

The Hope Family Health Center Youth Advisory Council

In Healthy People 2030, the US Department of Health and Human Services provided an updated definition of health literacy, stating that it is “the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others”.ⁱ One can elaborate from this definition that without health literacy, a person would be deficient in the mental, physical, and preventative health practices that can aid in living a long, healthy life. While it was reported in a 2020 academic review that eighty-seven million Americans (26% of the US population) have low health literacy, the issue is exacerbated in the African American community, with 58% of the African American population has basic or below basic health literacy due to a number of socioeconomic and educational disparities.ⁱⁱ Another study found that 65% of African American adolescents have low health literacy.ⁱⁱⁱ Contextualizing this to Detroit and its predominantly Black and sizable young population, many of our youth are especially vulnerable to facing difficulties making informed health decisions and interfacing with the healthcare system in the future.

For my Albert Schweitzer Fellowship proposal, I have created a mentorship program in partnership with Hope Academy and the Hope Family Health Center in which I work with a small cohort of middle school students to increase their health literacy so that they can serve as peer educators in their school and their community at large. This collaborative is known as the Youth Advisory Council (YAC), which is heavily based on the programming outlined in the Michigan Department of Health and Human Services YAC guidelines.

Though YACs are usually school-based, or community center/library-based, I appreciated the collaboration with the Hope Family Health Center clinic, as provided a more health-focused environment compared to other YACs. I began my planning and communication with the partner school, Hope Academy, in April 2024, and we began our programming in November 2024 due to unforeseen administrative circumstances. We will conclude at the end of May 2024. Our meetings have the general structure of opening with a 5-to-10-minute meditation, yoga practice, or HIIT program to create a separation between the end of the school day and the start of the program. The goal of this is to establish a space where the students can enter with a new mentality and a new readiness for the task ahead. We then transition to a review of the previous session's lessons and the student's notes while enjoying a healthy snack. The session ends with work on a new lesson or a continuation of the previous session's work until it is time to transition phases.

Phase 1: Connection

My program had five phases in its initial proposal, beginning with phase one, was focused on fostering a connection with committee members, teaching the committee members about the concepts of health literacy and health disparity, and identifying health topics that are most pertinent to the YAC members and their peers. The fostering connections part of this process went very smoothly, a lot more easily than I had anticipated based on my first visit to the school. While the students were interested in the demonstration that I did on the dangers of caffeine and sugar overconsumption, they were less interested in the program itself. And given the unfortunate timing of the school's

acceptance of my proposal, I did not have time to make an impression on parents, so we began our programming in November with 4 students. They were incredibly open with me and excited to engage in the space, though they still did not understand exactly what we would be undertaking over the next few months. Attendance was an issue at this phase and paired with some behavioral hiccups (and a few pivots to conflict resolution lessons), it took a lot longer than I anticipated. These fundamental lessons were ones that I intended to last a few weeks, yet it sprawled over two months since I refused to leave any students out of the loop at the foundational stage. But to progress, we had to skip the initial community polling objective in this phase. We simply would not have had time to progress through the other phases given the amount of effort that the dissemination of that type of survey would require. This hurdle felt particularly steep while battling a lack of administrative support and worse, middling student buy-in. The two younger YAC members enjoyed what they must have conceptualized as afterschool play and snack time, but they did not have a full ownership in the council at this point. On days where the students could cultivate a glimmer of focus, we would progress through a lesson easily and the students would be able to demonstrate comprehension before the day was done, but then the information was forgotten by the very next session. In response, we had to do a major programmatic shift of using the first day in the week to learn new content and the second to review things more thoroughly. This prolonged our timeline, but the students were able to make stronger connections with the material, or so I thought.

The phase culminated with the opportunity for my students and I to present our progress to our adult counterpart, the Hope Academy Community Advisory Council. These three presentations were on topics we had discussed, defining the premise and goal of health literacy, explaining the difference between inequality and inequity, and the important foundational research skill of reading a graph. Though well received, it's difficult to call these presentations successful by any academic standard. Two of the three students whom I couldn't convince to practice outside of a few minutes during our sessions, were generally underprepared and depending on me practically feeding them the information to make it through. I left that session feeling rather discouraged and unsure of what I needed to change about my approach. But I was surprised to find that the students had also done poorly in their own estimation. Both younger students created standards for themselves and learned that they had fallen short of them due to their actions; a sort of cause-and-effect example that they had previously experienced by did not truly have to face. At their level, academic classes move on after botched presentations or missed homework assignments, but Miss Claire wanted to talk about what happened until a new understanding had been reached. After that saga concluded, I presented the YAC members with an overview of the next phase, informing them that they would have other presentations coming up in the future. They were a bit dismayed by the prospect of an even more challenging project and process, but *they wanted to do well*. And so, finally having some of the student investment that I had been hoping for, we progressed onto phase two.

Phase 2: Research

We opened this phase with an introduction on identifying quality sources and safely navigating the internet to cultivate the students' digital literacy. Despite being children of the digital age, I was surprised by how unpracticed the students were in seeking information online to answer basic questions about how the world works. It was also informative to learn about the specific technological limitations that these particular students were facing. They are members of the 40% of Detroiters that lack consistent home Internet and that often poses challenges to their learning and beyond.^{iv} This illumination of a larger problem offered yet another lesson in maintaining flexibility within our programming. This phase taught me that sometimes the best lesson was not having a lesson, but instead finishing a science report or doing some math homework because the necessary internet access and support wasn't consistently present in the home. I was able to demonstrate to the students, at least somewhat, the importance of general literacy and general academic duty and accomplishment as foundational for anything that we did in health literacy.

And so, we began the research process with the memory of the first presentations as an ever-present reminder, and the final projects were light years ahead of the originals. The topics were selected by the students themselves this time, which increased their focus and ultimately helped create the buy-in that I was looking for. There were still small stumbles, of course, as with anything new. But the students knew what they produced was beyond the original product and were rightfully proud. Which is a feeling that I hope they can hold on to as they progress academically.

Phase 3: Presenting the Research to the Public

We began this phase by doing introductory lessons on choosing legitimate sources of information and internet safety. Despite being children of the digital age, I was surprised to find out how unpracticed the students were in researching things, even to answer basic questions that they might have about how the world works. It was also informative to learn about the specific technological limitations that these students were facing. They are members of the 40% of Detroiters that lack consistent home Internet, which often poses challenges to their learning and beyond. This is where I encountered another lesson in flexibility: Sometimes the best lesson was not having a lesson. Instead finishing a science report or doing some math homework became a priority because technology and academic support were not consistently available in the home. I was able to demonstrate to the students, at least somewhat, how foundational general literacy and general academic accomplishment is for anything that we undertake regarding health literacy.

While the initial presentations were to the Hope Academy Community Advisory Council, familiar faces for the students, this second presentation was to a room of complete strangers, the Russell Woods-Sullivan Neighbor Association. This was a special venue for this type of event, as this was the very organization that my parents helped built in the early 2000s and the organization presiding over the neighborhood where my students live. Despite the change in scenery outside of the comfort zone of Hope Academy, the student persevered and gave confident, knowledgeable presentations that were very well received. Furthermore, when presented with the opportunity to present at the Children's

Health Fair hosted by the Authority Health pediatric residents, the girls were hesitant, but ended up being very successful in sharing their new knowledge with the attendees on the crucially important topics of nutrition, exercise, and medication safety. This phase will officially culminate with a question-and-answer session with two future health professionals, a neuroscience PhD candidate, and a 1st year medical student (my former labmates!), on the role of research in their professional development. I am a strong proponent of representation in potential fields of interest, and I hope that this session especially will encourage the students to continue learning about health and science.

Phase 4: Creating a Platform for Advocacy

The goal of the current phase is to turn the new knowledge the members gained from their research projects into a platform for advocacy of some kind. Due to the administrative delays that I faced at the onset of my fellowship, I fear that this process will remain more or less hypothetical. We will not have time within the remainder of the program, to fully create a proposal for change and carry it through the proper channels of local government. We started this unit with an introduction into national and local government, and I was delighted by the students' surprise towards this choice of topic. They did not initially see what health literacy had to do with "social studies," but they were interested to learn just how much of their day-to-day lives are affected by governance. The students will meet with the Deputy District Manager of District 5. their very own district, and I believe that talking with such a vital change-maker will be a fitting entree into the advocacy space.

Phase 5 – Follow Up through the conclusion of the Program

Longitudinal mentorship is a rare but vital thing in any career, but I have found it absolutely essential while pursuing my own path towards my medical degree as a first-generation student. Therefore, especially after developing the type of close-knit mentor-mentee relationships that I have formed with the students over the past 6 months, I am invested in their future success. In the final phase, I plan on follow up and tracking through high school and beyond whenever appropriate. Currently only one of the students, the YAC member in 8th grade is progressing to high school, but I think that being available to all three students will be worthwhile as they progress in their own educations.

Returning to this 8th grade student, she perfectly exemplifies why continual mentorship is a necessary part of this program that should not be removed in subsequent iterations. This student is already academically talented and a top performer at Hope Academy, but students at that peak often struggle the hardest when transitioning to an even more demanding environment like high school, especially when attending with other academically successful students at one of the more competitive schools in Detroit. I have invited some rigor into her academic experience with our after-school programming alone, and she has wrestled with this added challenge the entire duration, which does not bode well in the future without support. Keeping up with her progress can help remove some of the difficulties that that transition can bring.

Concluding Thoughts

Whenever I told people about my project and working with inner-city middle school students from an underserved population, I was always given a polite smile and subtle wince. This age group is known for its volatility, spontaneity, and general unruliness as these prepubescent and pubescent beings try to assert themselves in this big, scary world within that has been dubbed one of the worst education systems in the country. I welcomed the challenge with open arms, and while it was truly a challenge at times, I implore everyone considering health literacy programming to engage this demographic more frequently. I believe that middle school students are an ideal demographic for this community intervention because they are at a developmental age where they are beginning to explore their place in the world as independent beings and would benefit from an introduction to leadership roles but still have not solidified many of their health ideals and practices, unlike adolescents and young adults. I cannot emphasize enough that the vast majority of middle school students in the city of Detroit have the capacity to do a program like this. Location is not the question when determining a site. The question is, how long will it take for you to instill focus in these students to the point where you can get productive things done. been at a different school where the students are used to a bit more academic rigor or from families where that was routinely encouraged, it may have been a different environment entirely. But it is important to find the balance between tailoring your lessons to what your students can already do while pushing them towards what you know they are capable of. That said, I would have met less resistance focusing on

the more concrete lessons with this age group, such as reading a nutrition label or learning why exercise is a key component of health. The importance of health literacy as a concept and field of research, Health Justice, and community advocacy may be too intangible or feels irrelevant when facing juvenile obesity, PTSD, and anxiety as too many students face. Obtaining an increased health literacy is still a fine goal and is ultimately more timely when working with a population that faces various physical and emotional barriers. Thinking about the Hope Academy YAC from a sustainability perspective, it's not sustainable as it currently is for this particular school and these particular grade levels. However, very few modifications are required to make it sustainable here and more easily reproducible at other sites. I am formalizing the agendas that we followed into a concise syllabus with the addition of more activities to engage the students in tangible changes to their health understanding.

Participating in the Albert Schweitzer Fellowship has only served to strengthen my desire to provide humanitarian service, especially in this arena of youth health literacy because it can make a difference. Even if the students cannot act on the information they learn right now as dependents that lack control of their living situations, they are better prepared to be empowered and healthful adults who can make change in their lives and beyond due to these lessons. And that is a mission that I was to contribute to for the rest of my career.

ⁱ United States Department of Health and Human Services. “Health Literacy.” Health Literacy Healthy People 2030, 2020, <https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/health-literacy>.

ⁱⁱ Muvuka, Baraka, et al. “Health Literacy in African-American Communities: Barriers and Strategies.” HLRP: Health Literacy Research and Practice, vol. 4, no. 3, 2020, <https://doi.org/10.3928/24748307-20200617-01>.

ⁱⁱⁱ Manganello, Jennifer A., and Carey Jean Sojka. “An Exploratory Study of Health Literacy and African American Adolescents.” Comprehensive Child and Adolescent Nursing, vol. 39, no. 3, 2016, pp. 221–239., <https://doi.org/10.1080/24694193.2016.1196264>

^{iv} City of Detroit. “What Is the Digital Divide?” Digital Equity & Inclusion | City of Detroit. The Office of Digital Equity & Inclusion, 2024. detroitmi.gov/departments/department-innovation-and-technology/digital-equity-inclusion.social-determinants-health/literature-summaries/health-literacy.