

## Everyday Health Education in Harlem

**Introduction**

Healthcare reform is a heated topic of debate in America. One side argues equal access to healthcare is an American right, while the other side bemoans the high-cost burden of unhealthy behaviors to tax payer's wallets. A simple argument can be made, yet no real solution has been offered: People need healthcare to be healthy; healthcare is expensive; poor people don't have money; poor people cannot afford healthcare; therefore poor people are unhealthy. An embedded irony exists in this logic – it is expensive to give poor people healthcare, as a result poor people are unhealthy, thus requiring very expensive treatments for people who cannot pay for it. As this debate ensues, millions of Americans, many of them children, have limited or no access to quality, comprehensive health services and are struggling to survive.

The World Health Organization defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” In other words, for one to be healthy, one must have a comprehensive approach to maintaining the factors that contribute to physical, mental and social health. This definition does not situate health as the “absence of illness,” instead health is viewed as a complex state of being that requires a balance of the mind, body and social relationships.

In America, health and well-being are achieved via access to quality, comprehensive health services. Individuals and families need access to several resources including: a primary care provider (PCP) or medical “home,” health insurance or a method of payment, a safe living environment, regular oral healthcare, positive family and social relationships as well as access

to mental health resources or counseling services. Any deviance from this comprehensive health model may result in “unhealthy” individuals, families or neighborhoods.

Using the WHO definition of health, Harlem<sup>1</sup> is one of the unhealthiest neighborhoods in New York City. The New York City Department of Health and Mental Hygiene District Public Health Office has targeted Harlem as an area of concern due to shortage of mental health resources, lack of health insurance and high mortality rates. In East Harlem, approximately 70 percent of residents with multiple sex partners do not use condoms. Teenage mothers between the ages of 15 – 19 are less likely to graduate high school and East Harlem has the second highest teen pregnancy rate in New York City<sup>2</sup>. Twenty-seven percent of Harlem teens have asthma and are twice as likely to be hospitalized as other teens in New York City<sup>3</sup>. One-third of all teens in Harlem are overweight or obese and do not exercise regularly. Sixty percent watch at least three hours of television every day and 83 percent do not eat the recommended daily servings of fruits and vegetables<sup>4</sup>. Approximately 26 percent of teens in East and Central Harlem report feeling depressed<sup>5</sup> and 16 percent show signs of serious emotional disturbance.<sup>6</sup> Nearly 12,500 school-age children need mental health services with only 3,150 available treatment slots<sup>7</sup>. There are thousands of unhealthy teens in Harlem, but what is to be done?

Contrary to these statistics, Harlem is in the midst of an economic resurgence. Over the past ten years, housing conditions have improved, access to medical care has increased and 125<sup>th</sup>

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<sup>1</sup> Geographically, Harlem is defined as the Manhattan neighborhood that stretches from the East River to the Hudson River between 155<sup>th</sup> street and 110<sup>th</sup> street, while East Harlem extends the southern boundary to 96<sup>th</sup> street

<sup>2</sup> New York City Department of Health and Mental Hygiene “Community Health Profile East Harlem,” Second Edition, 2006

<sup>3</sup> New York City Department of Health and Mental Hygiene District Public Health Offices “Health Behaviors among Youth in East and Central Harlem, Bedford-Stuyvesant and Bushwick and the South Bronx,” 2008

<sup>4</sup> Ibid.

<sup>5</sup> Ibid.

<sup>6</sup> Havens J & Soule C. “Breaking down the barriers: Building high quality mental health services for children and adolescents.” Presentation to National Association of Children’s Hospitals and Related Institutions, 2007

<sup>7</sup> Ibid.

street has been revitalized into a vibrant shopping district. Abandoned buildings were quickly refurbished, rent prices have skyrocketed and several public charter schools have replaced underperforming and overcrowded New York City Department of Education (DoE) schools<sup>8</sup>. Despite these changes in education and economy, approximately 37 percent of Harlem residents live below the poverty line<sup>9</sup>, and the health status of Harlem residents continues to lag behind the rest of New York City<sup>10</sup>. Some residents are keenly aware that Harlem is “medically underserved,” but how do locals make sense of these health disparities?

### **Background Information**

Most individuals in the medical field agree that effective health education and preventive care are the most cost-effective strategies to maintain health. As a health professional in New York City, I use myriad education resources and strategies to promote healthy lifestyle choices. In the school-based health promotion program I currently manage, it is difficult to track the effectiveness of health education initiatives, particularly with programs designed for teens. I often have difficulty “getting through” to adolescents, especially about safe reproductive health practices and the importance of diet and exercise. Despite countless condom demonstrations and pregnancy prevention programs, adolescents continue to engage in unprotected sex and other risky health behaviors.

It is evident that what is taught in a reproductive health program does not necessarily translate to the reproductive health education friends, siblings or partners share with one another. Adolescents in Harlem must constantly negotiate which health information is relevant to them and reformulate the information to “fit in” to their daily lives. If formal health education

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<sup>8</sup> Twenty-four out of the 27 total Manhattan charter schools are located in East and Central Harlem/Morningside Heights.

<sup>9</sup> New York City Department of Health and Mental Hygiene “Community Health Profile,” Second Edition, 2006

<sup>10</sup> Children’s Health Fund Report “Health Status of Harlem’s Children.” May 3, 2006.

programs do not prevent unsafe sex (or fail to effectively promote “safer” sex) what avenues exist to “get through” to teens and prevent potentially harmful health behaviors? How is this health information negotiated between friends, relatives or partners? Where are adolescents *really* learning about sex and health (if not in schools or clinics) and with whom are they sharing this information? What does “health” mean to teens and what information is actually “getting through” to them? What specific health issues are of concern to *them*? How is health information disseminated, and in what settings and spaces?

### **Purpose and Methods**

The purpose of this study is not to track formal health learning, i.e. from a health professional or certified health educator, but to reveal health information adolescents acquire from their daily lives and experiences. It is my goal to research how adolescents talk about health outside of education institutions, clinics or community programs. I will examine information shared between peers, families and friends to delineate the avenues through which health information is retrieved, negotiated or re-imagined.

This study will begin with a cohort of four adolescents that live in Harlem. After preliminary interviews and data collection, I will utilize social networking strategies to establish connections in the surrounding neighborhood. I will use participant observation to interact with subjects as they engage with friends, family members, and peers. I will also observe participants engaging with media such as television, film and digital resources i.e. social networking websites and video games, to discern what they are learning from these sources. I intend to follow participants through their daily lives, shadowing at weekend hangout spots, attending movie screenings, parties and documenting observable actions and interactions. I plan to initiate and participate in informal health conversations, email and online chats. Additionally I will use

photographs, fieldnotes, digital video and a digital voice recorder (DVR) to document the discussions, thoughts and information adolescents share with one another about personal and public health. I will also meet with and interview representatives of the Harlem branch of the New York City Department of Health and Mental Hygiene and visit other organizations designed to address the specific health needs of Harlem adolescents. I will likely interact with several other individuals in various roles, such as school nurses, health educators and policymakers who have experience with adolescent health education.

## **Conclusion**

I'm just a bill  
Yes, I'm only a bill  
And if they vote for me on Capitol Hill  
Well, then I'm off to the White House  
Where I'll wait in a line  
With a lot of other bills  
For the president to sign  
And if he signs me, then I'll be a law.  
How I hope and pray that he will,  
But today I am still just a bill.<sup>11</sup>

By conducting this research, I hope to understand how adolescents in Harlem engage in everyday health education. As the healthcare reform bill sits on the top of Capitol Hill waiting for his day in the sun, Americans continue to struggle to find access to quality comprehensive healthcare. This study aims to influence health education messages and communication between adolescents, health professionals and health policymakers in New York City. If educators have a better understanding of how health information is learned informally, tools can be developed to more adequately meet the needs of adolescents in schools, clinical spaces and neighborhoods. This research will help further understand the ways adolescents learn about health, educate one another and make sense of health and healthcare in their everyday lives.

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<sup>11</sup> <http://www.schoolhouserock.tv/Bill.html>