EXPLORING EQUITY ISSUES:

Health Equity: Equipping Educators to Take Action

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PART I: AN ISSUE FOR EDUCATORS

Achieving health equity for all students ensures that they will have a fair and just chance at leading healthy and productive lives. For health equity to be fully realized for young people—especially for those of racial, ethnic, socioeconomic, sexual orientation, and gender identity groups that have been systemically and historically marginalized and oppressed—we must remove critical barriers, such as poverty, discrimination, and lack of access to quality education and healthcare. While we each have a role and responsibility in redressing these inequities, no one system can achieve this daunting task alone. For those who reach young people every day, we must leverage our own access, expertise, and resources to provide support. This article will explore feasible yet effective ways that educators can take action in achieving health equity for their students.

Young people navigate difficult decisions on a daily basis. Many decisions pose serious consequences to their health and well-being, causing stress, emotional distress, and trauma. At the same time, the health system struggles to reach young people in need. Marginalized youth suffer at greater rates.

Suicide is the second leading cause of death for young people after unintentional injury (Centers for Disease Control and Prevention). Students who identified as gay, lesbian, or bisexual

seriously contemplated suicide at nearly three times the rate of their heterosexual peers. (Kann et al., 2016).

The United States continues to see some of the highest teen pregnancy rates for any industrialized nation. Although the teen birth rates have fallen significantly since the 1990s, the teen birth rate is much higher in Latinx and Black communities. In 2015, Latina teens accounted for 35 births in 1,000, Black teens accounted for 32 births in 1,000, while non-Hispanic White teens accounted for 16 births per 1,000. (The Annie E. Casey Foundation, KIDS COUNT Data Center, datacenter.kidscount.org).

Preventative services by health care providers can have a significant impact in decreasing risky behavior (Park et al., 2001). Yet fewer than 38% of adolescents in low-income communities have had a preventative care visit in the last year (Irwin, Adams, Park & Newacheck, 2009).

While lack of access to health resources is a major contributor to these disparities, it is also true that underutilization or inappropriate use of *existing* health resources is common among young people of color living in under-resourced communities. Treatable and preventable health issues are key barriers to students' ability to meaningfully engage in their academics,

and contribute to the staggering reality that over one million high school students drop out of school each year (U.S. Department of Education, National Center for Education Statistics, 2016). Therefore, health equity is a critical issue not only in public health but also in education.

PART II: WHAT CAN EDUCATORS DO?

Educators can play a critical role in addressing healthcare access gaps, inside and outside of the classroom, in their everyday interactions with young people. Educators are uniquely positioned to identify health needs of their students, become a trusted health resource for young people in their school, and encourage young people to exercise their human right to receive the quality healthcare they deserve. Educators can be the link, connecting young people to existing healthcare.

NORMALIZE & DE-STIGMATIZE HELP-SEEKING BEHAVIOR

Educators can create and encourage a classroom culture that normalizes and de-stigmatizes help-seeking behavior. The effective strategies educators use to encourage academic help-seeking behavior can also be used to encourage health help-seeking behavior. Suggest that students get extra help in a subject in which they are struggling, encourage them when they do seek out help, and reinforce that there is no shame in asking for help. This lesson can carry over when a young person is faced with a health issue.

SHARE INFORMATION ABOUT EXISTING HEALTH RESOURCES WITH YOUR STUDENTS & THEIR FAMILIES

Educators can learn about the health resources that exist within their schools and communities, and can share those resources with their students and students' families. For example, school-based health centers (SBHCs) are primary care clinics that are located on elementary, middle, and high-school campuses across the United States. In 2017, there were 2,924 operational school based health centers in this country (School-Based Health Alliance, n.d.) that provided age-appropriate healthcare services, including primary care, mental health care, substance abuse counseling, dental health, and health education to young people across the country. Many SBHCs are underutilized because students lack awareness of their existence and the health care services they offer, or students aren't comfortable using the resources, or they feel that they do not need the services. For schools without SBHCs, lack of awareness of health resources in the broader community also contributes to their underutilization. Any local resource can be helpful, but pay particular attention to those that are youth-friendly (Desiderio, 2014).

REINFORCE SKILLS

Educators can reinforce skills like communication, advocacy, self-efficacy, and decision-making. Often considered life skills, these skills relate to positive physical and mental health outcomes and correlate strongly to academic success and positive life outcomes (Jones, Greenberg, & Crowley, 2015).

ENCOURAGE INCLUSIVE PRACTICES

Educators can encourage inclusive practices within their schools. Each young person is different. Young people have their own sets of needs, beliefs, experiences, and backgrounds, all of which can influence how they view and

would like to receive health resources and healthcare. The lack of inclusion of students' diverse experiences and cultures in healthcare is yet another barrier to health equity. Educators can build young people's trust and openness to these resources by supporting inclusive practices within their schools. For example, educators could suggest having bilingual health resources for their English Learners or promote the use of gender-neutral bathrooms to advance equal choice for all students, regardless of gender identity.

CONCLUSION

Educators need to take health equity seriously as the lack of it puts the young people they reach every day at risk for not attaining quality education and subsequently, leading healthy and productive lives. At face value, making a call to action can seem like a daunting task given the arduous and demanding nature of an educator's job. Despite this challenge, educators are uniquely positioned to address health inequities because of their frequent interaction with young people, and the powerful influence they have within their own classrooms and schools to make meaningful changes. With this understanding, educators can identify efficiencies, folding in actionable and effective practices into their current

work—advancing health equity for all young people they reach.

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