

Health Advocacy and Promotion in a Vancouver Inner-city Elementary School: Lessons From the HealthstART Program

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ABSTRACT

HealthstART is an after-school education program developed to address the healthcare needs of vulnerable inner city elementary school children in Vancouver. Through creative art projects and positive mentorship, HealthstART demonstrated effective community-based promotion of healthy living and dealt with a broad range of health disparities facing this population. Further-more, we identified a lack of parental engagements and mental health education as pertinent issues that need to be addressed to enhance future program effectiveness and improved health outcomes in this inner-city community.

KEYWORDS: *HealthstART, health advocacy, inner city, vulnerable children, after school, community*

According to the BC Atlas of Child Development, two thirds of children in inner city Vancouver schools are developmentally vulnerable.¹ “Vulnerable children” are defined by Vancouver Coastal Health as “those with a greater-than-average risk of developing health problems by virtue of their marginalized socio-cultural status, their limited access to economic resources, or personal characteristics such as age and gender.”^{2,3} Such adverse health outcomes can manifest in the form of developmental delay and compromised physical and mental health.⁴

Inspired to lessen this disparity, we created HealthstART, an after-school program that promotes healthy living in inner-city elementary school children, as part of a self-directed project in the “Doctor, Patient, and Society” course in the second year medical curriculum at UBC. Partnered with the Writers’ Exchange, a Tides Canada Initiative, we planned and delivered seven weekly after-school sessions on relevant health topics with the aim of using art creation as a vehicle for communication and positive mentorship. Through this project, we aimed to become effective health advocates for a vulnerable community.

The participants in this year’s HealthstART program consisted of 10-15 children in Grades 4-7 from Queen Alexandra Elementary School, a population deemed vulnerable based on its high proportion of children in care (living outside the parental home) or receiving social assistance.⁵ Each session began with a discussion on a topic of healthy living, complemented by a creative art project to help consolidate key

concepts. In order to address the most pressing needs of this community, the lessons were designed based on a combination of literature research and surveying of school staff, Writers’ Exchange volunteers, and the students themselves. Topics covered included nutrition, physical activity, hand-washing and infectious disease prevention, dental health, and mental health. Artwork created by students includes fridge-magnets of germs as reminders of proper hand hygiene, decorated cookbooks containing nutritious, low-cost recipes, and anti-bullying buttons in support of self-esteem and positive peer relationships.

Surveying of the students (before and after HealthstART), the volunteers, and parents (after HealthstART only) was done to assess the educational value, strengths and weaknesses, and general impression of the program. Overall, from the responses of 10 students, four volunteers, and two parents, HealthstART was perceived as fun and educational; and all respondents indicated that they would sign up with the program again. By comparing pre- and post-program surveys, we also found that students demonstrated increased knowledge of healthy practices by providing more detailed examples of the concepts surrounding exercise, a nutritious diet, dental health, and mental health. For example, instead of responding with “running” as the only form of exercise as they did in the pre-program survey, most students were able to name many sports and other activities in the post-program survey. In addition, all student respondents indicated that since the start of the program they had applied at least one of the practices learned to daily life, such as exercising a minimum of 60 minutes every day or flossing. Finally, feedback from

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the parents and volunteers revealed their support for more programs like HealthstART, or other programs related to health, in elementary schools.

Among these successes, our experience with HealthstART allowed us to acquire key insight into the process of health advocacy. The first component of this perspective was the importance of connecting to our target population in health promotion initiatives. We were initially apprehensive about the participation rate of HealthstART as the volunteer coordinator at the school told us that “when kids hear ‘health’ or ‘healthy’, they turn and run the other way.” The art component was likely instrumental in the successful delivery of the program because it attracted many students who would otherwise be disinterested in the topic of health. Three new students joined us in the middle of the semester because they had heard about how “fun” the class was from other students.


“ The other component to health advocacy, as determined through our experiences with HealthstART, was the necessity of working with the community to identify their specific needs, and responding to these issues accordingly.

Noticing the appeal of art, we attempted to vary our activities to keep the students engaged during the hour and a half long sessions. In this way, we were reminded that health promotion seminars should be tailored to the target population.

The other component to health advocacy, as we found through our experiences with HealthstART, was the necessity of working with the community to identify their specific needs, and responding to these issues accordingly. That is, while our literature review and consultation with the program coordinators from the school and Writers’ Exchange revealed an array of potential health concerns, we were unable to foresee which health care needs existed specifically among our unique population of students, and to what extent, until we immersed ourselves in the lessons, observed the children in the classroom, and built relationships with them. In our student community, one of these needs is the inclusion of parents in health promotion programs. Many studies show a positive relationship between parental involvement and healthy living behaviors, such as in the reinforcement of physical activity and providing balanced meals.^{6,7} However, of the 10 surveys sent home with the students to evaluate HealthstART, only two were returned despite numerous reminders. Barriers to parental involvement in school programs include economic and time constraints, cultural and language differences, and negative attitudes towards school and vice versa.⁶ As such, to increase parental engagement in future years, we plan to partake in brief, informal one-on-one meetings with parents.

By actively working with this community, we have also discovered that there is an alarming deficit in mental health

education in this population of elementary school children. Literature suggests that 1 in 7 Canadian children ages 4-17 suffer from clinical mental disorders, and the lifetime risk of mental illness for Canadians is 1 in 5.^{8,9} We were surprised that all 14 students wrote versions of “I don’t know” when asked to explain what “mental well-being” means on the pre-program survey. Although programs such as the BC FRIENDS pro-gram, which is aimed at reducing anxiety and depression in children K-7, exist in BC to improve mental health education for children, these initiatives have not yet been translated effectively into the community.¹⁰ Consequently, we plan to extend the HealthstART program to run throughout the school year in subsequent cycles to include more sessions on mental wellness education and promotion. These issues in parental engagement and mental health were revealed through direct and dynamic engagement with these children, which subsequently enabled us to reshape HealthstART to better reflect the community.

As per the CanMEDS competencies, we will soon be entrusted with the role of health advocates, not only for our patients, but also for our communities. Our experience with HealthstART encouraged us to view this process as a two-way street. By actively immersing ourselves in the community and learning from its members, we recognized art as an effective communication and mentoring technique for children, and identified pertinent needs of this inner-city community in the realms of parental engagement and mental health education. Given these insights, we hope that HealthstART will continue to adapt and grow as a community program, empowering vulnerable youths to take health matters into their own hands. 

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