

# In Action: Students Reducing Disparities

By Kelly Mills



Student Eddy Jara (far left) and others work in a school garden.

What can we do about health inequality? Here are three students who have already taken this question out of the classroom and into the field, in an effort to address health disparities in our local communities.



**Eddy Jara, M.P.H.**, smiles as he recalls a conversation with a Luther Burbank Middle School student in the school

garden. “We were cooking in the garden, making spaghetti sauce with herbs harvested from the garden, and cooking garlic and olive oil on a hot plate. This student was talking to me about food, and since he was from one

part of Latin America, and I am from another part, we were comparing different types of tamales. We were connecting on a person-to-person level, rather than as a teacher and student where there is a line of authority. Just talking about food, and sharing your culture, your skills, and the artistic aspect of culinary arts—the cooking creates a bond. It is a gradual experience of building trust.”

Earning the trust of middle school students isn’t easy, but Jara and other researchers with the Strengthening School Gardens to Prevent

Obesity study hope that by collaborating with students, they can learn more about students’ food and activity choices, and create interventions that encourage positive choices. And despite the project’s name, school gardens are just one part of a strategy to promote nutrition and physical activity in San Francisco middle schools. The study is currently based at Luther Burbank Middle School, a school with large African American, Latino, and Asian and Pacific Islander populations, and will expand to include a second school this year.

Jara and the other researchers are looking at a number of creative ways to help students improve food choices and become more physically active. While they have worked to develop curriculum that connects garden-based learning with science and physical education classes, they also look for opportunities to integrate nutrition and physical activity promotion into existing curriculum. For example, Jara approached physical education teachers about incorporating nutrition, activity, and positive body-image information with the FitnessGram tests that physical education teachers are required to administer. The FitnessGram is a mandated evaluation of all students, which includes measuring height, weight, and ability on physical tests. "Middle school is a very sensitive time for many kids with regard to body image, and many kids being weighed don't feel good about their body shape," says Jara. The researchers provide information about nutritional and activity choices to help kids put body image in context and feel empowered to make positive changes.

Another goal of the project has been to find ways to involve parents in the process of nutrition education. This is particularly critical, since parental involvement in education at the middle-school level is markedly less than for elementary school-aged children. For a project called "Photovoice," the research team gave students cameras and asked them to document what they eat and where they eat. The researchers then asked students to sit down with their parents and develop a story about food and the meanings behind their food choices.

Jara found that one of the most successful strategies was to enable students to set their own nutritional and physical activity goals, and then encourage them to receive assistance from the researchers in meeting those goals. "I noticed the students were more engaged and enthusiastic when we offered

"I saw that if you could operate knowing the rules of of a cultural system, you could do many amazing, practical things. If you were not privy to those rules, you could be very well-intentioned but find that your work was unsuccessful."

to provide them 'personal training' services, similar to what you would get when you join a gym." Because they were offered a service that they value, Jara believes, the students were more inclined to take the project seriously. He notes that he tries to be sensitive to what the project can offer to the school community. "This is a big issue in dealing with communities of color: They have historically had research and evaluation done to them, rather than participating in a collaborative process that is mutually beneficial."

Jara was drawn to the project based on his experience with community nutrition projects in Southern California and in Ecuador. "I was working in Ecuador with health promoters two or three hours away from the city on childhood growth monitoring. It didn't make sense to talk about nutrition without talking about gardening, because there were clear barriers to healthy food choices because of cost and geographic access. It is important not to separate gardening and local agriculture from nutrition education." Jara is now in the second year of the School's public health doctoral program, looking at issues of garden-based learning, meaningful parent involvement, and nutrition and fitness promotion.



#### Gaining Hands-on Outreach Experience

Before entering the master's program at the School of Public Health,

Elisa Wong witnessed firsthand the challenges in providing culturally competent care while working for an advocacy organization that represented community clinics serving Asian Americans and Pacific Islanders. "I saw that if you could operate knowing the rules of a cultural system, you could do many amazing, practical things. If you were not privy to those rules, you could be very well-intentioned but find that your work was unsuccessful." Once she entered the program at Berkeley, she realized that students like herself needed hands-on experience working in multicultural health environments in order to address some of these challenges. Wong and a few other students founded Multicultural Health in Action, a group dedicated to providing students with practical field experience in health disparity issues.

For its first project, the group partnered with the Ethnic Health Institute in Oakland to work on improving prostate-cancer screening rates for African American men, who are known to have a higher risk of developing the cancer than men from other ethnic groups. The students analyzed data to determine who should be targeted with outreach, participated in a phone campaign to encourage men to come to screenings, and volunteered at the screenings. "It was very direct contact with the community, rather than number-crunching," says Wong.

Participating in the phone campaign gave Wong and the other students experience with

*continued on page 20*

## In Action..., *continued*

some of the difficulties in community health outreach work. Beyond actually convincing men to attend the screening, there were other challenges the students had not anticipated. Sometimes the person who answered the phone—often a wife or girlfriend—expressed suspicion with the caller. Others simply refused to pass the information on to the man at risk for prostate cancer, claiming that he did not need the screening. Wong found it very helpful to identify who she was and why she was calling right up front. Ultimately, she said, the benefits outweighed the challenges. “When you would actually get the man on the phone, he would often express gratitude that you were offering this service and that you cared about his health, and that was very gratifying.”

Wong and the other cochairs of the Multicultural Health in Action group are now working on developing a course for first-year students that will focus on health disparities and gaining field experience in the area. Beyond giving students field opportunities, Wong hopes the course will create a safe and central space for students with a passion for multicultural health.

Wong’s experiences with the group have only furthered her belief that health disparities are a matter of social justice. “There are so many issues that are unique to minority groups, and they are different for each group. And to subgroups within those groups, that it is very complicated and challenging. It is so important that we understand these issues. They often get left behind because the majority of people don’t care about this. And somebody needs to care.”



### Coordinating Efforts of Disparate Organizations

From hospitals to free clinics to advocacy groups, there are many organiza-

tions taking steps to reduce health disparities. But how do these groups avoid duplicating efforts or find out what strategies have been successful for other organizations? This is where **Olako Agburu** comes in. “My role” says Agburu, “is to bring these groups together.” As a coordinator and a consultant for the Solano Coalition for Better Health, she helps ensure that disparate community organizations and institutions work collaboratively with each other on health projects.

Agburu finds her daily routine difficult to describe, in part because her activities with the coalition have run the gamut from recruiting focus group participants to coordinating organizations in a health fair. The coalition has targeted prostate cancer, cervical cancer, asthma, breast cancer, and hypertension as key areas to address. An important part of Agburu’s job has been to research the practices of other areas to determine how effective various interventions have been.

One of the biggest surprises she encountered has been the difficulty in getting feedback from the very groups the coalition aims to serve. She attributes this in part to past practices that have built a certain amount of mistrust between health organizations and community members. “The coalition has gone into the community in the past for information, and the community didn’t see anything in return.

They are a bit apprehensive—which is understandable.” However, she believes the coalition has taken real steps towards build trust with communities by listening to concerns rather than dispensing advice.

The results have been positive, says Agburu, and she points to the recent Champions for Healthy African Americans Award ceremony as an example of the improved relationship between health care organizations and community members. She and the other organizers expected about 150 attendees, and were surprised when 230 people showed up. “It was very positive to see the community involved and want to know what is going on. People were engaged with each other about what they are doing and talking about possible collaborations.” The ceremony provided a rare moment for groups to build networks and partnerships. Just seeing people together in the room like that, says Agburu, was very gratifying.

While working with the coalition on local health issues has raised Agburu’s interest in equal quality of life for African Americans in the United States, she also sees these issues with the perspective of an international traveler. Her awareness of health justice issues began during trips to Nigeria, when she would prepare herself for visits to the country with shots for malaria and other diseases. She found herself questioning why she had health care resources that others didn’t. “I always wondered why I could afford the medicines, but my neighbor from Nigeria couldn’t get access to health care.” She plans to focus on international health, but believes she will continue to be involved with the coalition. “I’ve built a family there,” she says. 