traditional lines of established programs, agencies, disciplines and diverse communities.

We worked closely with Kathleen Kilpatrick, Watsonville High School registered nurse, in recruiting the participants. We had the support and guidance of Chesney Hoagland-Fuchs, R. N., out-patient diabetes educator, from Natividad Medical Center. Chesney presently facilitates a teen support group in Salinas. With her knowledge,

expertise, modeling and inspiration, we will learn the art of facilitation succinctly pertaining to a diabetes support group of young adults.

Other collaborative agencies were Catholic Charities, PVPSA, Youth Services, and the Family Center for support group dynamics, and Healthy Start's Teen Resource Center, Resource Specialist Ruth Leon who runs a newcomers' support group there. Healthy Start can support the participants in our program with health insurance application, immunizations, physical exams and confidential services. We viewed each participant holistically.

We especially sought guidance and support from the Diabetes Health Center; Martha Quintana, R. N., and Jacqueline Thompson, nutritionist and diabetes educator.

With the support of Pajaro Valley Unified School District (PVUSD) Student Wellness Policy BP5030 (a) and the participation of parents and community members, the students practiced positive behaviors and attitudes towards becoming healthier and more active and reinforce the knowledge they are acquiring.

As the student intern I facilitated all 12 sessions (24 a year) during the course of the school year 2007-2008. I am presently a senior in the Collaborative Health and Human Services major at the California State University at Monterey Bay. My emphasis is in Social Work and Public Health with a minor in Service Learning.

James Brudnick, Coordinator of Health Services for Migrant Education, who is my mentor, guided me in this endeavor. James shared his knowledge of diabetes, curriculum development and group facilitation.

Through the support and guidance of the collaborating agencies and personnel we provided the students with useful information to make informed choices and enjoyable

physical activities in the community, including bowling, swimming, dancing, climbing walls, kayaking, etc. Also we created a platform for students to share their feelings, fears, frustrations and hopes with others so that they experienced empathy and consoling.

Evaluation

To understand the impact of this program in the students' lives, we had personal conversations with the students to learn their insights about themselves. Many of the positive changes occurred from the project are difficult to quantify, so we used the journals, attendance and the pre and post-tests to help qualify the experience of the participants.

We used pre and post survey to evaluate student's basic well-being and their knowledge about diabetes. This survey served to help me understand where they stood as far as knowledge regarding their health and diabetes. Towards the end of the program I gave students a post test with the same questions. This helped me see how their learning curve improved by the end of the 24th session.

We also reported attendance, physical activity and participation of all participants in the extracurricular events. We included a list of the six guest speakers and the organizations they represent. We shared anecdotes from their journals anonymously that describe their experiences from a participants' point of view. We also provided an evaluation by the participants which will include their suggestions toward improving our group in the future. And hopefully expand the service to the other high schools in the district.

Major Learning Outcomes

Throughout this learning experience and internship I have been able to apply several of the Collaborative Health and Human Services Major Learning Outcomes (MLO) that come with that degree. The following major learning outcomes have played a significant role in my personal and professional growth.

- ✓ **Cross Cultural Competency:** I was able to understand the community's cultural identity and needs. I respected and valued cultural practices and beliefs that the participants had. I demonstrated my ability to communicate in a non-threatening culturally competent manner with participants as well as practice bilingual skills. I was also able to reinforce my own Latino culture.
- ✓ **Leadership:** Helped bring the first Teen Support Group to South Santa Cruz County. I was able to think outside the box and question creatively to morph the project goals and outcomes to suit the population on which I focused and practiced leadership skills. I was able to take the initiative in all venues. I was able to look for many resources in our community and able to know most of the collaborative agencies in our community. I was able to develop empathy with the community I serve and understand the obstacles and challenges in educating the community I serve and impacting their environment as well as to create a safe space and the opportunity for learning to happen.
- ✓ **Personal and Professional Communication:** Understand and practice facilitation and presentation dynamics. Be a positive role model and a responsible communicator with participants, mentor, and guest speakers. Practice and reflect the message of guest speakers for ways to improve empathy, cultural competence, positive communication skills and professionalism in the workplace.

- ✓ **Collaboration:** I was introduced to a variety of human services agencies in South Santa Cruz County and North Monterey County with who we collaborate in order to create a stronger message. I was able to participate and facilitate team meetings and learn to enhance group relationships. I was able to disseminate meaningful information on healthy eating and physical activity in a variety of venues. I gained knowledge of all collaborators in the community and know when to collaborate with them.
- ✓ **Statistics and Research Methods:** Use pre and post survey to assess participants in the program in order to understand the outcomes of the program.

California State University Monterey Bay's vision statement and my capstone project share the same passion and desire to provide the integration of education and cultural diversity while promoting social justice and advocating for the rights of others. www.csumb.edu

Conclusion:

There are many problems that students with chronic illness like Diabetes Type II have, for example, not being able to access a support group due to the cost, accessibility and emotional stress. For the purpose of my capstone project I wanted to identify these three problems.

Due to the lack of support groups in the South Santa Cruz County, many of the students who are diagnosed with Diabetes are unable to access a free of cost support group that will address their needs. The cost and sometimes the format of the group make it harder for students to join. "The program investigated here offers an economically feasible approach that combines low frequency of contact, a group format, and does not

require mental health professionals as facilitators. The program provides well-accepted and easily accessible assistance that is not hindered by cost or stigmatized, as services received outside of school are (Wassef et al, 1995).”

The ability to access a support group that offers students a safe and a comforting place with no professionals running the support group gives the students the support most often they need. Sometimes having a professional run a support group makes it harder for the student to express their emotions. Wassef (1995) describes in his article that it is more beneficial when there is a volunteer facilitating a support group rather than a professional. He also describes that the program over the course of one year is more effective than those that are not. “School-based volunteer-facilitated peer support groups are effective if done in an over the course of a one-year period (Wassef et al, 1995).” He also mentions that support groups that are economically feasible, conducted by volunteers with good facilitation skills and in a good group format makes it more acceptable and easy for participants to join.

Another problem that most High School students have is not feeling connected to a group of friends where there is a sense of belonging and acceptance. “Emotional distress and behavioral problems are common in high school students (Wassef et al, 1995).” At times, this can be hard for students who are already struggling with a chronic illness due to the lack of sensitivity from peers, staff and faculty that work directly with students, which can affect their self esteem and academic performance.

The location of a school can play a major role in the students’ lives that are overweight or have Diabetes Type II. Often schools with open campuses like Watsonville High School give students the liberty to wander off; giving them infinite choices of foods

to eat. Normally, unhealthy fast food restaurants and stands with large portion sizes are available and these foods can be procured for the little money that they may have. But for some students who have to maintain a healthy diet this can be a temptation and difficult in maintaining their diet. The ability for students to go off campus and the influence of friends to try new things can be the cause of rebellion or even depression. According to Nabors (2005) in his article *School Nurse Perceptions of Barriers and Supports for Children with Diabetes*, “Not being able to go out with the crowd and eat (e.g. foods containing high in carbohydrates or sweets) separates them from their friends and causes rebellion and depression (Nabors et al, 2005).”

A WHS High School senior shared many personal experiences of her family where diabetes is a health issue not unknown to the family. She shares many of the painful experiences of her friends where she is the only one with Diabetes Type II and people make her feel alienated. “When I told them (friends) that I had diabetes they didn’t want me around, they thought that diabetes was contagious (Senior Participant, personal Communication).” Most young girls will let these painful experiences define who they are, but she had become immune to these feelings and decided to convert this experience to a positive one. In fact, now she is determined to fight people’s ignorance by educating her community and helping her family members manage their diabetes in their daily lives. This is why is very important to be informed because there are many thing we can do to contribute in education to others who don’t know about Diabetes and how it can affect the community.

It is important to educate staff and faculty about diabetes and those who are affected so that they are prepared to work with youth at school and address their school

issues. "...ensuring that nurses are available on site for medical consultation, teachers and coaches are comfortable about working with youth with diabetes (Nabors et al, 2005)." If students are not getting the support they need from the faculty and staff, they are most likely going to hide their diabetes from others? For example, one of my participants shared that he wanted to join the WHS Football Team, but couldn't and was denied the opportunity by the coach to try-out because he was diabetic. Due to this experience he has now decided to keep his illness a secret from those who don't know him on a daily basis because he fears being denied.

Sending their children off to school, most parents feel that they will be in a healthy environment. It is one of the many worries parents have. This exists especially for parents who have students with a chronic illness who don't know if their student will be taken care of. There is still staff and faculty ignorance about Diabetes Type II in some schools. If staff is not prepared to serve and be sensitive to students with health issues this can impact the student's life dramatically.

Porro (2000) describes an event where a young girl was denied permission to test her own blood glucose level. This is another school issue that staff question. Following policies and rules can sometimes interfere with doing the right thing. Sometimes students who have Diabetes or are overweight experience circumstances where they are oppressed and stigmatized or denied certain processes/activities because they are considered "different" and "un-normal."

The support group I facilitated was in a school environment which gave students accessibility to the program and a comfortable space to share feelings in a setting were

the facilitator was younger, and close to their age group. I was able to serve as a mentor to the participants and not as an authority figure like a professional would do.

A support group does not only help students understand how to manage their diabetes in a daily basis or teach them how to read food labels, it can also help participants create community where they feel a sense belonging.

Entering and working with the youth population can be a scary. I feared that students would reject me and the support group I facilitated. But after spending time with the participants, I found that spending time and connecting with the participants help us bring each other closer. I created personal relationships with the mentees and gained professional abilities as a facilitated the group.

One of my goals before I exit this community is to ensure that the participants in the program are aware of other resources in the community to help them educate themselves and members of our community who are not knowledgeable of healthy resources and preventative health care. I decided to collaborate with Lupe Rocha, the Coordinator for Jovenes SANOS a youth advocacy program, a project of the Go for Health! Collaborative. The group is currently developing a comprehensive plan to increase healthy nutrition and regular physical activity among the county's children and youth. This group was created in response to the high incidence of childhood obesity in our county.

I have learned that in order to provide the students with the best information possible, you must “understand(ing) the individual's personal, family, social, and cultural beliefs about health and illnesses (Heuer & Lausch, 2006).” This is true. Spending a school year with the student's made me leave many assumptions and stereotypes behind

and better understand where they come from and the many experiences they have to overcome to be where they are right now. In having personal conversation with participants involved in the program, I was able to understand where they come from and how diabetes can impact their daily lives. Students who have diabetes or have family member currently with diabetes have shared what they think about this illness and how they can improve their health. Many of these students at such a young age have comprehended that many factors are contributors to their illness, such as, socioeconomics, food deprivation, and lack of access to preventative health care. Many students have also shared their anger towards society because sometimes it contributed to students feeling depressed because they are seen as “different” and many individuals were afraid to be near them. This scares me because we still have students who have many misconceptions and inaccurate perceptions about this illness, like “diabetes is contagious.” These thoughts scare me because they hurt most when directed at the victims of this condition.

Changing behaviors is not an easy task. I admired the students’ courage and life experiences, which inspired me to continue educating my community. Overall, having helped created a pilot program that address a health issue in my community, made me become aware of who I am and the power I had while facilitating the support group and impacting the participants.

Childhood obesity and diabetes is still affecting our community, and educating the community is very important. Having been part of a program that promotes awareness and understanding to the participants involved in the support program has made me become a better individual to fight for social justice.

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