

### Health Disparities Research Paper

As health educators, we work with students from all different cultures, backgrounds, and socioeconomic statuses. Most health educators are usually health, able-bodied, middle-class white adults (Gilbert et al., 2015, p. 312). As a Hispanic male health educator, it is important to be educated on the cultural norms and practices of all student cultures, so that I can connect, and build a relationship with all students. Studying health disparities highlights the differences within-groups, as well as between-group and identifying factors that contribute to disparities. Before addressing health disparities, a health educator must understand that health disparities mostly affect groups of people based on their racial or ethnic group, religion, socioeconomic status, gender, age, mental health, physical disability, sexual orientation, and geographic location (Gilbert et al., 2015, p. 318).

Due to the current Covid-19 pandemic, health disparities in our country have severely worsened for minority groups. As financial health has declined for a lot of families, the mental and physical health of a lot of minority families has also been put at risk (Burton et al., 2020). Due to the lack of access to social services (substance abuse programs, school lunch programs), there has been a worldwide increase in domestic violence (Burton et al., 2020). Unfortunately, the pandemic has magnified health and socioeconomic disparities created by systematic racism (Burton et al., 2020). A way to address these health disparities is by making meaningful changes in the school or health class curriculum. Especially as it pertains to students' health, and the relationship that many students have with poverty and their health (Burton et al., 2020).

Other ways to address health disparities within your classroom is by being culturally competent, as well as understanding the social determinants that play a huge part in our student's health, along with the disparities that they might be facing. Additionally, health educators should educate their school community, and local organizations about the social determinants that the students of the school might be facing. Educators should also provide their community with clear language and examples of how the school community and its partners can affect change for the students (Gilbert et al., 2015, p. 319). By educating the school community, and its partners, educators can work together to support, assist, and even dismantle, any health disparities that students in their classroom might be experiencing due to social constraints.

Developing students' health literacy is also another efficient way that has been identified as a cornerstone for the reduction of health disparities, especially among minority populations (Gilbert et al., 2015, p. 321). Health literacy is the degree to which individuals can obtain, process, and understand basic health information and services needed to make appropriate health decisions (Gilbert et al., 2015, p. 321). Poor health literacy rates have been associated with, low health knowledge, increase the incidence of chronic illness, higher risk of hospitalization, and less than optimal use of preventive health services (Gilbert et al., 2015, p.

321). Health education can play an important part in re-educating students and their families on health disparities and in turn increasing their health literacy.

A way to address this in the classroom is by improving students reading, listening, and analytical skills, as well as teaching them how to apply those skills to a health situation (Gilbert et al., 2015, p. 321). Additionally, by helping students develop their decision-making skills, it can enable them to be able to compare and contrast their options to facilitate better choices for themselves (Gilbert et al., 2015, p. 321). A great resource for this is the NYS Guidance Document. This document allows educators to provide a skills-driven approach in their classroom so that students can learn functional skills that they can use in their lives to improve their health literacy. A skills-based approach can enable students to develop the competencies and confidence needed to effectively apply health skills to a variety of health-related situations, with in-turn can increase health literacy (NYS Guidance Document, 2015).

Another concept that is aimed at improving health outcomes for traditionally underserved populations is cultural competency. Cultural competency is intended to improve the likelihood that individuals from all cultures, ethnicities, and races receive appropriate and sensitive care (Gilbert et al., 2015, p. 325). Cultural competency is considered to be one of the main factors in closing the health disparities among minority populations. Three key themes could be used in the classroom to help an educator promote cultural and linguistic competency.

The first theme is developing culturally competent care. The teacher can develop this in the classroom by, providing the students with the care that is respectful of and compatible with the student's cultural health beliefs, practices, and preferred language. Additionally, the teacher can attend, or even, provide training to other staff members, in culturally and linguistically sensitive delivery for the benefit of the student population they serve (Gilbert et al., 2015, p. 325). The second theme is about increasing the student's access to their preferred language. As a health educator this could be done by providing students with timely language assistance services and class materials in the student's preferred language (Gilbert et al., 2015, p. 325). The third theme is about using organizational supports. A health educator can do this by establishing written policies with students related to providing them with culturally and linguistically appropriate resources and supports (Gilbert et al., 2015, p. 325). Health educators need to be sure to take the extra steps needed to ensure that all students in their classroom are treated equally and fairly. Implementing these three themes in your practice allows for this to be true.

Another factor that health educators need to be aware of is making sure that they are meeting all students where they are, cognitively, physically, emotionally, or with any special challenge, the student might have. Health educators need to have a good working knowledge of special populations, including important information such as basic demographics and health problems unique to specific populations (Gilbert et al., 2015, p. 371). Additionally, health educators must also familiarize themselves with the laws related to the provisions of services for special populations, as well as available resources specifically designed to include all

individuals in the learning process, and meet the needs of exceptional populations (Gilbert et al., 2015, p. 371).

Students face many different health disparities based on their racial or ethnic group, religion, socioeconomic status, gender, age, mental health, physical disability, sexual orientation, and geographic location. As health educators, we must stay abreast with the environment that our students are living in outside of our classroom. We must make sure we are culturally competent so that we can provide them with the tools that they need to be successful inside and outside of our classroom. In addition, due to these health disparities, a lot of students from minority populations have low health literacy and are not able to understand or advocate for their health due to a lack of health-related skills. As health educators, we must make sure that we provide our students with the skills that they need to be able to make healthy decisions for themselves with confidence. Lastly, health educators must make sure that they are meeting students where they are cognitively, developmentally, and physically, and have available resources specifically designed to include all individuals in the learning process, and meet the needs of all students, regardless of any challenges they might have.

## References

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