

Standard 1C Artifact Reflection

This artifact was written in PBH 645; Teaching Methods & Strategies in School Health. The title of this paper is Health Disparities Research Paper. This paper talked about the different health disparities that students face based on their racial or ethnic group, religion, socioeconomic status, gender, age, mental health, physical disability, sexual orientation, and geographic location. This artifact has been added to my e-portfolio because it is imperative that as health educators we stay up-to-date with the environment that our students are living in outside of our classroom. Health educators must ensure they are culturally competent to provide their students with the tools they need to be successful inside and outside of their classroom.

Due to these health disparities, a lot of students from minority populations have low health literacy. They 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. Additionally, health educators must make sure that they are meeting students where they are cognitively, developmentally, and physically, and that they 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.

This artifact addresses the SOPHE TPS National Standard #1; Functional Knowledge, more specifically, component 1C, from standard #1. This component is all about how factors that promote or compromise health or safety, including social determinants such as race, ethnicity, socio-economic status, and family life are described. This artifact is included under this standard because I believe that this artifact completely meets the criteria that fall under this component. The artifact describes in detail factors that promote or compromise health or safety, including social determinants such as race, ethnicity, socio-economic status, and family life. In completing this assignment I learned that health disparities are a serious issue that affects many households. I also learned that in recent years health disparities in our country have severely worsened for minority groups. As a Hispanic male health educator, it is important to me to be educated on the cultural norms and practices of all my students' cultures, so that I can connect, and build a relationship with my students. Lastly, I learned that 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.

This artifact important to me is because I feel like I can relate to families who experience multiple health disparities, for various reasons. I grew up in a poor household where we were dealt with multiple health disparities. Growing up a big health disparity that was present in my household was health literacy. At the time my father did not speak English and it was very hard for him to understand most things that were mentioned regarding his health, including our health and our understanding of health-related concepts. 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, increased incidence of chronic illness, higher risk of hospitalization, and less than optimal use of preventive health services. This is something that I experienced first hand being from a low-income, minority-group household. This artifact felt personal to me and the topic; health disparities, is a topic that I take into consideration with all of my students.

Reflecting on this artifact it is exemplary because it perfectly covers the criteria for standard 1C. This standard determines whether a teacher candidate describes factors that promote or compromise health or safety, including social determinants such as race, ethnicity, socio-economic status, and family life. In this artifact, I covered what health disparities are, who is mostly affected by health disparities, and multiple ways that health educators can address health disparities that students in their classroom might be facing. One way educators can address health disparities in the classroom is by being a culturally competent educator who understands social determinants and the role that they can play in students' health. Developing students' health literacy is also another efficient way that has been identified as a cornerstone for the reduction of health disparities. Poor health literacy rates have been associated with low health knowledge, an increase in the incidence of chronic disease, a higher risk of hospitalization, and less than optimal use of preventive health services. Due to these things, I believe that this artifact is exemplary.

In wrapping up, this Health Disparities Research Paper, born out of my journey in PBH 645, holds a pivotal place in my e-portfolio. It delves deep into the critical issue of health disparities among students, underscoring the vital role of cultural competence in health education. Aligned with SOPHE TPS National Standard #1, it thoroughly explores the factors influencing health and safety, particularly social determinants. Through this assignment, I gained profound insights into the severity of health disparities, especially among minority populations. As a Hispanic male health educator, I keenly recognize the significance of understanding the cultural nuances of my students. The paper is profoundly personal, echoing my upbringing in a household grappling with health literacy disparities. Looking back, the artifact stands out as exemplary, fulfilling Standard 1C by defining health disparities, pinpointing affected groups, and proposing actionable strategies for educators. It champions cultural competence and heightened health literacy as indispensable tools for inclusive teaching. As I navigate my path as a health

educator, I carry these lessons forward, committed to addressing disparities and advocating for the holistic well-being of all my students.

References

Gilbert, G. G., Sawyer, R. G., & McNeil, E. B. (2015). Chapter 8 & 9. In *Health education: Creating strategies for school and Community Health* (pp. 311–374). essay, Jones & Bartlett Learning.