

# Wellness With Children in the Inner City

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## Background

Working in the inner city community with vulnerable children can be overwhelming to any group of student nurses and health providers. Taking initial steps to network with community partners began with volunteering and participation in community outreach/ planning. Providers and nursing students were invited to have a "seat at the table " and complete a community assessment and develop health educational topics / flyers. A teacher's request to teach on self-esteem and dealing with bullying ~ with student role playing situations and teacher support was one of the first.

Following this program, other teachers and students asked for a health fair with screening and student participation. The awareness of the educational health and psychosocial needs was the hope to change an entire school community-~one child, one grade, one school, at a time. Trust and the promise to bring other nurses and health professionals to step forward for continued outreach for child, parent, or family caregivers~ grandparents.

#### Outcomes

- This project supported the role of the nurse, nursing students and other health professions in updating school immunization records, emergency contacts, case finding and health promotion for wellness for 135 children •(Kindergarten to 8<sup>th</sup> grade).
- The initial assessment and student participation in the health fair resulted in referrals for counseling, pediatric wellness assessments for weight / and other medical concerns, and further vision testing and referrals for 30 children to doctors for exams and free eye glasses ~individual priorities of care.
- The 10 nursing students continued to support further interest in volunteering in the school, volunteerism in community outreach and self-care with a direction in pediatric, maternal-child or community health

## Community for Clinical Practice

There are more than 3.500 children living in the Tenderloin inner city neighborhood. The Tenderloin Kids Count (2016) notes that there are 60 % Asian and Pacific Islanders with the remaining 20% Latino, 8% white, 7% percent Black, and 5% Native American or mixed.

Unlike what children should encounter in a more predictable and protected neighborhoods, the children in this inner city Tenderloin District are living in an area of crime, prostitution, drugs trade, limited family housing/homelessness. Despite some well-staffed and cared- for recreation areas, there is still a lack of safe places to play outdoors.~ there are no backyards in this community.

"This neighborhood may not be the best, but I guess it is home to me. " (M. M.~8th grade)

## Partnerships for Healthy School Environments



# What can student nurses do?

- Learn how to communicate with children and involve them in awareness of healthy behaviors.
- Develop cultural awareness of the children living in their inner city community and its environment.
- Create an awareness of the health issues affecting their community and healthy behaviors.
- Partnerships with health providers to actively support the health fair or referrals for the school-age children.

## Findings

- Socioeconomic factors of poverty and living in the inner city could influence future health behaviors, lifestyle choices for recreation and personal safety, and access to consistent healthy food choices ~ beyond the school program.
- •An initial assessment of students health records and their access and health insurance coverage was the foundation for this community with varied level of socioeconomic poverty ~students and healthy family.
- Linkages for vision health is supportive of successful learning, classroom participation in that learning ~ supporting self-esteem.
- Knowledge of health care practices and referrals in the community was supportive of health and hope in decreasing potential disabilities ~ increasing the quality of life.
- Education and role modeling for student nurses was vital to building a caring community and being asked to come back to provide health education ~ building a caring community.
- Teaching about the physical and psychosocial issues can support learning of the developmental, psychosocial and spiritual needs of the child.
- Priorities for child health and wellness helps to build a community dedicated to the child and partnerships in health ~ increasing the quality of life in the inner city.

## Health People 2020

#### Guidelines for Community Outreach and Clinical Practice **Children and Adolescents**

#### **Access to Health Services**

AHS-1 Increase the proportion of children with health insurance AHS-3 Increase the proportion of children using a primary provider AHS- Increase the proportion of children who have a specific source on ongoing care (immunization, assessments, and screenings)

#### Weight Status

NWS-10 Reduce the proportion of children and adolescents who are considered obese ~ overweight

#### Vision Screening

V-1: Increase the proportion of preschool children aged 5 years and under who receive vision screening.

V-2 Reduce visual impairment in children and adolescents aged 17 years and younger

