5-2023

Health Disparities Across High School Students

Yadira Bonilla
California State University, Monterey Bay

Health Disparities Across High School Students

Yadira Bonilla

Central Coast High School|Tara Peterson

Collaborative Health & Human Services

Department of Health Human Services and Public Policy

California State University Monterey Bay

February 7, 2023

Author Note

Yadira Bonilla, Department of Health Human Services and Public Policy, California State University Monterey Bay. This research was supported by Central Coast High School. Correspondence concerning this article should be addressed to Yadira Bonilla, California State University Monterey Bay, 100 Campus Center, Seaside, CA, 93955. Contact: ybonilla@csumb.edu.

Abstract

This senior capstone examines health disparities among high school students that attend Central Coast High School, a continuation high school that serves only 11th and 12th graders in Seaside, California that are not in line to graduate due to the lack of credits and are below a 2.0 grade point average. The primary purpose of this project is to bring resources to the most vulnerable students and create awareness on the importance of being healthy. The wellness fair brought aide and resources for problems like addiction, alcohol abuse, depression, suicide, and birth control due to the increasing numbers of students with mental health challenges. The benefits of this project are educating students on the importance of maintaining good overall health and providing them with much needed resources. Future steps would be to implement this project across all traditional high schools at least once every year including Central Coast High.

Keywords: wellness fair, education, health resources, health awareness,high school

Agency & Communities Served

Central Coast High School (CCHS) is a public continuation school that is located in Seaside California and is part of the Monterey Peninsula School District. They serve only 11th and 12th graders that are not on track to graduate due to lack of credits and are below a 2.0 grade point average. Most of the students are of low socioeconomic status and minorities. Their mission is to provide a student centered environment that empowers students to develop their potential, achieve a high school diploma and become college and career ready (CCHS, 2020). Their vision states that your past will not define your future (CCHS, 2020). They provide general education, credit recovery, health careers and culinary classes. They also focus on students' mental health and have a social worker and a mental health therapist on campus in their mental health room. The Monterey Peninsula Unified School District community serves 78% Hispanic students of which 23% are English learners and 84% of students are socioeconomically disadvantaged (MPUSD, 2022). The detailed problem model in Figure 1 is presented as follows.

Problem Model Background and Literature Review

Figure 1: Problem Model

Contributing Factors	Problem	Consequences
Poor access to medical resources	Negative health outcomes in Monterey County are too high.	Premature death
Poverty		Substance abuse
Food insecurity		Mental health challenges

Problem Statement

The lack of access to adequate healthcare is affecting the most vulnerable populations including minorities, socioeconomically disadvantaged individuals and the elderly. The rise of negative health outcomes in the communities especially in low income households are creating problems like addictions, alcohol abuse, depression and suicide also increasing numbers of students with mental health challenges. This causes long term effects and premature death because these populations delay going to the doctor and getting yearly physicals because of the lack of health insurance. According to research published in BioMed Research International (Price et al., 2013), chronic diseases are most common in the poor, specifically in children who are racial/ethnic minorities. Chronic diseases like asthma, diabetes, obesity and hypertension are preventable if detected at an early stage.

Contributing Factors

Poor access to medical resources

The rise of negative health outcomes in the communities especially in low income households are creating long term problems based on a study published by the American Clinical and Climatological Association, inadequate, inaccessible, and poor medical care further accelerates increasing healthcare costs that have broad implications for the overall quality of care experienced by all Americans (Riley, 2012). Most poor communities do not have access to adequate, quality care most of them rely on medicaid or are uninsured due to the lack of information available to them. The majority of them do not even visit the doctor and when they do it's sometimes too late. They either already have a chronic illness or they suffer from premature death.

Health disparities affect a lot of aspects of a person's well being and healthcare becomes more expensive and less accessible as a result of bad health, which is caused by inadequate treatment.The rise of negative health outcomes in the communities especially in low income households are creating long term problems. Per research published by the Brookings Institute, Latinos suffer from poorer health on many measures. At the same time, they are less likely to have access to high-quality care (Shiro & Reeves, 2020). Hindering their ability to live a healthy long life and presenting them with long term problems and even premature death.

Poverty

Due to a lack of funds, physical constraints or lack of access to a car for food shopping, households in lower socioeconomic status and in disadvantaged areas have limited access to food. The rise of negative health outcomes in the communities especially in low income households are creating long term problems. Associations between demographic and individual and area-level socio-economic variables and restricted household food access due to lack of money (Burns, 2011). Not being able to maintain a healthy lifestyle contributes to long term and chronic diseases. A person's socioeconomic status is a determinant of health which correlates directly to the overall health outcome of a person.

Although the connection between wealth and health has received more attention recently, poverty has long been acknowledged as a cause of death and disease. The rise of negative health outcomes in the communities especially in low income households are creating long term problems. Based on the review economic inequality is increasingly linked to disparities in life expectancy across the income distribution (Khullar & Chokshi, 2018). People of lower

socioeconomic level typically have less complete health insurance coverage or no coverage at all.

Consequences

Substance abuse

In most cases, the lack of follow up in care for those experiencing substance abuse disorders creates a barrier in their overall health. Based on a study published in *Substance Abuse: Research and Treatment,* high rates of treatment dropout and relapse, and disconnection from post-treatment services demonstrate the need to shift from the acute care model to a chronic care model of Substance Abuse Disorder treatment and to better integrate services across treatment modality (Stanojlovic et al., 2021). This is only one of the negative outcomes of health disparities for most low income families. The irregular health care during their lifetime leads to substance abuse, depression and other issues because they remain unresolved.

Research talks about the disparities that still exist among different ethnic and racial groups. Even with the expansion of the Affordable Care Act, access to substance use treatment centers is not obtainable. For example, a study published in Health Affairs, used survey data to examine changes in racial/ethnic disparities in behavioral health treatment access (Creedon & Cook, 2016). People who experience self-esteem issues are more vulnerable to acquiring substance use disorders. This is due in part to the health disparities that occur in most low income communities.

Mental health challenges

The behavioral health system needs to provide care where it is needed the most and stop criminalizing substance abuse and mental illness to aid in recovery, and increasing awareness of the importance of social needs in providing quality care. For the past fifty years the model for

care and advocacy in the mental health and addiction field, usually referred to as behavioral

health, funds treatment programs and waits for patients with behavioral health conditions to

arrive (Alegria et.al., 2021). Our society is struggling and the most affected are our younger

generations.

One of the main causes of impairment worldwide is mental illness especially because of

the lack of access to diagnosis. The proportion of people who have a disorder and those who

receive care diverge, and this disparity is known as the treatment gap (Mongeli et. al., 2020).

Health disparities affect a lot of aspects of a person's well being and healthcare becomes more

expensive and less accessible. Most people do not have health insurance or they just have

medicaid which does not provide enough coverage to help with substance use or mental health

issues.

Project Description and Implementation Process

Project Proposal

My project consists of bringing different community organizations and different

resources together and creating a wellness fair at CCHS , on site, for all students and staff to

attend. I will be responsible for organizing and recruiting community organizations in order for

them to inform and educate the students on what is available in the community. This will include

the district nurse, a chiropractor, Monterey County behavioral services, Casa of Noche Buena

and a healthy eating demonstration by the school culinary instructor. This will be a one-day event

in the school cafeteria that all students will attend during the school day. An exit ticket will be

handed out upon entering the event and we will conclude with a raffle. The exit ticket will be

used to collect information and reflections on the students' experience during the event. The raffle will be used as an incentive for promoting participation among the students.

Project Justification & Benefits

The primary purpose of this project is to bring resources to the most vulnerable students and create awareness on the importance of being healthy. A secondary purpose is promoting good health, hygiene and mental health by providing a gateway or access to much needed services. The agency also wants to bring awareness and resources to problems like addictions, alcohol abuse, depression, suicide, and birth control due to the increasing numbers of students with mental health challenges.

Assessment Plan & Expected Outcomes

The exit ticket will have some questions regarding the wellness fair and to assess the parts that stood out to the students. For the assessment plan I will be having all students sign in at the front entrance where I will be handing out the exit ticket. This will also help us understand what the student needs are or if we met some of those needs. If the student returns the completed exit ticket they have a chance to enter the raffle of various prizes. Only completed exit tickets will enter the raffle; this is a way to promote participation and engagement.

Expected outcome is full student/staff participation and engagement of about 125 people. The sign in sheet and the retired filled exit tickets will give us a number of actual participation. Students learn about new resources available to them in the local community including health screenings, nutrition information, addictions, women services, depression and other mental health challenges. This education will serve in preventing and lowering the negative health outcomes in Monterey County among disadvantaged high school students.

Implementation Process

I met with my mentor during the fall 2022 semester to brainstorm ideas for capstone and decided to host a wellness fair. I finalized the location and date with the school principal and started building a list of potential organizations. I emailed, called and visited local organizations for interest in participating in a wellness fair. I created flyers to promote the wellness fair at the site for teachers and students. I worked on an exit ticket for students that I would give out at the entrance and that would be used to obtain a raffle ticket. I finalized the list of attendees and met with the custodian to set up the configuration of the tables. I hosted the wellness fair on March 2, 2023 at Central Coast High School. I handed out prizes to winners of the raffle and assessed exit tickets for feedback and observations. The detailed Implementation Plan in Appendix A is presented as follows.

Project Results

The wellness fair held on Thursday March 2,2023 at Central Coast High School was a success but we did not reach our goal for participants attending. The expected outcome was of 125 participants attending because that is the enrolled number of students that they have at the high school. The actual number of participants that attended was 73 out of 125. The measure that was used to assess the Wellness Fair was a sign in sheets that gave us the number of participants and attendees. The Wellness Fair did address the health disparity problem among our students. This event provided them with local agency resources to make better choices and to have their support in order to have a healthy lifestyle. All the students that attended the fair were all very engaged with the organizations and very happy that they were able to make those connections. All participants also received fresh fruits, vegetables and snacks to take home and healthy snacks while there. They also received extremely valuable information about nutrition, CPR,

preventative youth programs, addiction, alcohol abuse, depression, birth control and parenting classes.

Conclusion & Recommendations

In conclusion, great benefits came from the implementation of the Wellness Fair in educating students on the importance of maintaining good overall health and providing them with much needed resources. This event did address the health disparity problem among our students which majority of them are socioeconomically disadvantaged. Future steps would be to implement this project across all traditional high schools at least once every year but implementing a survey first to know how many students would be interested. Another recommendation would be implementing more curriculum into the students daily classes for nutrition and healthy living guidelines.

References

Alegría, M., Frank, R. G., Hansen, H. B., Sharfstein, J. M., Shim, R. S., & Tierney, M. (2021).

Transforming Mental Health and Addiction Services. *Health Affairs*, *40*(2), 226–234.

https://doi.org/10.1377/hlthaff.2020.01472

Burns, C., Bentley, R., Thornton, L., & Kavanagh, A. (2011). Reduced food access due to a lack

of money, inability to lift and lack of access to a car for food shopping: A multilevel

study in Melbourne, Victoria. *Public Health Nutrition, 14*(6), 1017-1023.

https://doi.org/10.1017/S136898001000385X

Creedon, T. B., & Cook, B. L. (2016). Access to mental health care increased but not for

substance use, while disparities remain. *Health Affairs*, *35*(6), 1017–1021.

https://doi.org/10.1377/hlthaff.2016.0098

Gouri Suresh, S.S., & Schauder, S.A. (2020). Income segregation and access to healthy food.

American Journal of Preventive Medicine, *59*(2), e31–e38.

https://doi.org/10.1016/j.amepre.2020.02.009

Khullar, D., & Chokshi, D.A. (2018, October 4). *Health, income, & poverty: Where we are &

what could help* [Policy Brief]. Health Affairs.

https://doi.org/10.1377/hpb20180817.901935

Mongelli, F., Georgakopoulos, P., & Pato, M. T. (2020). Challenges and opportunities to meet the

mental health needs of underserved and disenfranchised populations in the United States.

FOCUS, *18*(1), 16–24. https://doi.org/10.1176/appi.focus.20190028

Morris, M.J., Beilharz, J. E., Maniam, J., Reichelt, A. C., & Westbrook, R. F. (2015,

November). Why is obesity such a problem in the 21st century? The intersection of

palatable food, cues and reward pathways, stress, and cognition. *Neuroscience and

Biobehavioral Reviews*, *58*, 36–45. https://doi.org/10.1016/j.neubiorev.2014.12.002

Nunes, B.P., Thumé, E., Tomasi, E., Duro, S. M. S., & Facchini, L.A. (2014). Socioeconomic

Inequalities in the access to and quality of health care services. *Revista de Saúde Pública*,

48(6), 968–976. https://doi.org/10.1590/S0034-8910.2014048005388

Price, J.H., Khubchandani, J., McKinney, M., Braun, R. (2013). Racial/ethnic disparities in

chronic diseases of youths and access to health care in the United States. *BioMed

Research International*, *1*, 1-12. https://doi.org/10.1155/2013/787616

Riley, W.J. (2012). Health disparities: Gaps in access, quality and affordability of medical care.

Trans Am Clin Climatol Assoc. 123, 167-74.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3540621/

School Plan for Student Achievement. Monterey Peninsula Unified School District. (n.d.).

Retrieved April 20, 2023, from https://www.mpusd.net/

Shiro, A. G., & Reeves, R. V. (2020, September 25). *Latinos often lack access to healthcare and

have poor health outcomes. Here's how we can change that*. Brookings.

https://www.brookings.edu

Sigit, F.F., de Mutsert, R., Lamb, H.J., Meuleman, Y., & Kaptein, A.A. (2022, November 6).

Illness perceptions and health-related quality of life in individuals with overweight and

obesity. *International Journal of Obesity*, *46*(2), 417–426.

https://doi.org/10.1038/s41366-021-01014-x

Stanojlović, M., and Davidson L. (2021). Targeting the Barriers in the Substance Use Disorder

Continuum of Care With Peer Recovery Support. *Substance Abuse: Research and*

Treatment, *15*. https://doi.org/10.1177/1178221820976988

Walker, R.E., Keane, C. R., & Burke, J. G. (2010, September). Disparities and access to healthy

food in the United States: A review of food deserts literature. *Health & Place*, *16*(5),

876–884. https://doi.org/10.1016/j.healthplace.2010.04.013

Appendix A

Project Implementation Plan

Tasks	Timeline/ Deadlines	Supporting Staff	Materials/ Services Needed	Deliverables
Create list of local organizations	December 5, 2022	Tara Peterson Courtney Baldwin	laptop	List of organizations
Meet with mentor and school principal to implement fair	December 16, 2022	Tara Peterson Alan Crawford	Conference room	Meeting
Final meeting with principal regarding location	January 16, 2023	Alan Crawford	Conference room	Meeting
Create exit ticket with questions	February 1,2023	Tara Peterson	laptop	Exit ticket
Create flyer to promote event	February 1, 2023	Tara Peterson	laptop	Flyer
Email, visit or call local organizations	January and February 2023	Tara Peterson	laptop	Organization confirmation
Finalized list of attendees	February 25, 2023	Tara Peterson	laptop	Final organizations confirmation
Buy all materials and prizes needed	February 27, 2023	Tara Peterson	Balloons,gift cards, stress balls,bags, drinks and produce	Setup
Host wellness fair	March 2, 2023	Tara Peterson Courtney Baldwin Alan Crawford	cafeteria	Wellness Fair
Distribute prizes to raffle winners	March 3, 2023	Tara Peterson	prizes	Raffle prizes
Assess exit ticket responses and feedback	March 6, 2023	Tara Peterson Courtney Baldwin	Exit tickets	Summary of responses