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# Health Promotion in Elementary School Students

Madelyn J. Miles

University of Kentucky, [madelyn.miles@uky.edu](mailto:madelyn.miles@uky.edu)

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Health Promotion in Elementary School Students

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University of Kentucky

Madelyn J. Miles

### Abstract

The following project was created to address the rising epidemic of childhood obesity. Childhood obesity is caused by many factors such as genetics, metabolism, community and neighborhood design, diet, exercise, and short sleep duration (Center for Disease Control: Childhood Obesity Facts). Social determinants of health, systems of oppression, and stigma can all influence the obesity epidemic. These include but are not limited to social status, location, culture, age, sexuality, ethnicity, and race. These identities can influence affordability and access to healthcare and further contribute to the obesity epidemic. It is important to understand these issues as a future provider. A project was created to educate elementary school students in an aftercare program in an underserved community and to find ways to improve the aftercare program. The goal of this project was to educate the future generation about the importance of nutrition and physical education to help combat the obesity epidemic.

Author: Madelyn J. Miles

**Introduction (Literature Review)**

It is not a surprise to most Americans that the state of Kentucky falls low on the list of healthy states. From cardiovascular disease to cancer, Kentuckians ranks high. However, in recent years, a new antagonist has risen—the obesity epidemic. This issue has now reached the younger generation. According to the Center for Disease Control and Prevention, nearly 1 in 5 Kentucky high school students are considered obese at a whopping 18.5% (national average is ~13.9%). Prevention measures are needed to help stop this issue among youth. This is very troublesome since long term obesity leads to many other health issues such as diabetes, depression, heart disease, liver disease, and other serious issues. Because of this serious and expensive issue, the obesity epidemic needs to be addressed through healthcare legislation. It is important to fully understand what causes childhood obesity before a solution can be put in place.

Childhood obesity is contributed to by many factors such as genetics, metabolism, community and neighborhood design, diet, exercise, and short sleep duration (Center for Disease Control: Childhood Obesity Facts). Community and neighborhood design includes school systems. School systems play a critical role in a child's daily routine. They can effect nutrition and physical activity amongst students. When choosing a place to volunteer and dedicate time to, an elementary school seemed best fit since it is important to start educating students young. After school care was another main focus since it would be more logical to interact with students after school hours and more free time was allotted. The following statement from the CDC furthered the decision to focus on after care:

“Places such as **child care centers**, schools, or communities can affect diet and activity through the foods and drinks they offer and the opportunities for physical activity they provide.” (Childhood Obesity Causes and Consequences)

The Center for Disease Control explicitly defines child care centers as a place that can affect diet and activity. It can be assumed that schools with more money can afford nutritional food, equipment, staffing, and facilities could afford to sustain a high quality after care program. Research was completed to better understand the challenges amongst low-income communities and possible related health outcomes.

After researching obesity prominence in low-income families, it was clear underserved communities were at risk. Because of this, the Academy for Leadership at Millcreek Elementary school’s aftercare program was chosen. Millcreek Elementary ranks low in Kentucky elementary schools. They have a diverse racial breakdown of 43.3% white students, 35.2% African-American students, and 12% Hispanic students. A large percent of students are on free or reduced lunch, at 78.1%. With so many students needing assistance, many families may be working long hours and may really depend on school meals to feed their children. Some children may receive all three meals in a day from the school. This brings in the importance of after care. After care provides an opportunity for children to be able to spend time working on school work, to be physically active, and to eat a meal or snack while they wait for their guardian(s) to come get them.

The scientific article “Tackling of unhealthy diets, physical inactivity, and obesity: health effects and cost-effectiveness” describes how the trend of obesity is dangerous,

“The obesity epidemic is spreading to low-income and middle-income countries as a result of new dietary habits and sedentary ways of life, fuelling chronic diseases and premature mortality.” (Cecchini, et al.)

In an area where socioeconomics may struggle, funding can make “being healthy” extremely hard. Gym equipment, fresh fruits and vegetables, and staffing can become impossible to fund. As described in the book, “Status syndrome: How your social standing directly affects your health,” it is not on accident that families of low-income have diets that make them predisposed to becoming obese. Families who survive on low-income tend to eat foods high in saturated fat and salt. It is not necessarily by choice, but by food supply, culture, affordability, and availability (Marmot).

Aftercare alone is not the only major contributing factor. Systems of oppression and intersecting identities can influence risk of obesity. Factors such as access to healthy food, educational materials, proper healthcare, and even having safe place to be outside and get exercise all influence risk as well. These things also contribute to the “status syndrome,” as described above. Identities like social class and social location intersect and effect health as well. Social class determines what kind of food, healthcare, and education one can afford. Social location determines access to education, healthcare, grocery stores vs. convenience stores, and facilities. In areas of high crime, it would be difficult to allow children to play outside since it could be dangerous. In areas of low income, healthcare could be unaffordable.

Because of this, it is extremely important to understand the social determinants of health. Social determinants of health are defined as the conditions people live, grow, and work, and age in. The World Health Organization has its own commission that researches social determinants of health. Their page states the following,

“The conditions in which people live and work can help to create or destroy their health – lack of income, inappropriate housing, unsafe workplaces, and lack of access to health systems are some of the social determinants of health leading to inequalities within and between countries.” (World Health Organization)

With that being understood, it becomes more obvious how children aftercare programs could play a role in childhood obesity. It is a place where children grow and work in.

Systems of oppression can affect health as well. Oppression and privilege both impact health. According to the book "*Teaching for Diversity and Social Justice*", oppression is defined as:

“Oppression includes negative stereotyping, discrimination, and institutionalization of these negative views into cultural institutions. Specific manifestations of oppression include: sexism, ethnocentrism, ableism, ageism, racism, classism, and heterosexism.” (Adams, et al., 2007)

Healthcare is not considered a right in the United States; it is considered a privilege. Different identities like culture, sexuality, race, religion, and ethnicity can all influence health. Factors like language barriers, government, wealth distribution, and belief systems are all related to identity and can all influence healthcare.

Another important piece to understand is stigma associated with obesity. Stigma is defined as negative stereotypes of a group or individual that labels them as tainted or shameful (Maclean, et al., 2009).

“Stigma may worsen obesity through dynamics such as fear of going out, fear of ridicule while exercising, cycles of emotional eating and the development of eating disorders (Schwartz and Brownell, 2007). Further, stigmatization is correlated with significant

health problems such as depression, hypertension, coronary heart disease and stroke (Major and O'Brien, 2005; Stuber et al., 2008). “ (Maclean, et al., 2009)

In order to reduce stigma or shame, the word “obesity” or “overweight” was not used when it came time to volunteer. Key ideas introduced to students were centered more around “informed choices,” “healthy eating,” and “being physically active.” Students in elementary school are old enough to understand which of their classmates are overweight. By calling out obese students, it could really upset people and make the project harmful.

### **Creating a Plan**

A plan to promote healthy eating and physical activity at a low cost budget was created for Millcreek Elementary School’s after care program. The article, “Tackling of unhealthy diets, physical inactivity, and obesity: health effects and cost-effectiveness,” really focuses on low-income families and how to prevent obesity. This is similar to the goals for the plan with Millcreek. Drawing inspiration from this article, activities were created to address some of these issues and to learn how to prevent them. The goals are described as the following,

“These strategies include health information and communication strategies that improve population awareness about the benefits of healthy eating and physical activity; fiscal measures that increase the price of unhealthy food content or reduce the cost of healthy foods rich in fiber; and regulatory measures that improve nutritional information or restrict the marketing of unhealthy foods to children.”

The timeline to volunteer was three days long. Volunteer times were from 2:30pm-5:30pm, which was the duration of the aftercare program. Observations and interviews with students and faculty were going to be completed the first day. The second and third day included creative



ways to get young students involved and excited about learning how to maintain a healthy lifestyle. It seemed like a great plan, but there was one major surprise.

Even with much planning, there was never any research or any proof that the school itself was underfunded other than the community it was located in and that many students were on free or reduced lunch. There was a lot of judgment without any hard evidence. The first day visiting, it was obvious that the after care program was near immaculate and was ran by most organized and dedicated woman, Mrs. Dawn Keith. This was complete opposite from previously made assumptions. It was a lesson well learned to never make assumptions about a place you have never been to.

Mrs. Keith, the aftercare director, had cultivated an amazing and health-oriented after care program at Millcreek Elementary—complete with activities like the “Dazzling Diva Club” and the “Tennis Club.” This school was already teaching young girls about the importance of female empowerment. For snacks, the children were given a variety of fresh cucumber, apples, and bananas. It was very shocking, but Mrs. Keith was able to explain.

### **Importance of Aftercare Funding**

Millcreek Elementary school’s after care program is funded through a 21<sup>st</sup> Century Grant. This grant is funded through the department of education and is described as the following:

“This program supports the creation of community learning centers that provide academic enrichment opportunities during non-school hours for children, particularly students who attend high-poverty and low-performing schools.” (Kentucky Department of Education)

The after care program received \$150,000 dollars from the U.S. Department of Education towards after care. Mrs. Keith described how this grant was given to the school and how it changed everything.

As mentioned, the after care program offers a variety of clubs. Each day, school lets out at 2:30pm. Students who are in after care report to the cafeteria for snack. Each table is labeled with a sign. Some signs read “STLP Club,” “Art Club,” “Step Team,” “Basketball Club,” and many others. Each day, a different club is offered. There are no repeats in clubs. Because of this, students are offered a variety and are extremely interactive. On Wednesdays, when “Dazzling Diva Club” is offered, young ladies made friendship bracelets and discussed the importance of friendship. At “Step Team,” students worked on perfecting a new dance routine.

The students attend the first part of aftercare where they eat a healthy snack. It is usually some kind of fruit and vegetable with an entrée, like a burger or pizza. Eating a burger or pizza is not ideal for nutrition, but the fresh fruit and snack are good. Many students depend on this meal as their dinner. This was really upsetting since this snack is at 2:30pm in the afternoon, long before dinnertime.

After snack, students go to the club they choose for an hour. After club time, students spend the rest of the day working on homework or another activity. For students struggling in math or science, “STEM: science, engineering, technology, mathematics” tutoring is offered. There was always a teacher trained in one of these subjects to lead the tutoring session.

Before the grant was given, the school could only afford to keep 40 students at a time. Now, that number has tripled to nearly 120. This grant has allowed the school to employ more staff and to be able to afford more items such as gym equipment, nutritious food, and more

variety in activities. Because the demand in after care is still high, there is a system in place to help struggling families. The school does not operate “first come, first served.” For families that have a child with a disability or display severe financial need, they are prioritized to the top of the list for after care. After this is complete, then people can sign up first come, first served. This is important since families that need help most are being recognized.

Another important part of this grant is that it is allowing the school to be able to allocate more funding towards other programs. Mrs. Keith described different programs such as the youth service center, the Amachi program, McKinney-Vento Act. The youth service center provides items to students that may struggle financially. This organization supplies like hygiene items, clothing, and can even help families pay bills. Along with being diverse, there is a large migrant population at the school. Many families move to this area and are in need of assistance of many items like furniture and clothing. The youth service center also supplies these needs.

The Amachi program is a mentoring program in Central Kentucky for children who have one or both parents incarcerated in state or federal prison. This program pairs the child up with a loving, caring adult to mentor them. According to their website, more than 7 million children have a parent who is incarcerated. These children are at the highest risk and are six times more likely to have behavioral problems. Mrs. Keith explained how there are many children at Millcreek that have a parent incarcerated. The school welcomes the Amachi program to help guide and mentor these students as they go through a difficult time.

The McKinney-Vento acts helps children who are suffering from homelessness. This act not only helps protect children but can also fund schools to help these children. Children who suffer from being homeless do not have a permanent address or a place to live. Because of this,

the U.S. recognizes this as a barrier for learning and does not penalize students for school enrollment, attendance, or access.

With extra funding, the school can now allocate money to these needs. There is so much happening at Millcreek. Those three programs mentioned help keep the school from falling apart. Without extra funding, those students effected by incarceration, financial instability, and homelessness all suffer.

Dwayne Jones, a staff member of the after care program, was able to highlight more of the issue. He described how heartbreaking it is to have children come to school wearing the same shirt multiple days in a row. As a newer employee for Millcreek, he arrived as the effects of the grant were just starting to take place. With more money to help children like the one he described, he can offer assistance and clean clothes.

### **Adjusting the Original Plan**

The original plan to promote healthy eating and physical activity at an underserved elementary school needed some adjusting. After meeting with some teachers a part of the after care program, it was suggested to focus on “middle school preparation” for the fifth grade class. With this in mind, two activities were created. The first activity focused on educating students on smart lifestyle choices and puberty. The second activity was focused on showing students how to operate lockers through a “locker relay race.” Though this deviated from the original plan, it was still very successful.

The first activity was a mix and match game about how much sugar was in a particular food item. The students were educated on breakfast, snack, and drink comparisons (healthy vs. not healthy). Food items included Pop-tarts vs. low carb yogurt, an apple vs. Skittles and Snickers, and water vs. Gatorade and Mountain Dew. The amount of sugar in each item was

measured and students had to guess which item it belonged to. The obvious items students guessed correctly the first or second try. However, items like Gatorade and Pop-tarts students had a hard time answering correct. The entire presentation was centered around how important it is to make educated decisions regarding a nutrition label. Not all food and drinks, such as Gatorade, are as healthy as advertising make them seem.

Another main point of the presentation was how the students' bodies would change through middle school. The way they metabolize sugar now will change in the next few years. Since this concept can become "too mature," the terms puberty or aging processes related to it were never mentioned. To keep it age appropriate, ideas were centered around "weight gain and loss" and "change in body functions and metabolism." It was important to engage with the young audience with an appropriate tone.

The second activity gave students a sense of confidence. Students were really excited to learn how to operate a locker and many left successfully knowing how to. This is important since many of the students described being nervous to attend middle school. The activity taught them a useful lesson and helped alleviate some of their fear.

Though the adjusted plan went very smoothly, it taught a valuable lesson: never judge a book by its cover. This is something so simple, yet so important. It also really reinforced the idea of fast brain vs. slow brain. The fast brain is quick to make assumptions, but the slow brain uses facts and breaks down the information for a more realistic perception. The fast brain assumed Millcreek was an underfunded school with a poor aftercare system in place. The slow brain later saw that Millcreek is a school that has a very unique system in place to ensure student success. Aftercare plays a critical role in student health. But it provokes the question, what happens when the grant runs out?

### **Consequences of Inadequate Funding**

The Washington Post recently published an article answering this haunting question. The article, “This is what inadequate funding at a public school looks and feels like—as told by an entire faculty” speaks about how budget cuts affected a public school in New York. A piece of this story really stuck out and was worthy to note in this paper. It reads,

“This year we can no longer afford to provide free after-school programming, despite our belief that all students deserve access to a rich after-school program. Since we began charging students to participate in after-school activities, our 30 clubs from last year plummeted to nine. Gone are Model U.N., Jazz Ensemble, Photography Club, Yoga, Outdoor Club, Live Poets Society, Dance Club, Flag Football.” (Strauss, 2018)

That should sound oddly familiar. This school’s aftercare program structure was extremely similar to the structure of Millcreek’s. There were so many diverse activities and clubs for students; but with budget cuts, they disappeared. With inadequate funding, the same could happen to Millcreek. The article continues on to discuss how even coaches and sports teams began to go unfunded. This directly relates to the obesity epidemic since there is the direct loss of community sports and the paid incentive to coach. All in all, a school can not survive if it not underfunded.

To add to the issue, a study completed by the U.S. Department of Education found that more than 40% of low-income schools do not get a fair share of state and local funds. It was found that adequately supplying low-income schools would only cost 1% of the entire budget spent,

“In a policy brief that accompanies the report, a Department analysis found that providing low-income schools with comparable spending would cost as little as 1 percent of the

average district's total spending. The analysis also found that extra resources would make a big impact by adding as much as between 4 percent and 15 percent to the budget of schools serving high numbers of students who live in poverty.” (U.S. Department of Education, 2011)

Improving school budgets by 4-15% would change everything for struggling schools. To think it would only cost 1% of the overall budget to change everything is really angering.

The importance of government funding is critical. Before the grant, Millcreek’s after care program struggled, similar to how that school in New York is now. They turned away many students and did not offer the variety of activities that they do now. The low physical activity and poor nutrition in snacks is a culprit in childhood obesity. Without proper funding, it can be difficult to have an aftercare program that puts student health first.

### **Government Influence on Health**

To relate this back to government spending on healthcare, the United States spends more than any country in the world. Yet, the U.S. still doesn’t have the best health outcomes. As a country, the States spend more on the tertiary level of healthcare rather than the primary level. This means that the U.S. spends more fixing things rather than preventing it in the first place. An example of this is in the book "How we do harm: a doctor breaks ranks about being sick in America” (Goldberg, 2012). The first chapter titled “Chief Complaint” describes a scenario that many doctors experience,

“Disease [cancer] has spread all over her body. Had she come to see me early in the course of her disease, it would have cost about \$30,000 to cure her. She could have remained a taxpayer. Her kids could have had a mother. Now, the cure is not an option.

Still, we'll fight. We will give her breast-cancer chemotherapy that will cost more than \$150,000, even..." (p. 30)

Because this specific patient was not insured and prevention was not done, the cost ended up being 5x more. The 53-year-old patient also ended up passing, leaving her children behind. Similar to this scenario, the United States spends an absurd amount of money trying to fix a problem rather than preventing a problem. Obesity can be prevented through diet, exercise, and other usually simple lifestyle changes. However, when it is not fixed, long term obesity can lead to serious disease. These serious diseases like diabetes, heart disease, lung disease, and various others can become very expensive. As mentioned earlier, the CDC identifies child care and schools as influencers of health.

The central idea is that the United States should be focusing on health prevention, the primary level of healthcare. When health isn't promoted amongst a community, the outcome is generally low. Combatting the obesity epidemic starts in educating today's youth and funding school systems properly. Nearly every young child in America has one thing in common: they attend school. In underserved communities, funding is low. Because of this, financially sustaining a healthy learning establishment can become extremely difficult. With funding like the 21<sup>st</sup> Century Grant, promoting a healthy lifestyle in students can become a reality.

This idealism challenges law makers and legislation to focus on the prevention level of healthcare. By properly funding rural and underserved communities, the United States can invest now in order to save later. When communities go without, it starts a dangerous cycle for generations to come—better known as the “status syndrome.” It is a problem that cannot be solved on its own; it needs intervention.



**Recent News in Detrimental Budget Cuts**

There have been so many recent cuts in departments, like the Center for Disease Control (CDC) and even in Kentucky schools. According to an article from Time Magazine, the United States could actually become vulnerable to the next major pandemic. The CDC was faced with budget cuts up to 80% in some departments and may have to shut down departments associated with foreign disease prevention (Schroyer, 2018). Even more recently, the governor of Kentucky nearly allowed teachers pensions to be cut. This would make retirement as a teacher extremely underfunded and would also take away the attractiveness of becoming a future teacher (Loftus, 2018). Without good teachers, education would suffer along with student success. With so many recent budget cuts, it makes it hard to understand what is a priority to the government and what is not. As mentioned previously, schools like Millcreek need funding like the 21<sup>st</sup> Century Grant to survive. If the U.S. Department of Education took a detrimental cut, grant money would have to be eliminated. Without school funding, schools like Millcreek would suffer.

**National Issue**

Currently, the World Health Organization is working tirelessly to get law makers involved in creating laws that improve health for all sectors of the population—not just their own. It is not just the United States that has this problem. The issue at hand is more than just obesity. It is a problem of major gaps in health disparities among populations throughout the world. The World Health Organization works to address this national problem. The following statement from “The Lancet” describes WHO’s goals in the Commission of Social Determinants of Health:

“As a response to this global challenge [health disparities among populations], WHO is launching a Commission on Social Determinants of Health, which will review the

evidence, raise societal debate, and recommend policies with the goal of improving health of the world's most vulnerable people. A major thrust of the Commission is turning public-health knowledge into political action.” (Jing-wook, p. 19-25)

As a citizen, it is critical to pressure law makers to do more for the population than just the part that they belong to.

### **Healthcare Insurance: to mandate or not?**

Healthcare policy has to start focusing on groups of people other than rich people. After listening to a presentation from former Governor Steve Beshear, it is very interesting how Kentuckians view healthcare. Nearly a decade ago when the idea of Obamacare was introduced, most Kentuckians and conservatives loathed the idea and cursed it. As mentioned by the former governor, Obamacare allowed millions of Kentuckians to receive affordable health insurance. This would limit emergency room visits, reduce tax spending on the uninsured, and help put money back into the state. Rural areas were helped immensely since many people could not afford care. Ironically, years, later, when President Trump campaigned, one of his biggest promises was to repeal Obamacare. Even more ironically, all of the counties in Kentucky most impacted by Obamacare voted for President Trump.

This can give rise to an ethical debate of whether it is it fair or not to force people to purchase healthcare that they do not want. It has been proven that people lacking healthcare coverage are more likely to become sick and even die a premature death. People with insurance use more health care services, receive more appropriate preventative care, and typically better manage their chronic conditions (Bond, 2012).

If people who lack health insurance would become insured, they would be able to visit the doctor more regularly, improve their health status, and increase their lifespan (Bond, 2012).

For the future of health policy in healthcare, the U.S. must make the decision of making healthcare a mandate or not. When you move into an apartment, you legally must buy renter's insurance. When you drive a vehicle, you legally must have auto insurance. When you get sick, it is not a mandate to have health insurance. It is an ethical debate to pick and choose what people must buy, especially if its expensive. If health insurance is mandated in the future, it must be affordable.

### **Laying it Out and Fixing the Issue**

Now that all pieces of the issue have been laid out, a solution can be discussed. The problem is that education, healthcare, nutrition, and quality are becoming unaffordable and not a priority to policy makers. Visit any "average" public school, and you can see the food served is repulsive and lacking nutrition. Cardboard pizza and week old burgers are not what is healthy, but they are what is affordable. This is a problem, even in adequately funded schools.

Another piece of the issue is lack of funding in general. Aftercare, classroom materials, community facilities, and sports programs become impossible without any money. This directly contributes to the obesity epidemic since where children grow and learn effects their health. Without opportunity, there is no chance.

Lack of insurance amongst the United States is also a problem. Long term obesity can lead to many health issues like diabetes, heart disease, etc. Without regular visits to the doctor, obesity can go untreated and become a much more expensive issue. This goes hand in hand with the idea of preventing obesity and promoting nutrition and physical activity.

The United States operates on a system of "worry about it when it is too late," formally known as the tertiary level of care. This is the most expensive phase of healthcare. Instead, as a country, the focus should be on the primary level. This is the level of prevention and fixing the

issue before it happens. The central idea is to spend the money to prevent the issue now instead of waiting just to spend 10x as much money to fix it later.

A perfect solution is hard to identify. But it is obvious that with some prevention and steps taken, health in Kentucky (and the nation) can improve and change. Instead of supplying schools with garbage food, there should be more fresh and healthy options. Instead of underfunding schools, education should be funded and students should be taught about the health before its too late. Spending the extra money now will help the United States save for later. This is something other countries do and is why they have much more positive outcomes than the United States does.

### **Reflections**

As a future provider, it is important to understand the social determinants of health. There is a reason money is correlated to how long people live. Serving as a provider means more than just diagnosing patients. Issues like the obesity epidemic challenges providers to get more involved in their community and to educate people on realistic ways to improve their lifestyle.

Preconceived notions of this project were that the aftercare program was going to be awful and that the original plan was perfect. Another preconceived notion was that teachers were probably uninvolved and maybe not the “best” teachers. It is so embarrassing to even write that since all of the teachers met during the project were absolutely amazing, caring, and extremely involved. This was a reality check since the atmosphere of the school and administration was opposite to what was originally perceived. Every step taken in this project was done in the name of trying to be culturally competent, but mistakes were still made.

^ This entire class focuses on understanding diversity and becoming culturally competent. Project planning was done without intentions of being judgmental, but it definitely was. There

were preconceived notions and negative stigma of a place and of people that had never been encountered. Practicing use of the “slow brain” instead of the “fast brain” is something that will have to be done for eternity. The first day of class, it was lectured by cultural competency is a lifelong journey, not just a class. This idea was learned the hard way. The first step of this project, a huge mistake was made by using the “fast brain.” As a future provider, this experience will be kept in mind to never judge or assume anything without factual evidence and to never stop using “slow brain” mechanisms.

This experience also allowed personal experience in engaging with the community and educating students on difficult health concepts. In the future, there will be many patients with very different backgrounds. Some patients with more complicated lifestyles may need more than a “simple” answer. Some patients will require more thought out solutions with nutrition since answers are not “black and white.” Families living paycheck to paycheck may not be able to afford fresh fruits and vegetables. An alternative could be to buy fruits and vegetables frozen and serve defrosted. It is up to providers to think of cost effective ways for patients to sustain a healthy lifestyle.

Lastly, it is up to a provider to help make changes healthcare. It is shameful to think that how much money an individual makes can play a role in how long they live. This goes back to the idea of privilege and oppression. People who are born into high-income families are privileged since they literally get to live longer, on average. The social determinants of health are strong amongst the obesity epidemic. Low-income families may struggle to afford healthy foods. Low-income communities may struggle to afford funding for healthy foods and facilities. As a country, there needs to be intervention and investment in communities through health law and

policy. It is a provider's job to serve as an advocate for patients and to be a leader in changing healthcare.

### **Conclusion**

The United States ranks low among healthcare in comparison to other countries. The obesity epidemic has nearly tripled since the 1970s. The growing epidemic must be combatted against soon in order to reduce costs of spending in healthcare and to reduce long term effects of obesity. The obesity epidemic is influenced by more than just poor diet and exercise. There is much more to it, like social determinants of health. Social determinants of health include factors such as location, income, healthcare access, and more. These determinants can really influence health, including risk of obesity.

Promoting nutrition in an elementary school aftercare program is only the tip of the iceberg in obesity prevention. As a country, we have become very complacent. It is time to make changes and close the gap in the "social syndrome." The world has come a long way since the dark days of the Black Plague and Yellow Fever. But just because people aren't dying by the thousands in the streets, it does not mean the United States is at its peak in healthcare.

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