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# Oiremos: The Development, Implementation, And Evaluation Of A Holistic Health Curriculum For A Hispanic Youth Enrichment Program

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*OIRemos*: **The Development, Implementation, and Evaluation of a Holistic Health Curriculum for a Hispanic Youth Enrichment Program**

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A Thesis Presented to
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**Abstract**

In the spring of 2021, as the Covid-19 pandemic continued to exacerbate health inequities and virtual learning dragged on, I developed and implemented an educational health-promotion intervention for a small group of Hispanic youth in collaboration with a New Haven Latinx social services non-profit, Junta for Progressive Action. The bilingual, culturally-responsive health curriculum wove together engaging activities related to physical, emotional, mental, social, and community health, promoting participants' socio-emotional learning and equipping them with destigmatizing vocabulary and skills they could use to advocate for their needs. The curriculum was grounded in social and behavioral theories and was informed by participants' stated interests and health needs as well as the topics that the scientific literature indicated would most benefit the wellbeing of Hispanic youth. Although the intervention reached only a small group of participants in Grades 3 through 7 due to recruitment challenges, OIRemos (which means "we will listen/hear" in Spanish) met all ten of its initial goals and contributed to efforts to advance health equity by promoting the wellbeing of Hispanic U.S. residents. The outcomes of this project suggest three important findings: (1) culturally-responsive curricula that holistically incorporate evidence-based health-promoting interventions can constructively address some of the health challenges that Covid-19 created, exacerbated, and highlighted for Hispanic youth; (2) collaboratively developing and implementing such interventions in real-time during public health emergencies can be an effective approach to supporting vulnerable populations and resource-constrained non-profits; and (3) crises, such as the Covid-19 pandemic and the widespread socio-emotional harm it precipitated, can be opportunities for growth if we listen to the needs of community organizations.

**Acknowledgements**

This project was only possible thanks to the following people, for whom I am profoundly grateful:

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**I. Project Purpose**

In October 2020, the Executive Director of the oldest Latinx, community-based non-profit in New Haven, Connecticut sought to establish a socio-emotional health curriculum for the organization's youth program. For over 20 years, Junta for Progressive Action had provided Hispanic[1] youth in the New Haven area with a safe place to gather after school in the Fair Haven neighborhood. Junta's youth program, called The Neighborhood Place (TNP), mainly offered arts and crafts activities and served the important need of providing free childcare to families with limited resources (Pizarro, 2020).

When Covid-19 hit the United States in early 2020, Junta paused its in-person youth programming. As the pandemic continued and New Haven's Hispanic families disproportionately suffered (Cummings, 2020; DataHaven, 2020; Davila et al., 2020), the Executive Director, Bruni Pizarro, became interested in transitioning the program to a virtual format with health-promoting activities. She pitched the idea to me following my summer internship at Junta as a Health Equity and Anti-Racism Fellow. She hoped that the revamped program could address the Junta community's need for culturally-responsive, youth-oriented socio-emotional education. The project aligned with my bilingual language skills and interests in health equity. Given my experience designing and teaching comprehensive health classes to youth in New Haven Public Schools between 2015 and 2019, I enthusiastically agreed to take on the project.

The principal purpose of the educational intervention I designed in collaboration with Junta staff and participants was to contribute to efforts to advance health equity and promote the wellbeing of Hispanic residents of the New Haven area. The design and implementation of the

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[1] Different terms are used to refer to the diverse population of U.S. residents of Latin American heritage. The scientific literature predominantly uses the broad Hispanic classification, so this paper will use that terminology.

curriculum was informed by scientific literature on the modifiable risk factors for being ill or unwell, culturally-responsive teaching strategies for Hispanic youth,[2] relevant social and behavioral theories,[3] and socio-emotional learning (SEL) concepts.

The four outcome goals of the health curriculum were to:

1. Provide participants with a basic understanding of how to care for their physical, emotional, mental, social, and community wellbeing;

2. Promote participants' understanding of how these five elements of health are all interconnected;

3. Provide participants with the opportunity to learn tangible emotion regulation and stress management skills; and

4. Help participants recognize and feel confident in their own worth, resilience, and potential.

The six process-oriented goals of the curriculum were to:

1. Provide a space where participants could feel comfortable sharing about their lives, challenges, and feelings;

2. Facilitate open and honest discussions about the social and emotional difficulties that Covid-19 had created, highlighted, and/or exacerbated for participants;

3. Foster healthy social connections among participants and mentors through engaging, age-appropriate group activities;

4. Introduce and allow participants to practice useful, destigmatizing skills and vocabulary to more effectively identify and advocate for their needs in academic, social, and medical settings;

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[2] See Section IV: Cultural Responsiveness.
[3] These theories and principles are described in Section V: Theoretical Bases.

5. Provide participants with the opportunity to discuss different aspects of their identities, including what brings them happiness; and

6. Help participants set and work toward their health goals.

Efforts to provide young people with tools that promote socio-emotional health are essential given the paucity of such training in most schools' curricula and in after-care programming (Eklund et al., 2018). By impeding important socio-emotional growth processes for many young people, the physical distancing requirements and cancellations of in-person indoor activities created a pressing impetus for efforts to support the psychological wellbeing of school-age children (Lannegrand-Willems & Bosma, 2006; Lee, 2020; Powers and Meckler, 2020). For Hispanic youth in New Haven, the ways in which the pandemic harmed their psychological wellbeing were likely compounded by structural disadvantages – including socioeconomic risk factors, ethno-racial discrimination, and anti-immigrant stigma – that often affect Hispanic residents of the United States (e.g., Kouyoumdjian et al., 2003, Hatzenbuehler et al., 2013; Velasco-Mondragon, 2016). The disproportionately higher Covid-19 case numbers and deaths among Hispanic and Black New Haven residents may have further strained the psychological wellbeing of Hispanic youth, in particular given that Hispanic residents are overrepresented in the essential in-person workforce (DataHaven, 2020; Dubay et al., 2020). Although large-scale policy reforms and redistribution of material resources are needed to sustainably address these unjust circumstances, expanding Junta's youth programming to include discussions and activities related to individual and community wellbeing carried the potential of equipping and empowering Hispanic youth to better understand, avoid, and overcome many of the obstacles that so often harm the health of Hispanic U.S. residents (Vega et al., 2009; Velasco-Mondragon, 2016).

**II. Community Collaboration**

Authentic engagement with trusted community organizations, such as Junta for Progressive Action, is vital to sustainably improve the health of marginalized communities (Tremblay et al., 2018; Wallerstein & Duran, 2006). Health-promoting policies, programs, and interventions borne out of meaningful collaboration with community members are more effective and ethical than non-user-centered alternatives, as they reflect the fact that people are experts in their own health (Bastida et al., 2010; Viswanathan et al., 2004; Sharma, 2021). Community-driven projects better address the specific needs of a population, and do so in ways that are responsive to that population's cultural characteristics (Wallerstein & Duran, 2006). These projects are empowering because they facilitate the community's control over their determinants of health (Baum et al., 2006). In contrast, alternatives in which outsiders parachute in and fail to include community members in their own uplift re-enact a colonialist model of top-down governance (Guttmacher et al., 2010). Furthermore, community-driven health initiatives lead to longer-lasting benefits because community members genuinely understand and support their underlying purpose and methods of action (Altman, 1995; Bastida et al., 2010; Sharma, 2021). If community members are equipped to implement their own well-being strategies, drawing on an appropriately informed and co-created model curriculum, the health gains are more likely to be maintained and multiplied long-term (Minkler et al., 2006).

Many others have established that "transforming the conditions that influence health requires broad-based collaborative partnerships between academic and nonacademic stakeholders and beneficiaries" (Cargo & Mercer, 2008, p. 326). This thesis project is one such collaborative partnership between the Yale School of Public Health and Junta for Progressive Action. Accordingly, the curriculum development project for Junta's youth enrichment program

was initiated, designed, and carried out with the input and involvement of members of the community that the collaboration sought to aid: Hispanic residents of the New Haven area.

In 2020 Bruni Pizarro proposed the creation of a socio-emotional learning curriculum for Junta youth and set it in motion by recruiting me to be the principal developer of the curriculum and three Program Coordinators to make it happen. In the fall of 2020, Junta Youth Program Coordinators Abby Cohen and José Garcia conducted a community needs assessment, interviewing elementary school students, parents, and educators in Junta's network to determine how to structure the revamped youth program in line with the community's needs. They found that the switch to virtual classroom teaching due to Covid-19 increased students' needs for individualized academic support. As a result, one-on-one homework assistance from slightly older peer mentors was incorporated into the design of Junta's youth program.

Ms. Pizarro gave us substantial creative freedom to design the program according to what we believed and what the literature suggested would be most helpful. In March 2021, we had a mid-program check-in meeting with Ms. Pizarro and other Junta staff members, who expressed appreciation for the development of the curriculum. At this meeting, Ms. Pizarro communicated her desire to highlight community wellbeing in the second half of the semester and in future iterations of the program, which led to the creation of a curriculum module focused on Community Health.

The three Program Coordinators – Victor Torres, Abby Cohen, and José Garcia – led the participant recruitment and retention efforts. They helped craft the survey questions posed to participants at the program's commencement, midpoint, and culmination, which were used in the evaluation of the curriculum. I collaborated with each of them in formulating the curriculum, frequently consulting with them on lessons and activities prior to teaching, and their input helped

in adjusting the curriculum. For example, early on in the program they wisely encouraged me to focus on doing just one interactive activity during the short introductory sessions on Mondays and Wednesdays, and they helpfully let me know when my proposed questions to the group seemed too advanced given the participants' ages and language abilities. Victor Torres suggested many entertaining and effective group bonding activities that we incorporated into the program, including creating a Spotify playlist with participants of their favorite songs to listen to during the group stretching and movement activities. Participants' topic interests, activity preferences, and answers to baseline and midpoint survey questions about their health also guided my decisions throughout the development and teaching of the curriculum. As a result, the bilingual health curriculum was created through a process of co-learning with Junta staff and participants.

The collaboration also included members of Junta's Hispanic community who facilitated a few of the program sessions. Victor Torres facilitated a session on culture that seamlessly complemented later sessions about community health. A local science educator taught a session on environmental exploration. Junta's Director of Social Services, Cheila Serrano, presented to the participants on Junta's role in promoting community health, including a discussion about the ways that she and her colleagues help constituents access healthcare, including mental healthcare.

**III. Program Structure**

The holistic health curriculum developed for this thesis consisted of five modules, each spanning about three weeks. Physical Health was the first module, followed by Emotional Health, Mental Health, Social Health, and Community Health. Inspired by the OIR framework[4] woven throughout its modules, I have named the curriculum OIRemos, which in Spanish means

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[4] For an explanation of the OIR framework, see Section VI: Curriculum Components.

"we will hear/listen." This title captures the collaborative nature of the curriculum's development and implementation, which heavily involved listening to the needs of Junta staff and community members, including program participants. The name OIRemos also seeks to acknowledge the curriculum's origin with Bruni Pizarro's observations and identification of the organization's needs in the pandemic context, as well as her response to solicit my assistance after observing my strengths and interests. OIRemos is also a prediction that for years to come we will continue to hear about how the pandemic has affected the wellbeing of those who were in grade school when Covid-19 hit. Without a doubt we will also continue to hear about the importance of promoting socio-emotional learning and destigmatizing illness, particularly mental illness.

The curriculum components were mostly developed as the virtual enrichment program – and the socioeconomic impacts of the pandemic – unfolded. The structure of the curriculum and its theoretical bases were pre-planned,[5] but in other regards, this intervention was designed shortly in advance of each module's implementation, in response to input from Program Coordinators and Junta staff, learning from public health literature, and observations of and from the program participants themselves.

The Coordinators' evaluation of the December pilot tutoring program, for which I was a volunteer tutor, informed their decision to restrict participation in the spring enrichment program to students in Grades 3 through 8. In collaboration with the Program Coordinators, on three afternoons every week from February 17 to June 16, 2021, I delivered the curriculum over Zoom to a small group of three Hispanic participants and three high-school-aged mentors. All the participants were enrolled in New Haven Public Schools in Grades 3 through 7 with varied

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[5] The initial plan for the curriculum structure included six components of health instead of five, with modules on Environmental and Spiritual Health instead of Community Health. The switch part-way through the curriculum was explained with an acknowledgement that environmental and spiritual wellbeing can fall under community health.

language abilities in English and Spanish.

The group of participants, mentors, and Program Coordinators met on Mondays, Wednesdays, and Fridays from 4-5:15pm.[6] Every week, about 1.75 total hours were dedicated to well-being lessons and activities, and 1.5 hours were dedicated to one-on-one tutoring and mentoring. From 4:00 to 4:15pm on Mondays and Wednesdays, I facilitated a brief health-promoting activity in English and Spanish. From 4:15 to 5:15pm on those days, participants met with their mentors in breakout rooms to work on homework assignments and discuss whatever was on the participants' minds. On Fridays from 4:00 to 5:15pm, I taught lessons and led activities from the bilingual well-being curriculum I created.

We used a number of technological tools throughout the implementation of the curriculum. Every session took place over Zoom, and we tried to make the most of the platform by using the following features: screen and audio sharing, breakout rooms, polls, chat box, backgrounds, filters during storytelling activities, and the whiteboard and stamp functionality – which allowed for members of the group to creatively share their answers to our weekly Whiteboard Wednesday questions.[7] For each session I created a Google Slides presentation with colorful images.[8] During some sessions we displayed age-appropriate educational videos. Throughout the program we created surveys using Google Forms to gather information from participants on their needs, preferences, and reflections.[9]

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[6] Previous versions of The Neighborhood Place met Mondays, Tuesdays, and Wednesdays from 3:30-5pm (Junta for Progressive Action, 2019).
[7] These questions are listed in Appendix I: OIRemos Facilitation Guide.
[8] See Appendix II: Key Presentation Slides.
[9] See Appendix IV for survey questions.
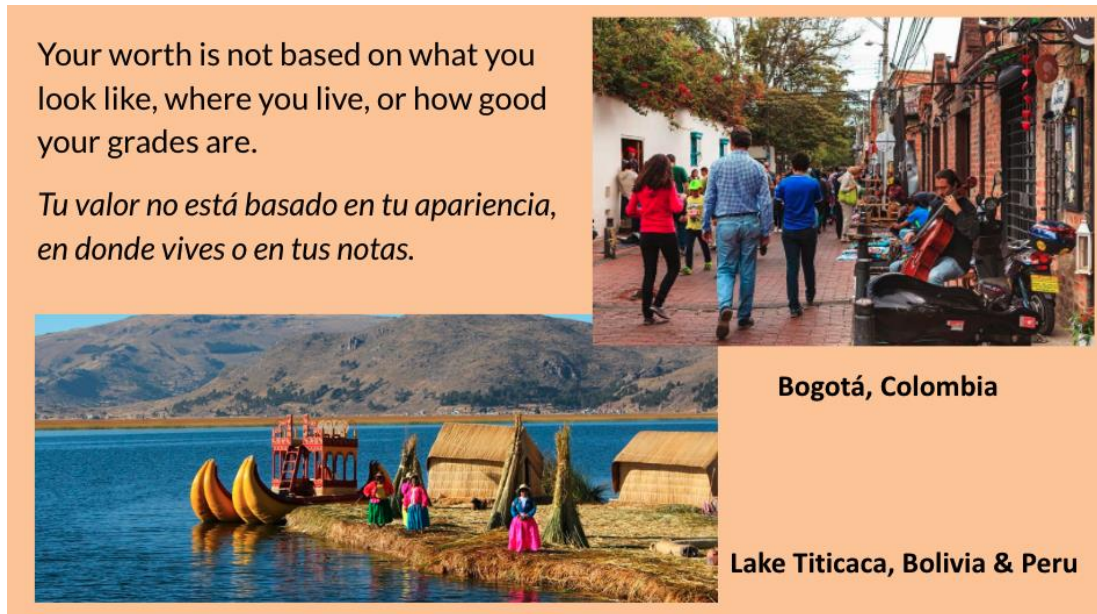
*Figure 1: Mental Health module slide about every person's inherent, unconditional worth.*[10]

## IV. Cultural Responsiveness

Given my positionality as a non-Hispanic, white, cisgender, socioeconomically privileged

Yale graduate student, I carefully attempted to avoid saviorism, ethnocentrism, and colonialism

throughout this project. Informed by the distinction between cultural humility and unattainable

cultural competence in multicultural education that Tervalon and Murray-García first described, I

strived to humbly understand and engage with Hispanic cultures in their own terms without

subjective judgments (Tervalon & Murray-García, 1998).

I collaborated with Junta's staff to make the curriculum as culturally-responsive and

accessible to participating students as possible. Geneva Gay defines culturally-responsive

teaching as "using the cultural characteristics, experiences, and perspectives of ethnically diverse

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[10] All image sources are listed in the speaker notes sections of the Google Slides presentations (see Appendix II: Key Presentation Slides). Images may be subject to copyright but are permissible to use for non-profit educational purposes under Fair Use guidelines.

students as conduits for teaching them more effectively" (2002, p. 106). Through my teaching, I sought to embrace the diverse sociocultural realities and histories of the program's participants, and in doing so, made the enrichment program more effective with respect to meeting its stated goals. As Gay writes, "when academic knowledge and skills are situated within the lived experiences and frames of reference of students, they are more personally meaningful, have higher interest appeal, and are learned more easily and thoroughly" (2002, p. 106).

I attempted to make the curriculum accessible, engaging, and inclusive to every participant by framing health concepts in terms of realistic hypotheticals and situations that participants were likely to understand in the context of their past experiences and cultural knowledge. For instance, in the Physical Health module, I introduced the concept of eating a healthy balance of proteins, fats, and carbohydrates by first soliciting examples of foods high in each macronutrient that the students were familiar with, and then supplementing with other low-cost, widely-available examples that are commonly enjoyed in Hispanic American households. By connecting curriculum concepts to familiar youth cultural content, including plotlines and characters from animated films such as *Finding Nemo* and *Inside Out*, lessons in the Emotional and Social Health modules promoted greater engagement and comprehension among participants, and legitimized what they already knew.[11]

Given the strong emphasis on familism (*familismo*) and care for others across Hispanic cultures, key concepts in all five curriculum modules were presented through the lens of caring for others, such as friends, family members, neighbors, and even plants (Sabogal et al., 1987). The curriculum highlighted the importance of caring for oneself and emphasized the acceptability of asking for help by connecting these ideas to students' prior recognition of the

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[11] As stated in Appendix III, incorporating clips from age-appropriate movies featuring Hispanic youth, such as *Coco*, *Vivo*, and *Encanto*, would make the symbolic curriculum more culturally-responsive.

value of caring for others.

As Gay writes, the symbolic curriculum is a powerful teaching instrument that culturally-responsive teachers use to extend what is taught through the formal curriculum as well as convey information and values about ethnic and cultural diversity (2002). As such, the images of people included in class materials intentionally featured a diverse representation of Hispanic youth and adults. When we did stretches as a group, I incorporated images depicting Latin American ecology and geography, such as pictures of trees in the Amazon Rainforest when we did Tree Pose and of the Andes Mountains when we did Mountain Pose.[12]
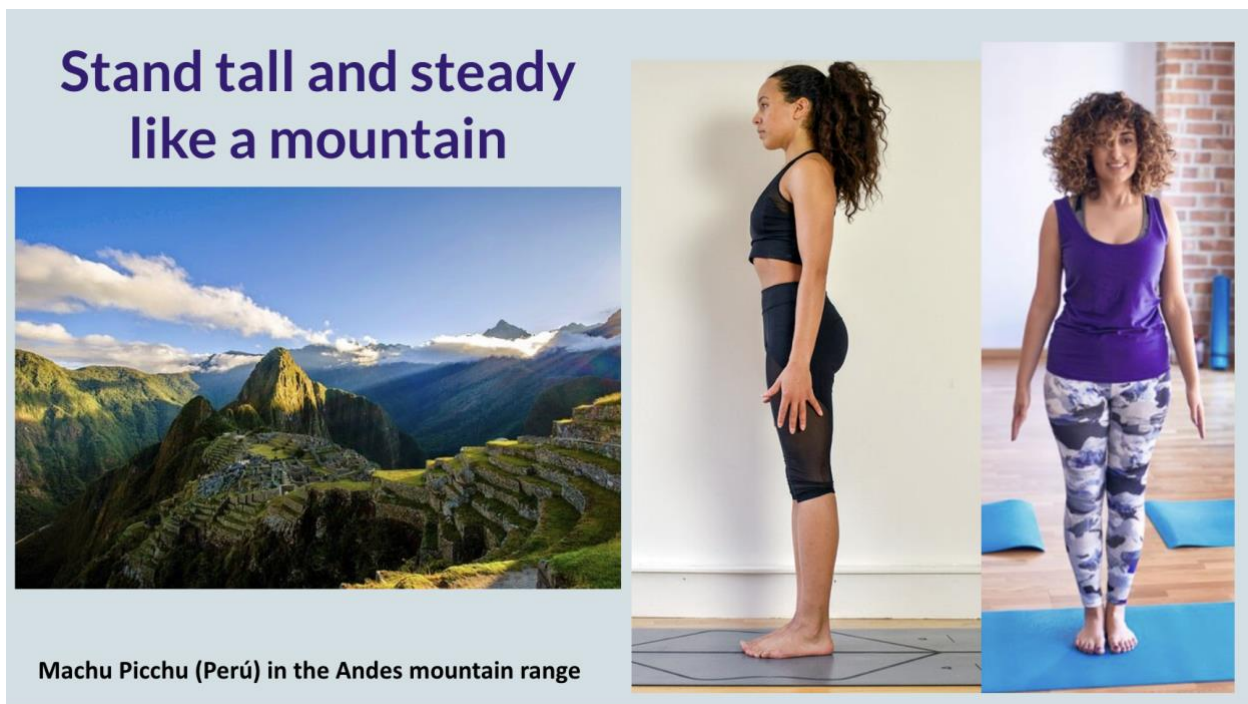


*Figure 2: Mountain Pose slide that features the symbolic curriculum.*

In designing the curriculum, I strived to take into account the relevant contextual backdrops and structural forces involved while also considering each student's unique

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[12] These stretches and poses originate from ancient Indian traditions of sacred, spiritual yoga practice, which I suggest any future implementers of this curriculum acknowledge. To avoid culturally appropriating Indian heritage, future implementers should consider clarifying that simply doing the poses is not yoga (Baitmangalkar, 2022).

circumstances, multiple intersecting identities, and agentive power. In this way, the health curriculum followed Junta's "whole person approach to service provision and engagement in community advancement," which is especially important given the "vast cultural heterogeneity" of Hispanic U.S. residents (Junta for Progressive Action, 2011; Kouyoumdjian et al., 2003; The Community Foundation for Greater New Haven, 2013).

The degree to which the curriculum and its delivery were culturally-responsive is discussed in Section VII: Evaluation of Curriculum.

## V. Theoretical Bases

Four main theories underpinned the design and implementation of the curriculum: socio-ecological theory, Human-Centered Design, Social Cognitive Theory, and growth mindset theory.

The theoretical rationale for developing and implementing this health-promoting curriculum was rooted in socio-ecological theory, which calls for individuals' wellbeing and health behaviors to be understood as both shaping and being shaped by their social and environmental contexts (Bronfenbrenner, 1977; Glanz & Bishop, 2010). Health behaviors are only changeable through educational interventions because individuals' social environments affect their wellbeing.

The curriculum's approach to meeting participants where they are developmentally, linguistically, and emotionally was grounded in Human-Centered Design, an empathy-based theory that prioritizes the accessibility and usability of health interventions for participants (Matheson et al., 2015). Additionally, Human-Centered Design, in conjunction with Bruni Pizarro's request that the revamped program "first, do no harm" to participants, called for the curriculum's implementation to uphold the bioethics principle of non-maleficence. This principle

is foundational to ethical decision-making in public health, particularly when designing and implementing community interventions (Coughlin, 2008). The Ontario Ministry of Education also recommends health educators follow this principle, especially regarding confidentiality and risk management (2019).

Attempting to do no harm to participants also meant designing and facilitating trauma-informed lessons in order to avoid the potential for re-traumatization. According to the framework outlined by the Substance Abuse and Mental Health Services Administration (SAMHSA), a trauma-informed program "realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization" (SAMHSA, 2014, p. 9). Literature documenting the high prevalence of adverse childhood experiences among Hispanic residents of the United States, coupled with evidence indicating that intergenerational transmission of immigration-related trauma is common in Hispanic families, demands that any wellness curriculum for Hispanic youth be trauma-informed (Llabre et al., 2018; Phipps & Degges-White, 2014). Given the unprecedented challenges youth have experienced throughout the pandemic – including extended periods of isolation from friends and family members, widespread illness and deaths of community members, and fear over getting sick or infecting others – the need for this curriculum to be trauma-informed was all the more pressing (Fitzgerald et al., 2021).

Although harm reduction generally refers to efforts intended to reduce the harms associated with substance use, the curriculum design applied harm reduction's justice- and health-promoting principles to other public health topics, such as nutrition and mental health.

The harm reduction principles relevant to OIRemos include: (1) compassionately meet people where they are without judging "unhealthy" behaviors; (2) acknowledge the challenges of attaining optimally healthy options/making optimally-healthy choices (such as never eating foods high in added sugar, always seeking professional mental health care when confronted with mental health challenges); and (3) accept less than optimal alternatives that reduce harm (Marlatt, 1996).

Social Cognitive Theory – which posits that humans learn by observing others – suggested that guided skill practice, role modeling, and goal setting be incorporated into the curriculum to promote participants' self-efficacy (Bandura, 1986).

Lastly, growth mindset theory informed the development of the curriculum. Growth mindset theory fosters students' beliefs that their abilities can be developed over time, meaning their intelligence and capabilities are neither pre-determined nor fixed (Clark & Sousa, 2018; Dweck, 2007). Research indicates that teaching students the distinction between fixed and growth mindsets, and supporting their adoption of the latter, leads to a number of benefits, including greater receptivity to feedback, perseverance, and resiliency (Wolcott et al., 2020).

Growth mindset theory supports principles of socio-emotional learning (SEL), which undergird the Emotional, Mental, Social, and Community Health modules. The lessons and activities in these modules sought to promote participants' socio-emotional learning, which the Collaborative for Academic, Social, and Emotional Learning defines as "the process through which all young people and adults acquire and apply the knowledge, skills, and attitudes to (1) develop healthy identities, (2) manage emotions and achieve personal and collective goals, (3) feel and show empathy for others, (4) establish and maintain supportive relationships, and (5) make responsible and caring decisions" (CASEL, 2022; Elias et al., 1997). Curricula that

effectively target these five interrelated areas of competence have been shown to reduce students' emotional distress and promote positive social behavior for at least six months after participation (Durlak et al., 2011).

For an analysis of how well the curriculum implemented these underlying theories, see section VII.1.A: Fidelity of Implementation.

## VI. Curriculum Components and their Rationale

The intervention primarily consisted of individual-level educational components that were designed to have multi-level impacts in that the OIRemos curriculum equips the organization with more tools to build community resilience and promote its constituents' wellbeing. Furthermore, by imparting participants with knowledge and skills that can help them improve their relationships and benefit their communities, OIRemos influences interpersonal and community-level determinants of health. Because the curriculum seeks to holistically and sustainably promote wellbeing by targeting changeable determinants of wellbeing that operate on individual, interpersonal, and community levels, its implementation would likely be more useful and effective at reducing harms and disparities than interventions only focused on shaping single-level determinants (Brown et al., 2019).

Several overarching lessons were woven into every module and reiterated throughout the curriculum whenever relevant. The first of these lessons was the notion that balance and equilibrium are critical to health (Dodge et al, 2012; Headey & Wearing, 1989). We discussed equilibrium in conversations and activities about the importance of balancing work and play, consuming a balance of the three macronutrients, and responding to emotions with a balance of taking time to ourselves and communicating, among other instances.

The second recurring lesson was that being ill or unwell is nothing to be ashamed of. This

lesson attempted to counteract widespread, stigmatizing cultural beliefs that illness is embarrassing and the fault of the unwell individual (Sontag, 1978; Werner et al., 2004). Many studies have found that people experience stigma and shame related to being unwell – whether their ailments are visible or invisible (Chapple et al., 2004; Lazare, 1987; Scheel et al., 2014). The literature indicates that illness-related stigma and shame hinder recovery and worsen health outcomes, in part by promoting psychological distress, social isolation, and risk behaviors (Dolezal & Lyons, 2017). Stigma also prevents people from seeking healthcare and being open with their healthcare providers about the full extent of their medical condition(s) (Dolezal & Lyons, 2017; Lazare, 1987).

This overarching lesson was often paired with the principle that we do not have to take care of ourselves alone, and it is always okay to ask for help with one's health goals. Socio-ecological theory, the conceptualization of the Self as inextricable from the Other, and the recognition of the power of community care all undergird this principle. The following adapted depiction of the Socio-Ecological Model illustrated this concept:
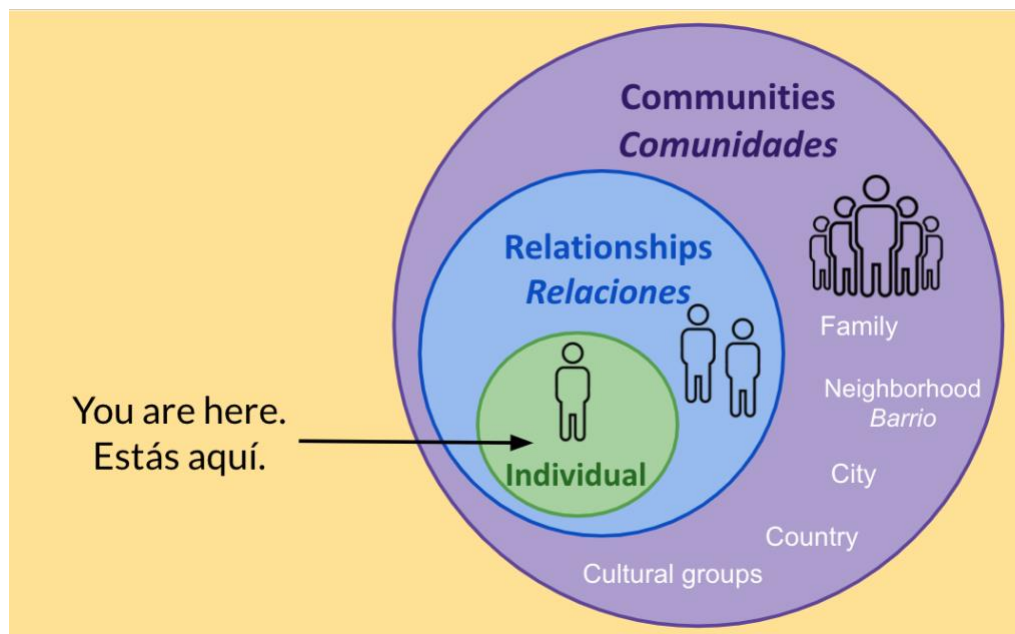


*Figure 3: Adapted version of the Socio-Ecological Model.*

By destigmatizing needing help and asking for help, these two overarching lessons sought to increase students' comfort talking about their health and bringing up health concerns they might have with healthcare providers and trusted others. This pair of lessons also endeavored to reduce the burden of embarrassment and internalized stigma related to poor health that the students might experience, and encourage them to be compassionate and supportive with their peers and family members when they are unwell.

The fourth broad theme carried across all of the curriculum modules was the idea that the five areas of health we covered are all interconnected (Mayer & Tillisch, 2011; McCaffrey et al., 2003; Mikkelsen et al., 2017; Umberson & Karas Montez, 2010). By emphasizing these connections, the curriculum gave students a deeper understanding of how taking care of oneself in any one area of health can often improve other areas of health and promotes overall well-being. This holistic, humanistic model helped participants notice the links between their bodies, minds, relationships, and environments, and gave them practical tools they could use to cope with challenging situations as well as unpleasant physical, emotional, or mental sensations.

The connections among our minds, bodies, relationships, and environments are rarely acknowledged in Western culture and medicine, which instead often conceptualize the mind and body as separate entities, divorced from their physical and social contexts. This Western conception of a mind-body divide fosters a "dispassionate and mechanistic approach to patient care" that can disempower patients and hinder healing (Gendle, 2016). As an example of how the curriculum attempted to promote participants' understanding of the connections among the five areas of health covered (see Figure 4), within the Social Health module participants were asked to consider how they are able to tell when a personal boundary of theirs has been crossed, including what sensations they might experience. Referencing content taught in the Physical

Health, Mental Health, and Emotional Health modules, the group came up with a list of

identifiable signs, such as feeling tightness or pain in the body, feeling scared, and having trouble

focusing, that might indicate a personal boundary had been crossed. The curriculum then

encouraged participants to consider responding to a boundary violation using the evidence-based

conflict resolution and/or coping strategies previously taught.



*Figure 4: Model of the five interconnected areas of health covered in the curriculum.*[13]

Another recurring lesson was the universal importance of observing situations non-

judgmentally (*observar*), identifying what is happening (*identificar*), and responding with care

(*responder cariñosamente*). These three steps were tied into each of the curriculum modules,

accompanied by the easy-to-remember acronym I coined: OIR, which in Spanish means "to

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[13] Other key presentation slides are included in Appendix II.

hear/listen."[14] This theme was used to introduce and/or deepen participants' understanding of mindfulness and self-awareness, which are core components of evidence-based socio-emotional learning curricula (CASEL, 2022; Durlak et al., 2011). This lesson sought to help participants understand why self-awareness and responding with care are fundamental to promoting physical, mental, emotional, social, and community health.

The curriculum also included four overarching principles about caring for oneself that are rooted in growth mindset theory and have been shown to promote strong self-esteem and self-compassion (Clark & Sousa, 2018; Dweck, 2007; Macinnes, 2006). These principles are:

1. Taking care of ourselves takes daily practice and is the journey of a lifetime.

2. We cannot change the past; we can only change the present and future.

3. Try to set goals that are achievable, measurable, and positive. Write down your goals and the reasons you want to strive for them (Lawlor, 2012).

4. Progress towards meeting our goals is rarely linear. Allow yourself to be proud of yourself and all the progress you have made, especially the progress no one else has seen.

The following five subsections will describe the key curriculum components of each of the five modules, along with their literature-based rationale.

**1. Physical Health**

The Physical Health module targeted the risk factors for the physical health issues most prevalent among Hispanic residents of the greater New Haven area that were modifiable through virtual teaching. The results of the baseline survey that participants completed at the start of the enrichment program, as well as findings from a review of the relevant literature, suggested that curriculum content that promotes physical activity, hydration, balanced nutrition, and sleep

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[14] In Spanish, the verb "oír" is most often used to refer to hearing, but the meaning most relevant to the curriculum is "to listen," which does not require the physical ability of hearing.

would have the greatest effect on participants' physical health.

The main pre-Covid physical health challenges experienced by Hispanic residents of the New Haven area included asthma, cardiovascular disease, cancer, diabetes, liver disease, back and neck pain, and unintentional injuries[15] (Abraham & Buchanan, 2016; Centers for Disease Control and Prevention, 2019; Mullen et al., 2014; The US Burden of Disease Collaborators, 2018; Velasco-Mondragon et al., 2016). While multilevel structural and environmental changes are needed to sustainably address these health challenges, a number of behavioral risk factors can influence the incidence and severity of these conditions (Damio et al., 2006; Velasco-Mondragon et al., 2016). These behavioral risk factors are often habits formed before adulthood and include physical inactivity, insufficient hydration, nutritional risk factors, insufficient sleep/rest, substance misuse, as well as distracted driving (Dennis et al., 2009; Hale et al., 2020; Overton et al., 2015; Singh et al., 2008; The US Burden of Disease Collaborators, 2018).[16] The literature, as well as my prior experience teaching health to youth, suggest that these risk factors can be mitigated through culturally-responsive, evidence-based education when paired with adequate social support (Cornejo-Barrera, 2008; Damio et al., 2006; Hale et al, 2020; Hidalgo & Güemes, 2011; Kedler et al., 1995). Therefore, the Physical Health module targeted the following four age-appropriate physical health behaviors: physical activity, hydration, balanced nutrition, and sleep.

Physical health was broadly defined as caring for the body's needs. The module emphasized listening to our bodily sensations and finding balance with regard to eating,

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[15] Unintentional injuries include substance overdoses, work injuries, and motor vehicle accidents (The US Burden of Disease Collaborators, 2018; Vega et al., 2009).

[16] Before the Covid-19 pandemic, the top four risk factors for disability in Connecticut according to the number of Disability-Adjusted Life Years related to each risk factor were, in order: high body mass index, tobacco use, alcohol and other drug use, and dietary risks (The US Burden of Disease Collaborators, 2018).

exercising, and sleeping in order to promote physical resilience. The module centered the enjoyment of healthy food, rest, and movement and aimed to avoid passing judgment on any foods or health behaviors, in part because stigmatizing coping behaviors has been shown to have a detrimental effect on healthy, sustainable behavior change (Berjot & Gilet, 2011; Brewis, 2014). The goals of the module were to engage participants in discussions about what makes their bodies feel physically well, and deepen participants' understanding of practical, basic information about nutrition, sleep, and exercise that they could use to make more informed choices about how to care for their physical wellbeing.

The Physical Health module facilitated discussions about how our bodies require balanced nutrition (including hydration), frequent movement, and plenty of rest in order to feel well and prevent disease (Cornejo-Barrera et al., 2008; Dahl & Lewin, 2002; Hale et al., 2020; Hidalgo, 2011; Stahl et al., 2007). These essentials were taught as *Los tres pilares de la salud física/The Three Pillars of Physical Health* along with engaging imagery of a building being held up by three pillars labeled *Movimiento/Movement*, *Nutrición/Nutrition*, and *Dormir/Sleep*.[17] To emphasize the importance of balance among all three physical health essentials, participants were asked to consider what might happen to the building if one pillar became weak and started to crumble.

Next, we delved into what it would mean to keep each pillar strong. To keep the *Movimiento/Movement* pillar strong, we learned that our bodies need to move in ways that feel good for a total of at least 60 minutes every day (Cornejo-Barrera et al., 2008). We discussed why movement is important, including its many mental and emotional health benefits (Cornejo-Barrera et al., 2008; Mikkelsen, 2017). We brainstormed ways to be active during the Covid-19

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[17] See Reflections and Future Directions section for commentary on the drawbacks of using the selected imagery.

pandemic, including by stretching, walking, and dancing. During the Physical Health module we began the group practice of doing gentle stretches, balancing exercises, and strength-building activities during program sessions. To facilitate participants' engagement and decision-making,[18] students were invited to suggest to the group any stretches or poses that they thought would feel good. This active group practice was included in most sessions throughout the entire program.

To keep the *Nutrición/Nutrition* pillar strong, we talked about the importance of feeding our bodies with foods that make us feel good long-term. I introduced the idea of eating a balance of carbohydrates, proteins, and fats, and as a group we came up with examples of foods that provide each macronutrient (Hidalgo, 2011). We discussed how carbohydrates give our bodies immediate energy, proteins help our bodies grow and heal, and fats give us long-lasting energy (University of Hawai'i at Mānoa, 2020). The module facilitated participants applying this practical lesson to their daily lives by asking them how they might be able to avoid getting hungry hours before lunchtime, leading to participants' understanding that eating some protein or healthy fat at breakfast would help them stay energized and full longer compared to only consuming carbohydrates before lunch.

Stigmatizing certain foods and shaming people for their dietary choices has been shown to be an ineffective and even counter-productive approach to promoting healthier eating habits (Brewis, 2014). The scientific literature and behavioral theory support a non-judgmental harm reduction approach to nutrition education that empowers participants to make more informed decisions and acknowledges that healthy diets can include occasionally consuming tasty, non-nutritious foods (Marlatt, 1996; National Health and Medical Research Council, 2013). Through

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[18] In their book chapter "Identity Development in Adolescence: Implications for Youth Policy and Practice," Xing and colleagues identify giving opportunities to engage in decision-making as one of three key strategies for youth development practitioners (Xing et al., 2015).

this lens, we discussed the differences between heavily processed and unprocessed foods using white and brown rice as examples, emphasizing that the latter category is generally more nutritious (World Health Organization, 2003). Although some participants had already learned elsewhere how to read a nutrition label, we reviewed this practical skill as a group to promote nutritional health literacy (Carbone & Zoellner, 2012). We also emphasized the importance of hydration, learning that every day our bodies need at least half a gallon of water to avoid the signs of dehydration, which include fatigue and headaches (Benelam & Wyness, 2010).

To keep the *Dormir/Sleep* pillar strong, we talked about how as kids, our bodies need between eight and twelve hours of sleep each day (Olson, 2021). We learned that screen time before bed makes it harder to fall asleep, and that as we grow older, we might need a bit less sleep (Olson, 2021; Vernon, 2016). We talked about how sleeping well makes us feel better physically, emotionally, and mentally, and that rest gives us the energy and patience to have healthier social interactions and contribute positively to our communities (Dahl & Lewin, 2002).

We applied these physical health concepts to an imaginative group activity intended to facilitate participants' decision-making. Participants were asked to brainstorm a list of items they would pack in their suitcase if they needed to travel to a deserted island to meet their long-lost twin. We separated the items in the group list into three categories that we later connected to *The Three Pillars of Physical Health*. Food, water, medications, and vaccines were grouped together as essential *Entradas/Inputs* into the body. A sleeping bag, tent, toothbrush, soap, and other items for personal hygiene and the prevention and treatment of illnesses and injuries were categorized as items necessary for *Cuidado/Care* of the body. Toilet paper was categorized as helpful for our body's *Salidas/Outputs*, which include movement, growth, brain activities, and carbon dioxide in addition to waste. We linked these three categories to *The Three Pillars of*

*Physical Health*, with nutrition representing one pillar because our bodies need food and water as *inputs*, sleep being a second pillar because it is one crucial way that we *care* for our bodies, and movement being the third pillar because it is a necessary *output.*



*Figure 5: Slide comparing the categories of needs between plants and humans.*

We learned that like humans, all living things need inputs and care, and need to produce outputs. As an example, we discussed how the inputs that plants need are carbon dioxide and water, and that sunlight is a type of care that plants need. Here we introduced the recurring idea – and the accompanying image of an anthropomorphized plant watering itself – that like plants, our bodies need daily care, including plenty of water and sunlight (Moriarty, 2018). At the end of the program, to bring home this lesson, each participant was given a plant they could care for – which might also serve to remind them of the importance of daily self-care.

To give participants the opportunity to reflect on their own resilience and on past experiences when they had persevered and adapted to difficult situations, we introduced the idea of *resiliencia/resilience*, which we defined as the ability to overcome challenges and changes

(e.g., Aburn et al., 2016; Marroquín et al., 2017; Werner, 1995). We used images of flowers growing out of sidewalk cracks and lighthouses withstanding powerful waves as visual examples of resilience, which we emphasized is a process in humans that takes practice (Rutter, 2012). We specified that physical resilience involves recovering from physical challenges, like injuries, infections, and exercise (Whitson et al., 2019). We brainstormed ways to strengthen physical resilience, including moving regularly, eating nutritious and balanced meals, drinking plenty of water, and trying to get plenty of sleep (Cornejo-Barrera et al., 2008; Dahl & Lewin, 2002; Hale et al., 2020; Hidalgo, 2011; Stahl et al., 2007; Whitson et al., 2019). We also discussed how getting vaccinations boost physical resilience, which was a timely reminder given that Covid-19 vaccinations were starting to become available around the same time as this module.

## 2. Emotional Health

The design of the Emotional Health module was informed by the results of the survey that participants completed at the start of the program, as well as the scientific literature on the diverse emotional health challenges that Hispanic youth in the New Haven area were most likely to be going through or experience in the future. Many of these emotional health challenges were related to the abrupt changes the pandemic brought to participants' lives, including the switch to virtual learning (Lee, 2020; Fitzgerald et al., 2021; Sullivan, 2021). Participants' responses to the baseline survey indicated that they were interested in learning how to cope with the challenges that Covid-19 had created or worsened.[19] The literature indicated that loneliness, sadness, grief, stress, and fatigue were widespread, especially among youth, during the pandemic (Maddrell, 2020; Fitzgerald et al., 2021; Sullivan, 2021). Additionally, every participant who responded to the baseline survey indicated they had felt optimistic or hopeful on no days in the past week, and

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[19] See Appendix IV for survey questions.

that they had felt stressed, sad, or down on most days in the past week. Over the course of the program, participants mentioned the additional emotional challenges of often feeling frustrated over the need to socially distance, and experiencing boredom and tiredness due to virtual learning.

Beyond the changes brought about by the pandemic, the scientific literature documents how Hispanic participants might face additional challenges to their emotional health, including intersecting forms of stigma, discrimination, and structural oppression; acculturative, financial, and immigration-related stress; and linguistic and cultural barriers (Cano et al., 2020; Velasco-Mondragon et al., 2016).

Aside from exposure to these systemic challenges, the relevant determinants of emotional health can be grouped into two categories: interpersonal resources and intrapersonal resources. Interpersonal resources that promote emotional health include family cohesion, social support, and social acceptance of experiencing and thoughtfully expressing unpleasant emotions (Cano et al., 2020; Dolezal & Lyons, 2017; Werner, 1995). Intrapersonal resources that influence emotional health include one's level of self-awareness and self-acceptance, as well as one's familiarity with effective strategies to regulate emotions, tolerate distress, and communicate feelings (Cano et al., 2020; Fogel, 2009; Jimenez et al., 2010). We knew we would be unable to directly influence many of participants' interpersonal resources, so the module focused on developing participants' intrapersonal resources. The literature indicated that the aforementioned intrapersonal resources could be developed through culturally-responsive teaching of mindfulness, Somatic Experiencing, and socio-emotional learning concepts, so it was determined that lessons and activities that targeted these modifiable determinants would most benefit participants' emotional health (Boncu et al., 2017; Brown & Ryan, 2003; Elias et al, 1997; Fogel,

2009; Marroquín et al., 2017).

Even though we were unable to influence the degree to which participants' social interactions outside of the program were supportive, we were able to provide participants with social support via Zoom during the program sessions to promote their emotional wellbeing. Despite being unable to directly increase the social acceptability of experiencing or expressing uncomfortable emotions in participants' daily lives outside of the program, the module made clear that our sessions were safe virtual spaces where participants were encouraged to feel and express any emotion.

We defined emotional health as our capacity to (1) observe and identify our emotions without judgment, (2) understand what might be causing our emotions, and (3) communicate our emotions effectively (Brown & Ryan, 2003; Salovey & Mayer, 1990).[20] To strengthen participants' capacity to observe their emotions without judgment, we explored how our emotions are always valid, even when they are unpleasant. We talked about how it is okay to feel irritated, frustrated, annoyed, upset, angry, or sad – a concept that some participants initially struggled to accept. As a group we read the illustrated book *My Inside Weather*, including the Spanish translations I added (Beckett et al., 2017). This book's destigmatizing view towards all kinds of emotions prompted a discussion about how important it is to try to understand and accept ourselves so that we can learn to live peacefully within our bodies and minds. This book aided our discussion of how the only person we need to spend the rest of our lives with is ourselves, so it is worth paying attention to how we feel. The story also conveyed that all emotions are temporary – a comforting message that is easy-to-forget when experiencing unpleasant feelings.

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[20] See Reflections and Future Directions section for commentary on the benefits of using an alternative approach.

In the Emotional Health module, I introduced the aforementioned OIR method that participants could use to confront challenges and build their emotional resilience: (1) Observe how they feel non-judgmentally; (2) Identify the emotion(s) they're experiencing; and (3) Respond to their emotions with care (Elias et al., 1997). To help participants see how they already practice the OIR method in their daily lives, I offered the example of how they might *observe* their stomach rumbling or feeling scratchy inside, *identify* that those are signs they feel hungry, and then *respond* by checking their bag or going to the kitchen for a snack, which boosts their physical resilience. We discussed how the same process can be practiced with emotions, and paying similar attention to bodily sensations is a great place to start. Informed by the scientific literature on the benefits of Somatic Experiencing for traumatized and non-traumatized individuals, I guided participants through a short body scan meditation to increase awareness of and progressively release tension in the body (Fogel, 2009; Kuhfuß et al., 2021; Levine, 2017). This activity led into a brainstorming session about how we can tell when we feel upset or agitated; we talked about how sweating, breathing quickly, and experiencing pain in the stomach, head, neck, and shoulders can be signs we feel nervous or upset.

Recent findings from cognitive neuroscience, neuroimaging, behavioral, and developmental studies of affect indicate that two independent neurophysiological systems give rise to all emotions. Per Professor Lowe's recommendation, I incorporated Marc Brackett's biaxial Mood Meter (*Medidor de emociones*) framework into the module to facilitate participants' non-judgmental observation and identification of their emotions (Brackett, 2020; Posner et al., 2005). The Mood Meter creates a space for all emotions and allows participants to visualize their feelings graphically:
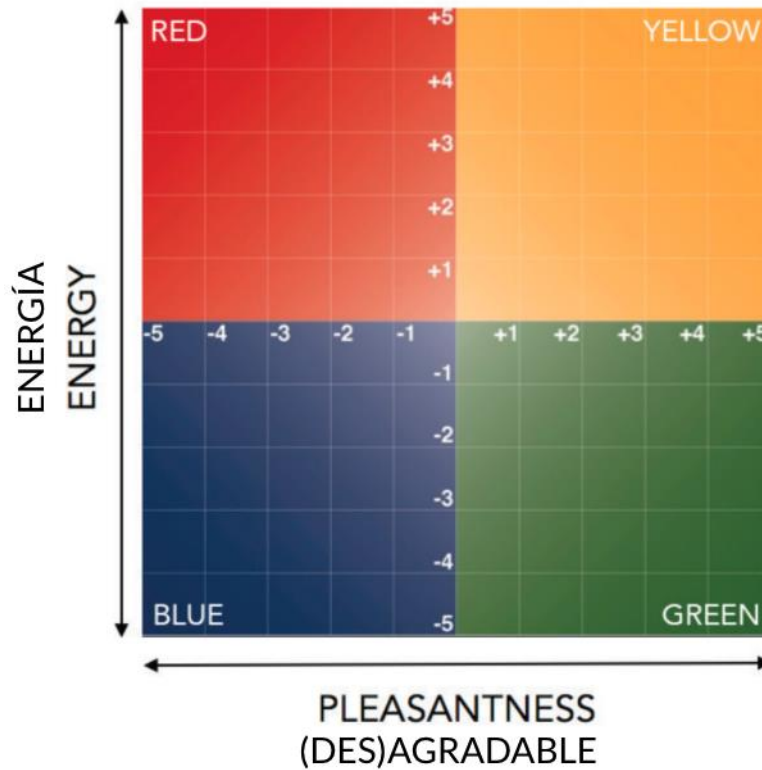
*Figure 6: Adapted bilingual version of The Mood Meter/El medidor de emociones.*

Our use of the Mood Meter combined with Zoom's screen-sharing and stamp features helped

participants observe their emotions' energy level and degree of pleasantness, as they were able to

place a stamp on the graph to represent how they were feeling during the program session. We

also played around with the user-friendly Mood Meter mobile app, which suggests emotion

identification words for every coordinate on the graph along with definitions. The app helps

users strengthen their capacity to understand what might be causing their emotions (the second

component of our definition of emotional health) by prompting users to reflect on the potential

causes of their emotions as well as whether they would like to maintain their current emotion or

shift to a different state, with tips for what they could do if they would like to shift.

In the *Identify* portion of the OIR lesson, participants learned that unpleasant emotions,

such as anger, sadness, and loneliness, feel less intense once they are named (Kircanski et al.,

2012). Participants became more familiar with vocabulary they could use to identify feelings in all of the four Mood Meter quadrants:

| | |
|---|---|
| Nervous ~ Nervios@<br>Worried ~ Preocupad@<br>Frustrated ~ Frustrad@<br>Angry ~ Enojad@<br>Scared ~ Asustad@ | Happy ~ Feliz<br>Excited ~ Entusiasmad@<br>Optimistic ~ Optimista<br>Proud ~ Orgullos@<br>In love ~ Enamorad@ |
| Exhausted ~ Agotad@<br>Sad ~ Triste<br>Disappointed ~ Decepcionad@<br>Lonely ~ Solitari@<br>Pessimistic ~ Pesimista | Calm ~ Tranquil@<br>Relaxed ~ Relajad@<br>Fulfilled ~ Satisfech@<br>Grateful ~ Agradecid@<br>Loving ~ Amoros@ |

*Figure 7: Emotion words introduced in the second module.*

In the *Responding* portion of the OIR lesson, we learned that all emotions have a purpose: they let us know how we need to respond and care for ourselves (Lowe, 2021). This message was conveyed through examples – including that loneliness tells us that we may need to spend time with other people – as well as the accessible analogy that while we are unable to control the weather, we can pull out an umbrella when it starts to rain. By prompting participants to imagine what they would do if on their walk to school it started to rain, we carried forward this symbolism to underscore the message that we often cannot control our emotions, but we can control our reactions to our emotions, including whether we seek help (Lowe, 2021).

We brainstormed ways one could respond to unpleasant emotions with care for ourselves and others, resulting in the conclusion that this often involves communicating with others and/or taking some time for ourselves, which can but does not have to entail solitude. These two categories corresponded with the aforementioned framework of interpersonal and intrapersonal

resources that promote emotional health. As Beckett and colleagues' book *My Inside Weather* highlighted, reaching out to someone comforting and supportive would fall into the first category. This idea prompted a discussion about how sadness and depression can make us feel alone, but they are signs that we need to reach out to someone we love. In our discussion about taking time for ourselves, evidence-based, adaptive coping strategies were introduced and practiced as a group. The first strategy was a square breathing exercise, which can be used to calm our minds, balance our emotions, and tune in to how we are feeling (e.g., Bhargava et al., 1988; Saoji et al., 2019).[21] The second strategy was to reflect on what we are grateful for, as giving thanks has a powerful impact on our health, including by improving the quality of our sleep (Boggiss et al, 2020; Jans-Beken et al., 2020). Other strategies covered include reminding ourselves of our strengths, going on a walk, journaling, drawing, doing yoga, and paying attention to our five senses (Fogel, 2009; Hagen & Nayar, 2014; Macinnes, 2006; Ullrich & Lutgendorf, 2002).

Throughout the module we continued the conversation started in the first module about resilience, specifying that emotional resilience involves coping with and recovering from emotional challenges, like fear, stress, sadness, and loneliness (Rutter, 2012; Shotton et al., 2018). We also discussed ways by which our emotional health is connected to other elements of health. For example, we talked about how chronic stress, anger, and grief can worsen physical ailments such as high blood pressure (Sparrenberger et al., 2009), and in the opposite direction, how injuries and sickness can hinder emotional health by making it harder to practice self-acceptance. We tied in social health and *familismo* as well when we explored how support from others improves our health (Kaplan et al., 1977).

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[21] Breathing exercises, especially when accompanied by tapping exercises or putting one on the belly and another hand on the heart reduce unpleasant emotions by regulating the nervous system.

### 3. Mental Health

As with the first two modules, the content of the Mental Health module drew on a literature-informed determination of the lessons and activities that would likely have the greatest benefit on participants' wellbeing. The most widely-documented barriers to Hispanic residents' mental wellbeing are low mental health literacy, widespread stigmatization of depression and psychiatric medicines, and lack of access to culturally-responsive mental health treatments – exacerbated by disproportionately low rates of insurance coverage (Kouyoumdjian et al., 2003; Lopez et al., 2018; Unger et al., 2013). The first two barriers are partially modifiable through virtual teaching, so the module targeted these risk factors by (1) defining mental health, (2) introducing participants to evidence-based strategies to promote mental wellbeing, (3) presenting the signs of being mentally unwell, (4) reducing mental health stigma, and (5) explaining evidence-based mental health treatments, including how to access local resources. Incorporating elements of the Ontario Health and Physical Education curriculum for Grades 1 through 8, we also sought to promote participants' mental wellbeing by nurturing their strengths and connecting those who needed additional support to appropriate services (Ontario Ministry of Education, 2019).

Informed by the cognitive-behavioral therapy approach to understanding and promoting mental health, we introduced the concept of mental health as that which affects our ability to function in daily life, including how we think, how we feel, and how we act (Hofmann et al., 2012). We discussed how our thoughts influence how we feel and act; our emotions influence what we do and think; and our actions influence how we think and feel (Hofmann & Asmundson, 2017). More specifically, we defined mental health as our ability to enjoy activities, think clearly, concentrate, control impulses, appropriately reflect on the past, and plan for the

future (Mayo Clinic Staff, 2019; National Alliance on Mental Illness, 2022). We also discussed how hope, motivation, and self-compassion are important parts of being mentally well (Mayo Clinic Staff, 2019; National Alliance on Mental Illness, 2022; Neff, 2011).

Given the importance of self-compassion and self-esteem to mental wellbeing, we focused on these topics throughout the module, emphasizing that we are all inherently worthy of respect and care, including from ourselves, simply because we are human (Macinnes, 2006; Neff, 2011). We discussed how taking care of our mental health involves recognizing our worth as individuals, in our relationships, and in our communities regardless of how productive we are, where we live, or what we look like (Neff, 2011; Tiggemann & McGill, 2004). We talked about how hard it can be to show ourselves kindness when we are struggling, but that we can try talking to ourselves the way we would respond to a friend if they told us about their challenges. We learned about self-esteem through the lens of growth mindset theory, discussing how building strong self-esteem involves viewing our mistakes and weaknesses as opportunities for learning and growing. Prompted by a guided activity that asked participants to reflect on their strengths and what they like about themselves, participants learned that when we have strong self-esteem, seeing others doing well does not cause us to criticize ourselves because we recognize our unique strengths and journey (Macinnes, 2006).[22]

We introduced and practiced as a group a variety of practical strategies that participants could use to practice self-compassion and promote their mental health. These included listening to guided bilingual meditations as well as coming up with calming and hopeful affirmations that remind us of our inherent worth and common humanity – strategies that have been shown to promote mental health (Álvarez-Pérez et al., 2022; Lynch et al., 2018). Participants came up with

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[22] See Section IX: Future Directions for a commentary on the drawbacks of this activity.

their own affirmations after we read out loud a few suggested affirmations.[23] We expanded upon the OIR method introduced in the Emotional Health module, discussing how it can be helpful for responding with more choice and care to unpleasant thoughts. The short animated video *You Are Not Your Thoughts*[24] aligned perfectly with this concept and helped participants understand that just like with our emotions, we can non-judgmentally observe and identify our thoughts (2019). We also did a group drawing activity in which we drew places where we felt happy and at peace.

To promote mental health literacy, the module emphasized that people struggle with their mental health in many different ways — some visible and others not — and that all ways are valid. The most common signs of being mentally unwell were then discussed, which facilitated a discussion about how mental health is closely connected with other elements of health— in particular, how mental unwellness often changes one's sleep, exercise, and eating habits (Dahl & Lewin, 2002; Mayo Clinic Staff, 2019; National Alliance on Mental Illness). With the module's final sessions taking place at the beginning of May, the timing of the destigmatizing content coincided perfectly with Mental Health Awareness Month. In these sessions we discussed how common mental health issues are, including among youth, and emphasized that being unwell is never something to be ashamed of (Lopez et al., 2018; Whitney & Peterson, 2019). To help destigmatize seeking support for mental health challenges, a mentor, Program Coordinator, and I shared our personal experiences with seeking mental health support, including how we overcame fears and social stigmas around needing help. We talked about how important it is to seek help from any trusted person if we notice signs of illness in ourselves or loved ones, and we learned a variety of methods to offer support to someone struggling with their mental health.[25]

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[23] The ones I suggested included "May I learn to accept myself as I am," and "I am a work in progress." See Appendix I for more.
[24] The video can be found here: https://www.youtube.com/watch?v=0QXmmP4psbA.
[25] See Appendix I: Key Presentation Slides for an elaboration on what these methods are.

The most common types of evidence-based treatments for mental illness were explained, along with the message that there are many types of treatments that work for different people. We discussed the benefits of belonging to community groups, mindfulness, meditation, exercise, and creative outlets on mental health (Brown & Ryan, 2003; Hagerty et al., 1992; Heenan, 2006; Mikkelsen et al., 2017). To introduce the concept of professional mental health care, we watched a short animated video about the benefits of therapy.[26] Information about national and local mental health resources was distributed, and participants were informed that organizations such as Junta can help connect people to medical providers, including those who can discuss medication options.[27]

We discussed factors that can contribute to mental health challenges, including stress, genetics, the chemicals in our brains, and experiencing trauma (Mayo Clinic Staff, 2019). We learned that trauma can be understood as the lasting effects on the wellbeing of someone who has experienced something harmful (SAMHSA, 2014). To continue the umbrella metaphor introduced in the Emotional Health module, we talked about how experiencing trauma can create proverbial holes in our umbrellas, rendering us more vulnerable to stressors and less equipped to respond to unpleasant emotions (Litz & Gray, 2002; Pacella et al., 2013). We made sure to end on a positive note, emphasizing that it is possible to learn how to "patch the holes," and that therapy and other proven strategies can help with this (Lowe, 2021; Rothbaum & Foa, 2001).

### 4. Social Health

The fourth module aimed to support participants' social health by facilitating age-appropriate discussions and activities to address social challenges that the literature indicated

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[26] The video was an edited version of The School of Life video *Psychotherapy*, available here: https://www.youtube.com/watch?v=OxuZiqY5ypU.
[27] In the Community Health module, Junta's Director of Social Services Cheila Serrano elaborated on this topic.

were prevalent among Hispanic youth, including loneliness, bullying, and social exclusion (Candelo et al., 2017; Sullivan, 2021; Williams & Guerra, 2007).[28] The literature, especially research documenting the many benefits of socio-emotional learning, indicated that program participants would likely benefit from guidance and support regarding the following social health topics: practicing empathy, responding to conflicts, setting personal boundaries, and understanding stigma (DeLuca, 2020; Durlak et al., 2011; Elias et al., 1997).[29] Covering these topics would assist participants in improving their relationships – a goal they all expressed interest in on the baseline survey and a component of social health (Durlak et al., 2011). Providing participants with the opportunities to strengthen their empathy and conflict resolution skills would also help reduce the harms of bullying, harassment, and other forms of abuse, both for participants and for those in their communities (Boncu et al., 2007; Feshbach & Feshbach, 2009).

First, social health was defined as our ability to form meaningful, rewarding relationships with other people and interact in healthy, positive ways – a simplification of the widely-cited five dimensions of social wellbeing proposed by Corey Keyes (1998).[30] We linked the module to the overarching OIR framework, discussing how social health, like all the other components of health, involves observing and listening to our needs and preferences. Given the widespread loneliness that social distancing requirements had engendered among youth – its own public health crisis – and since some participants expressed an interest in making new friendships

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[28] Demonstrating once more that components of wellbeing are interrelated, research has confirmed Émile Durkheim's well-known theory that experiencing these social challenges puts people at greater risk for physical and psychological unwellness (Durkheim, 1897; Mushtaq et al., 2014; Wang et al., 2010).
[29] The Mental Health module touched on the topic of avoiding unhealthy social comparisons, which the literature indicated would also be beneficial for program participants' social wellbeing (Neff, 2011; Tiggemann & McGill, 2004).
[30] These abilities are mostly shaped by structural circumstances (Keyes, 1998).

through the program,[31] we then led lessons and activities about friendship (Sullivan, 2021). The module addressed the topics of loneliness and friendship by acknowledging that as social beings, humans need to form relationships and build connections in order to stay healthy. The concept of belonging was introduced, which we defined as the satisfying feeling of being an important part of something larger than ourselves, as well as the universal need to be an accepted and valued member of a group (Hagerty et al., 1992). To solidify this concept, we did an activity where participants shared moments when they had felt a sense of belonging.

Program Coordinator Abby Cohen led a session on friendships, in which she facilitated a discussion about what makes a good friend. The group talked about how healthy, positive friendships boost our mental and emotional wellbeing, helping to combat feelings of loneliness or isolation (Shotton et al., 2018). She emphasized that we do not need to have everything in common with our friends, as it is important to be friends with people with diverse backgrounds, experiences, and interests. Next, she led a reflection activity where participants wrote down what makes them a good friend, and she played the BrainPop video about friendship.[32]

Next, we transitioned into a discussion about empathy, which we defined as the ability to imagine and try to understand another person's perspective (Cooper, 2011; Feshbach & Feshbach, 2009). Participants had the opportunity to practice empathy through activities where they were prompted to take on the perspectives of characters depicted in images. This activity was also used to practice the four steps to resolving conflicts that were introduced to the group,[33] as participants were invited to act out these steps to resolve hypothetical conflicts with other

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[31] Appendix IV lists the survey questions participants answered.
[32] The BrainPop video can be found here: https://www.youtube.com/watch?v=E5Fu3gABryI&t=1s.
[33] See Appendix I: Key Presentation Slides for an elaboration of the four steps to conflict resolution.

illustrated characters.[34]



*Figure 8: The four steps to conflict resolution.*

Throughout the module, various multimedia learning materials about conflict resolution were used to engage participants[35] and reiterate the steps we discussed. Per one participant's suggestion, we celebrated Brother's Day on May 24, which prompted a discussion about how conflicts are prone to happen among siblings and family members, highlighting the importance of following the steps to conflict resolution to restore family peace.

The rest of the module was largely dedicated to discussing personal boundaries.[36] Inspired by the framing suggested by the Irish National Centre for Youth Mental Health (2021), the concept was introduced using a bubble metaphor: "We each have our own bubble that keeps us safe and protected. There are many things that we might want to keep out of our bubble in

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[34] See Appendix III for suggested culturally-responsive updates to this activity that would enhance participation engagement and satisfaction.
[35] The two videos can be found at: https://www.youtube.com/watch?v=jg_Q34kGsKg and https://jr.brainpop.com/health/feelings/conflictresolution/.
[36] See Section IV for commentary on the cultural-responsiveness of this topic.

order to stay safe. These things can be physical, like germs or someone's touch, or they can be emotional, like hurtful words or disrespect." With the help of a graphic made by the Mexican government depicting a superheroine cleverly named Susana Distancia (Spanish for "your healthy distance"), individuals' bubbles were likened to the six-foot radius of personal space we needed from others when indoors during the pandemic (Verza, 2020).
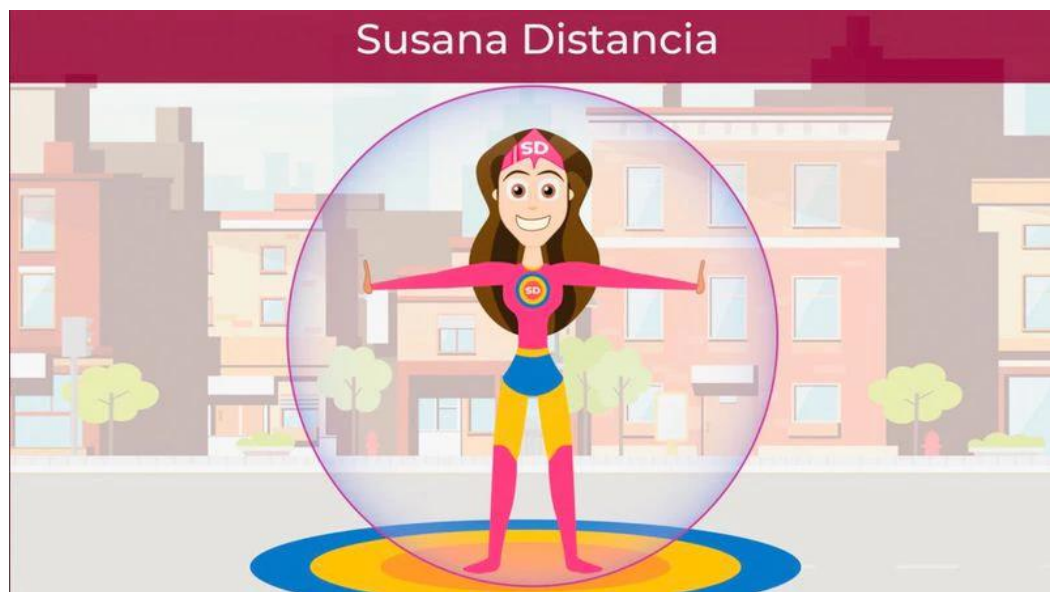


*Figure 9: Graphic illustrating personal boundaries in the pandemic context.*

We discussed various examples of physical and emotional boundaries, emphasizing that we have the right to set personal boundaries with others. Participants shared their experiences setting boundaries in the past. Several essential messages were communicated during these lessons, including: (1) We all have preferences and boundaries, including how we want others to talk to us and talk about us; (2) You do not have to sit silently in discomfort; and (3) Understanding and respecting your own boundaries is a form of self-compassion that boosts your wellbeing (Buck, 2015; Cloud & Townsend, 1992; Pluut & Wonders, 2020). We discussed how

people's boundaries may be different, using a clip from *Finding Nemo* to illustrate the concept.[37] The clip was also useful for its portrayal of how characters handle conflict, after which participants were asked whether Dory and Marlin followed the steps to conflict resolution that we had introduced.

Next, we did an activity in which we went around and shared what names or nicknames we like to go by, and then talked about what it has felt like to be teased or called hurtful names. This activity helped participants arrive at the conclusion that we all want to be treated with respect, and that each person's identity is worthy of respect. We discussed how communicating our preferences and boundaries related to our identity helps to promote respect and social wellbeing, including by empowering others to express their needs and preferences (Buck, 2015; Cloud & Townsend, 1992).

To deepen participants' understanding of personal boundaries, we connected the concept to the outdoor education framework of individuals having a comfort zone, a learning zone, and a panic zone that evolve over time (Panicucci, 2007), illustrated below:

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[37] The clip, from when Dory and Marlin debate going through or over the ominous trench, can be found here: https://www.youtube.com/watch?v=mljnAmg60sg.
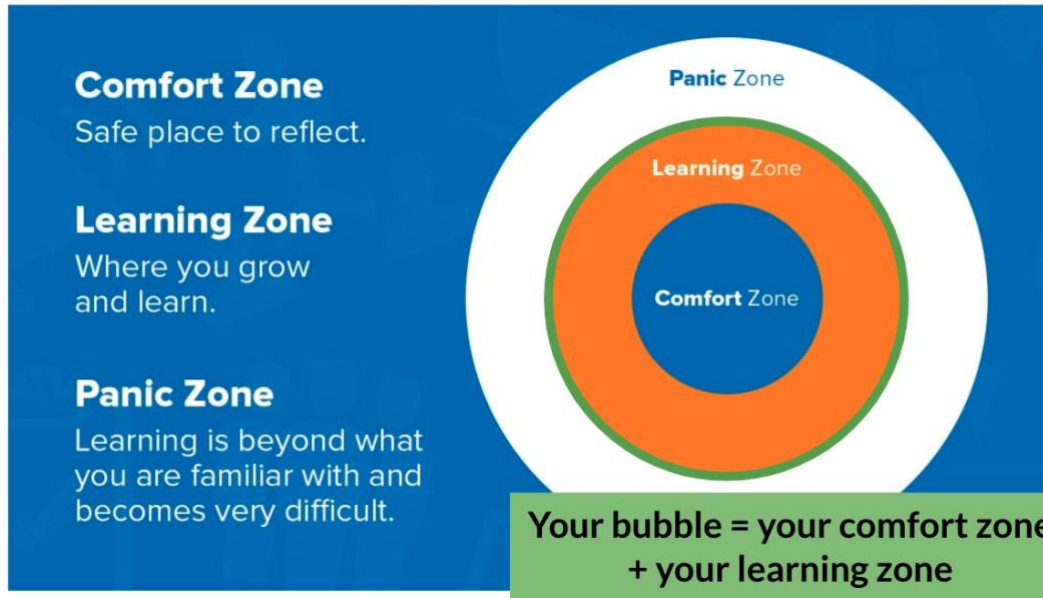
*Figure 10: Graphic connecting discussion about personal boundaries to comfort zone, learning zone, panic zone model.*

We wrapped up the lessons on personal boundaries with a discussion about how important it is to speak up as soon as possible when a physical boundary has been crossed, telling a trusted person if anyone ever touches them in a way that makes them uncomfortable. We explored some ways we might be able to tell when someone has crossed one of our boundaries, including what physical, emotional, and mental signs to look out for in ourselves.

The concept of stigma was introduced to the group to help participants identify stigmatizing language and behavior in their daily lives and help them avoid internalizing and inadvertently perpetuating harmful stigmas. We defined stigmas as cultural ideas around what is acceptable and what is looked down upon (Hatzenbuehler et al., 2013). We talked about how some stigmas are useful, such as the stigma around not wearing a mask indoors during the pandemic, and how other stigmas are harmful and unjust. Participants learned that harmful stigmas exist because of ignorance, fear, and silence, and that stigma creates feelings of shame and stress because humans are social creatures (Kemeny et al., 2004). To deepen participants'

understanding of the distinction between harmful and helpful stigmas, we did a group activity where participants were provided with a list of stigmas, from which they were asked to identify which one was helpful (for example, the stigma towards drunk driving) and which ones were harmful.

To summarize and conclude the module, participants were reminded of the "Golden Rule" found throughout most religions and cultures – to treat others the way you want to be treated – along with its often overlooked but equally important inverse: to treat yourself the way you treat others.

## 5. Community Health

Collaborations with Program Coordinator Victor Torres and Cheila Serrano shaped a large portion of the final module. Victor facilitated a session on culture, in which the concept was defined and discussed through engaging activities that emphasized New Haven's cultural diversity. In another session, Ms. Serrano led a discussion about community resources, including the support that Junta provides its constituents in connecting to healthcare providers.

Other lessons and activities in this module were informed by the literature on the major challenges to community health that Hispanic residents of the New Haven area were likely to experience, followed by an analysis of the risk factors for experiencing those challenges that were most changeable through a virtual youth program. This approach led to the inclusion of content that would be most likely to yield the largest benefits to participants' community wellbeing. Local organizations and the scientific literature indicate that the main community health challenges that New Haven's Hispanic community faces include social fragmentation, low civic engagement, disempowerment, environmental injustices, housing insecurity, unemployment, and structural disadvantages (Bullard, 2007; Candelo et al., 2017; Junta for

Progressive Action, 2021; Rios et al., 2012; The Community Foundation for Greater New Haven, 2013; Unidad Latina en Acción, 2021; Velasco-Mondragon, 2016). To promote social cohesion, community empowerment, and community engagement among participants, the module (1) introduced participants to the concepts of community, community health, and collective action; (2) facilitated a discussion about what communities participants are a part of, what they like about those communities, and what they would want to change about them; (3) prompted participants to reflect on whether community leaders achieved progress alone or with the help of others; and (4) fostered participants empathizing with their community members (Sleeter, 1991; Wallerstein & Bernstein, 1994). We also celebrated Earth Day together, discussing climate change and environmental conservation – in turn, promoting social cohesion and collective action for environmental justice.

After soliciting participants' definitions and feelings towards the word "community," the following definition was suggested: a group of individuals who share one or more characteristics (Wallerstein & Bernstein, 1994). We connected the definition to the session Victor Torres led about culture, noting that cultural groups are communities because the people in the group share cultural customs and practices. The concept of community health was introduced as the combination of the health of all individuals in a community. We then discussed that when an individual cares for their health, they are improving the health of their communities, using the hypothetical example of a parent taking a nap to rest before making family dinner.

The next section of the module focused on change-making. We talked about how we all have individual agency, meaning each participant has the power to make a real difference in their communities. We all stood up and said together, "I am powerful! ¡Soy poderoso/a! We are powerful! ¡Somos poderosos!" The exploration of individual agency was paired with a

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discussion about how most change requires collective action, which we defined as many people contributing according to their strengths and capacities. Participants learned about Hispanic change-makers who mobilized others, highlighting how big changes require collaboration and teamwork.

Our final lesson, inspired by the Socio-Ecological Model, was the importance of reminding ourselves of the following three truths when life gets hard: that we are individuals with unique strengths and experiences, that we have meaningful relationships, and that we are an important part of many communities. To foster empathy, social cohesion, and community health, we talked about how these statements apply to everyone, including people in our communities we do not know much about (Feshbach & Feshbach, 2009).

## VII. Evaluation of Curriculum

After reviewing various evaluation frameworks, I concluded that the most appropriate method to evaluate the first implementation of the OIRemos intervention would be to combine an outcome evaluation framework and a process evaluation framework. An outcome-based evaluation methodology seeks to assess whether and to what extent the outcomes of a public health intervention were achieved, while a process-evaluation delves deeper into the reasons for the observed outcomes of a public health intervention (Rural Health Information Hub, 2017). The decision to do both was informed by the characteristics of the curriculum and of Junta's 2021 youth program, as well as by the utility that an evaluation following these two frameworks would provide to Junta's leadership. The resulting evaluation could serve the following purposes for Junta leadership: (1) inform decisions about implementing the curriculum in the future, (2) guide modifications to the curriculum and youth program to address the weaknesses of their 2021 versions, and (3) support Junta's fundraising and grant-writing efforts to increase

organizational resources.

## 1. Outcome Evaluation

The following outcome evaluation examines how well the curriculum achieved the ten goals that the Program Coordinators and I defined at the outset in February 2021. The second column lists the degree to which the goal was met on a four-point scale: unmet (1), moderately well met (2), well met (3), or exceeded (4). The observations and determination of outcomes was based on participants' responses to survey questions; qualitative feedback offered by participants, mentors, and Program Coordinators during program sessions; culminating interviews conducted by Michaela Markels; tabulated reflections that Program Coordinator Abby Cohen shared with me; as well as my own impressions of the curriculum and its implementation.

| | Goal | Outcome | Observations |
|---|---|---|---|
| 1 | Provide participants with a basic understanding of how to care for their physical, emotional, mental, social, and community health. | Exceeded (4) | Participants learned about the five components of health and were introduced to many evidence-based health-promoting concepts, the majority of which were new to them. By the end of the semester, participants were able to name the five elements of health and identify ways to care for themselves in each of these five areas.

Compared to their survey responses at the beginning of the program, by the end of the 17 weeks, participants reported sleeping more hours, exercising more often, and feeling hopeful/optimistic more frequently. |
| 2 | Promote participants' understanding of how these five elements of health are all interconnected. | Moderately well met (2) | Participants learned about the differences and interconnections among the five elements of health, recognizing the ways in which they impact their own lives. Participants were able to recall examples from their own experiences of how a change to one area of their health had affected another aspect of their health, such as a physical injury negatively affecting their mood and self-esteem. |

| 3 | Provide participants with the opportunity to learn tangible emotion regulation and stress management skills. | Well met (3) | In the Emotional Health and Mental Health modules, participants learned a variety of emotion regulation and stress management skills. Participants enjoyed using strategies such as breathing exercises and stretching to help with emotion regulation, and were able to recognize and articulate their emotions as they learned ways to self-regulate. Some participants expressed a lack of prior experience with tuning into their emotions and bodily sensations, highlighting the importance of the opportunities the curriculum brought for participants to learn and practice useful self-awareness skills. |
|---|---|---|---|
| 4 | Help participants recognize and feel confident in their own worth, resiliency, and potential. | Moderately well met (2) | At the beginning of the program, in response to the survey question "In the past week, how confident did you feel in your self-worth?," some participants reported having rarely felt confident in their self-worth. By the end of the program, all participants reported having felt mostly confident or very confident in their self-worth. According to a mentor, towards the end of the program, participants were able to recognize that their challenges are hard "but we can work through this and we can get there together" (Kate, 2021). Participants shared that they were appreciative of having a space where they felt supported and appreciated by their peers, their mentors, and the coordinators. |
| 5 | Provide a space where participants could feel comfortable sharing about their lives, challenges, and feelings. | Well met (3) | Over the course of the semester, participants opened up with the group more, sharing what was going on in their lives and how they were feeling – including sharing unpleasant feelings at times. |
| 6 | Facilitate open and honest discussions about the social and emotional difficulties that Covid-19 had created, highlighted, and/or exacerbated for participants. | Well met (3) | Throughout the program, participants shared their feelings toward virtual schooling, conveying their fatigue and frustrations over not seeing their friends and needing to be on screens for much of the day. Participants also talked about the challenges of returning to in-person learning. |

| 7 | Help participants set and work toward their health goals. | Moderately well met (2) | In some modules, Program Coordinators and mentors helped each participant create measurable, achievable health goals, such as "Sleep for 8 hours each night next week." Mentors also set health goals for themselves. Mentors and participants checked in with each other on the status of their goals to help keep each other accountable. |
|---|---|---|---|
| 8 | Foster healthy social connections among participants and mentors through engaging, age-appropriate group activities. | Moderately well met (2) | Participants enjoyed working with their mentors, though in some cases, there was a lack of consistency in the mentor participation (or the participant participation), which made it difficult to establish those connections. Participants enjoyed the activities and games that allowed them to engage with other participants as well as their mentors, especially Show and Tell, online Pictionary, and group stretching to music. Towards the end of the program, participants felt more comfortable turning on their cameras during group activities. |
| 9 | Introduce and allow participants to practice useful, destigmatizing skills and vocabulary to more effectively identify and advocate for their needs in academic, social, and medical settings. | Exceeded (4) | Participants were very curious about learning new vocabulary, asking clarifying questions and trying to tie the new words to their experiences and emotions. They were not always able to recall new terms from week to week, but the curriculum incorporated review activities of important terms to help reinforce previous learning.<br><br>Participants learned the OIR method of non-judgmentally observing how they feel physically and emotionally, identifying those feelings in words, and responding with care. The OIR method helped participants feel more comfortable experiencing and calmly expressing unpleasant emotions, which will enhance their ability to identify and advocate for their needs. Participants were also introduced to the notion that therapy can benefit everyone and that it is not shameful to seek professional counseling or help from others for their mental health needs. These concepts were particularly relevant for participants who expressed having internalized stigmatizing views toward being in therapy and who were struggling with their mental wellbeing. Additionally, by learning and practicing the skill of setting personal boundaries, participants finished the program better equipped to advocate for their needs – growth that they recognized in themselves according to their survey responses. |

| 10 | Provide participants with the opportunity to discuss different aspects of their identities, including what brings them happiness. | Well met (3) | Over the course of the program, participants became increasingly willing to share details about their neighborhoods, their pets, their sibling relationships, and their family heritage. They shared reflections on the places and activities that made them happy, including drawing, spending time with family, and participating in their extracurricular activities. The session Victor led on culture facilitated participants opening up about their cultural traditions. |

In addition to yielding these successful outcomes, the program helped participants boost their health literacy, given that all participants said that their English improved over the course of the program. In the New Haven area and throughout much of the United States, English proficiency directly influences "the degree to which individuals can obtain, process, understand, and communicate about health-related information needed to make informed health decisions" – Berkman and colleagues' definition of health literacy (2010). Low health literacy is a barrier to wellbeing for many Hispanic residents of the U.S (Velasco-Mondragon, 2016). By meeting its ten initial goals as well as improving participants' English health literacy, the curriculum successfully contributed to efforts that Junta for Progressive Action has been leading to advance health equity and promote the wellbeing of Hispanic residents of the New Haven area.

In line with the CDC's Framework for Program Evaluation, the questions for this outcome evaluation were crafted collaboratively with key stakeholders – in this case, Program Coordinators (Centers for Disease Control, 1999). This evaluation is limited by the program's small number of participants and absence of a control group, which prevented us from comparing participants' outcomes to the growth that non-participating students experienced between February and June 2021. If the program had sufficient resources, we would evaluate the long-term impact of the curriculum using an experimental or quasi-experimental study design, with a larger intervention group and a control group. Another weakness to this outcome

evaluation is that some participants were not able to fully respond to the final survey questions. I suggested to Junta that we follow up with participants and their parents to see how they are doing.

## 2. Process Evaluation

To evaluate the quality of the curriculum's implementation – i.e., the degree to which it was consistent with the initial plan, the underlying theories, and the needs of the community[38] – I conducted a process evaluation of the Spring 2021 iteration of the curriculum. I followed the process evaluation framework that Saunders and colleagues outlined for targeted health-promoting programs (2005). After weighing a range of potential process questions that could be asked, I decided to focus the process evaluation on the following five areas relevant to the program: (1) the fidelity of the curriculum's implementation, (2) participant engagement and satisfaction, (3) the program's reach, (4) the program's approaches and challenges to recruitment and retention, and (5) and contextual barriers to curriculum implementation and outcomes. Below is a summary of my findings, followed by an elaboration for each of the five areas.

| | Data sources | Tools/Procedures | Evaluation question(s) | Observations |
|---|---|---|---|---|
| **Fidelity** | Program Coordinators; MCK | Qualitative feedback; reflections | To what extent was the curriculum implemented as planned? | The curriculum was largely implemented as planned, although sometimes we were not able to get through all the material on a given day due to students arriving late or there being too much material for the time allotted. |

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[38] These would include the needs of program participants, mentors, coordinators, and Junta's network of local Hispanic families.

| | | | To what extent was the intervention implemented consistently with the underlying theory and philosophy? | The curriculum's implementation was highly consistent with socio-ecological theory and growth mindset theory. The implementation was moderately consistent with the theories of Human-Centered Design and Social Cognitive Theory. |
|---|---|---|---|---|
| **Participant engagement and satisfaction** | Participants; Program Coordinators | Qualitative feedback; surveys at program midpoint and culmination; reflections | To what extent were participants engaged with the curriculum materials? | Participants seemed very engaged with the materials, though sometimes they were shy to participate or answer questions. Their engagement was aided by the small group size and 1:1 interactions with mentors, but was suboptimal due to the virtual delivery format. |
| | | | To what degree did participants enjoy and/or express satisfaction with the curriculum? | Participants expressed great satisfaction with the program and curriculum. Participants shared that they enjoyed the curriculum and having the opportunity to learn and discuss health topics. |
| **Reach** | Program Coordinators | Attendance log | How many Junta constituents participated in the program? | Due to recruitment challenges, the curriculum did not reach the program's target number of participants, as there were only three participants and three mentors with consistent attendance. |
| **Recruitment and Retention** | Program Coordinators; MCK | Contact log; meeting notes; correspondence with Junta staff; reflections | What procedures were used to attract participants to the program? | Coordinators and Junta staff advertised the program on social media and called parents in Junta's network, including parents of previous TNP participants, to encourage enrollment. With permission from Junta staff, I also posted flyers[39] advertising the program in a health center and store in Fair Haven. |

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[39] See Figure 11 for flyer design.

| | | | What obstacles hindered participant recruitment? | Recruitment obstacles included the lack of a precedent at Junta for virtual youth programming, other concurrent options for virtual tutoring, the timing of recruitment efforts, participants' and parents' busy schedules, the format of the online registration form, and organizational resource constraints that hindered partnership formation. |
| | | | What procedures were used to promote participants' attendance in program sessions? | Retention efforts consisted of sending participants' parents a reminder through the Remind app before every session, and calling parents individually whenever their child was absent. |
| | | | What barriers hindered participant retention? | Barriers to retention: other demands on participants' time, not having a quiet space/stable internet connection/electronic device to join Zoom sessions. |
| **Contextual barriers** | Program Coordinators; MCK | Reflections; correspondence with Junta staff | What factors in the organization, community, or social context could potentially affect either intervention implementation or the intervention outcome? | Participants' exposure to structural and social risk factors of poor health likely impeded the curriculum's impact. The program's short duration relative to students' continued need for comprehensive, holistic health education further constrained the potential benefits that participants may experience from the curriculum. Resource constraints prevented the timely purchase of supplies for participants. |

### A) Fidelity of Implementation

Qualitative feedback from Program Coordinators and my own reflections support the

conclusion that the curriculum's implementation was mostly consistent with the theories and

philosophies that undergirded and inspired it, which are described in Section V: Theoretical

Bases and Section IV: Cultural Responsiveness.

The curriculum implemented socio-ecological theory with high fidelity, as many

components of its design and delivery were based on this theory. In particular, the overarching

theme that the dimensions of health we discussed were all interconnected is rooted in the notion

that health is affected by the interactions between an individual and their social and

environmental contexts. Additionally, our decision to focus on community health, collective

action, and empowerment in the final module of the curriculum operationalized socio-ecological

theory.

The curriculum implemented the theory of Human-Centered Design fairly well. I

consistently encouraged student questions, embedded opportunities for feedback, and shaped

activities around the participants' needs and preferences.[40] For instance, some participants noted

in the baseline survey that they were interested in socializing and making friends during program

sessions, so I incorporated plenty of group activities and discussions throughout the curriculum.

Principles of active learning supported this approach (Armbruster et al., 2009), as did Social

Cognitive Theory, whose basic premise is that people learn by observing others' actions in

addition to their own (Bandura, 1986; Glanz & Bishop, 2010).

The order of the modules was participant-centered with more familiar topics covered first

so that they had time to get to know and trust the Program Coordinators, mentors, and each other

before introducing more sensitive topics, such as mental wellbeing. In line with tenets of active

learning, I incorporated participatory and engaging activities as much as possible, and otherwise

connected key concepts to appealing, memorable imagery (Office of Cancer Communications,

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[40] The baseline and midpoint surveys especially helped with this. The survey questions can be found in Appendix IV.

1992). The curriculum posed many questions to participants that prompted them to apply the concepts to their own lives, such as, "Can you think of a time when you faced a challenge and demonstrated resilience?" I shared with the group relevant stories about some of my personal health challenges and growth experiences to offer insights, earn participants' trust, model vulnerability, and encourage others to share stories of their own (Sullivan, 2021). Although the curriculum included some opportunities for participants to practice skills such as conflict resolution, had our sessions been more focused on imparting and practicing skills, the fidelity with which the curriculum implemented principles of active learning, human-centered design, and student-centered instruction would have been greater.[41] Had the curriculum featured a greater number of participatory activities and introduced fewer definitional concepts, participant engagement and satisfaction could have been enhanced.

The curriculum and program overall implemented the Human-Centered Design philosophy of non-maleficence with high fidelity, in particular because the design and pedagogical approaches were intentionally trauma-informed. We successfully created a space where participants felt comfortable sharing about their experiences during the pandemic. The Program Coordinators, mentors, and I strived to create an inclusive atmosphere in which all participants felt emotionally safe, accepted, comfortable, and free from harassment (McInerney & McKlindon, 2014; Ontario Ministry of Education, 2019). The Mentor Handbook we created, and which all mentors agreed to, specified these important principles. The Program Coordinators and I also tried to promote participants' safety in every physical activity we did by reminding participants to listen to their bodies and move gently.

In order to avoid the possibility of re-traumatization and overwhelm, we did not push

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[41] See Appendix III for more recommended updates to the curriculum.

participants to talk about Covid-19 and its impacts. As Program Coordinator Abby Cohen stated, given the young age group, "we need to be very intentional in our approach and our language" that we use to talk about the pandemic, as "there could be value in this space not further contributing to [the] overload" of discussions about pandemic concerns that participants were likely exposed to outside the program (2021). For this reason, we emphasized that the survey questions about participants' experiences related to Covid-19 infection were optional. The Mental Health module included information about local trauma recovery and mental healthcare resources, such as those offered by Clifford Beers Whole-Family Mental Health Care. In this way, the youth program "reinforce[d] the existing social capital of youth found in their families and ethnic communities and work[ed] to expand it by strengthening ties to networks and resources in the greater community," meeting one of the recommendations of the Oregon 4-H Latino Outreach Project (Hobbs & Sawer, 2009).

The curriculum seamlessly implemented principles of harm reduction, especially in its approach to discussing techniques that participants could use to promote their physical and mental wellbeing using the resources they had access to.

The curriculum included many intervention strategies aimed at promoting participants' self-efficacy that are supported by Social Cognitive Theory, including guided skill practice, goal-setting, and role modeling (Bandura, 1986; Glanz & Bishop, 2010). Throughout all five modules participants had opportunities to practice the skills we introduced with gentle, constructive feedback, more time for reviewing prior skills would have been helpful. Goal-setting activities were included in all the modules except for Social Health, but could have been incorporated into that module too. Furthermore, although the role models demonstrating the skills were all fewer than 15 years older than the participants, spoke the participants' native language(s), and resided

in New Haven, the fact that some of the role models, including myself, were not Hispanic may have hindered participants' identification with them, reducing the potential benefits of the modeling activities. These features of the first delivery of the curriculum weakened the fidelity with which it manifested Social Cognitive Theory.

The curriculum was highly consistent with growth mindset theory, as it featured many activities and lessons designed to promote self-compassion, strong self-esteem, and healthy goal-setting in participants. The delivery of the curriculum was also in line with growth mindset theory in that Program Coordinators, mentors, and I celebrated participants' effort and growth over their mastery of topics or skills.

The OIRemos curriculum implemented principles of socio-emotional learning with high fidelity, as it touched on all five of the core competencies of SEL: The Emotional Health module helped participants "recognize and manage [their] emotions," the Emotional and Mental Health modules supported participants in "setting and achieving positive goals," the Social Health module's focus on empathy helped participants "appreciate the perspectives of others," the OIR framework facilitated responding to situations with more care, which may help participants make more "responsible decisions," and the activities on conflict resolution in the Social Health module gave participants an important tool they can use to "handle interpersonal situations constructively" (Durlak et al., 2011). CASEL refers to the first core competency listed as self-awareness, which they explain includes healthy identity development (CASEL, 2022). The curriculum successfully incorporated each of the three strategies for youth development practitioners that Xing and colleagues suggest in their book chapter *Identity Development in Adolescence: Implications for Youth Policy and Practice*: "(1) encourage adolescents to explore social issues, (2) encourage adolescents to reflect on their experiences, and (3) give adolescents

opportunities to engage in decision-making" (Xing et al., 2015). Additionally, the program

provided participants with a comfortable space where they could interact and connect with

people outside of their family, which facilitated the socio-emotional learning objectives of

fostering healthy identity development and developing positive relationships (CASEL, 2022).

The OIRemos curriculum implemented the four recommended practices to develop

students' SEL skills moderately well: (1) Its skill development activities were fairly connected

and coordinated, but they did not always follow a "sequenced, step-by-step training approach"

(Durlak et al., 2011). Future iterations of the curriculum will attempt to more thoroughly

implement this recommended practice. (2) As mentioned in the human-centered design portion

of this section, OIRemos incorporated many but likely not enough participatory activities to help

youth learn new skills. (3) The curriculum did have "at least one component devoted to

developing personal or social skills," so it fulfilled this recommendation (Durlak et al., 2011). (4)

The fourth recommended practice was not met, as the curriculum's goals and evaluative methods

did not explicitly target or measure changes to participants' specific SEL skills. Future versions

of the curriculum ought to implement this practice.

Although I attempted to design the curriculum in the most culturally-responsive[42] manner

possible, I did not perfectly succeed. I could have done more to reflect on power relationships

and my own privilege with program participants to promote their cultural safety and

empowerment (Muhammad et al., 2015; Smith et al., 2017). If I could go back in time, I would

also choose a different image in the first module to represent *The Three Pillars of Physical*

*Health* because it evoked a Greek temple, which is neither culturally relevant nor responsive to

the participant population. In future iterations of the curriculum, I will replace this image and

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[42] See Section IV: Cultural Responsiveness.

framing with a triangle, with nutrition, movement, and sleep each representing one side or point

of this stable shape.[43] Additionally, my research following the delivery of the curriculum

suggests that the concept and value of personal boundaries covered in the Social Health module

may be "unfamiliar to many cultures, especially so-called 'group-orientation' or 'collectivist'

cultures" (Wong, 2019). Future use of this curriculum would require collaboration with Junta

community members to ensure that if this topic is taught again, the related curriculum

components are culturally-responsive.

**B) Participant Engagement and Satisfaction**

Qualitative feedback from participants, mentors, and Program Coordinators, as well as

survey responses from participants at the program's midpoint and culmination support the

conclusion that despite the challenges of teaching virtually, participants seemed mostly engaged

and satisfied with the curriculum and enrichment program. On Mondays and Wednesdays, some

participants would join the sessions only for the introductory health-promoting group activities

even if they did not have any homework to later work on with their mentor, which was indicative

of how much the participants enjoyed the curriculum programming. Midway through the

semester, one participant said, "I'm in a lot of after-school programs, but this one is my

favorite." All respondents to the midpoint survey rated the level of teaching provided as "5 –

excellent" on a five-point scale. Unfortunately, one participant did not want to participate in the

final review activity because he had a previous negative experience playing Jeopardy in school.

Alternative review activities are suggested in Appendix III: Recommended Updates to the

Curriculum.

The program's virtual delivery format facilitated participants' engagement by allowing

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[43] See Appendix III for more elaboration on this recommended update to the curriculum.

them to join sessions from any location without the risk of Covid-19 transmission, but also

hindered engagement by contributing to their screen fatigue and distractibility. One participant

shared that he was enrolled in many online extracurricular programs, citing this as the cause of

his exhaustion and inability to engage in our activities on some days. Given that participants

attended their New Haven Public School classes online throughout the duration of the program,

participants' engagement and satisfaction was understandably stifled by the program's virtual

format. The Zoom format also made it difficult to gauge participants' understanding and

feelings, especially if their cameras were off.

The program's small size brought a number of advantages, including participants

receiving more individualized attention from mentors and coordinators. Having fewer

participants meant that we were able to get to know each participant very well, and the impact of

the curriculum was more evident through participants' notable progress. Additionally, the

group's small size allowed the Program Coordinators and me to devote time to connecting

participants in need of extra support to appropriate community resources.

The structure of the program that included two hours of one-on-one interactions between

participants and mentors in Zoom breakout rooms allowed for curriculum concepts introduced to

the group to then be reviewed and applied in individual settings. For example, mentors reported

following up with their mentees regarding their health goals and checking in with each other

from week to week to support each other's progress.

C) **Reach**

With only three program participants and three mentors, the curriculum's reach into the

New Haven area's Hispanic youth population was low and did not meet the Program

Coordinators' plan to serve 20 students. The program's low enrollment confused and surprised

the Program Coordinators, who had conducted a community needs assessment in October 2020 indicating that one-on-one tutoring and afterschool youth programming was a pressing need among Junta's constituent families.

### D) Recruitment and Retention

The strategies that Junta staff, Program Coordinators, and I used to recruit participants included making bilingual posts about the free enrichment and tutoring program on the organization's Facebook page, which had about 2,000 followers in 2021. We also made dozens of phone calls to families in Junta's network with children in Grades 3 through 8, contacted the parents of participants in the December 2020 pilot program, and hung flyers at health centers and stores in the Fair Haven neighborhood.



*Figure 11: English version of the recruitment flyer I made.*

Nonetheless, the barriers to recruitment were significant: This was the first time that

Junta offered any online youth programming as well as the first time The Neighborhood Place included any health-focused educational content. While Junta families were familiar with previous iterations of TNP, the program's different focus and virtual format were completely new for families, which may have affected recruitment. Additionally, enrollment numbers likely suffered because the program began in the middle of the academic calendar, and recruitment efforts did not commence until after New Haven Public Schools' winter break, when students and parents were less likely to be searching for new extracurricular activities. Students may have already joined other virtual tutoring programs, of which there were many in the spring of 2021. Another potential barrier to recruitment was the Google Form enrollment format, which may have been new to parents and dissuaded them from registering their child(ren). Furthermore, Junta's funding and staffing constraints, combined with the organization needing to prioritize meeting its constituents' needs for other social services, limited the organization from implementing the suggestions the Program Coordinators and I proposed to increase recruitment, such as hanging flyers more widely and partnering with local health centers and schools.

The participant retention strategies the Program Coordinators employed included reminding parents of upcoming sessions through the Remind app and contacting parents individually whenever their child was late or absent from a session. Participant retention in the program was occasionally hindered by other demands on their or their family's time. Some participants did not have a reliable internet connection, an electronic device, or a quiet space that they could use to join every Zoom meeting. Despite occasional absences, attendance was generally high.

### E) Contextual Barriers to Implementation and Outcomes

Access to evidence-based and culturally-responsive health education is but one of many

structural factors that influence health outcomes and inequities (e.g., Damio, 2006; Velasco-Mondragon, 2016). The OIRemos curriculum will not protect participants from experiencing other structural and sociocultural factors that may harm their wellbeing. For instance, participants may still be exposed to harmful advertising and media influences and may still experience limited access to culturally-responsive healthcare, nutritious food options, and safe recreation areas. Structural changes, including the provision and redistribution of material resources, are necessary to address the fundamental causes of health problems and inequities. Moreover, given that the program lasted only 17 weeks, one curriculum is not sufficient to meet participants' continued need for age-appropriate comprehensive health education as they develop through childhood and adolescence.

Unfortunately, additional contextual factors that hindered the full implementation of the curriculum included Junta's resource constraints and my delay in suggesting supplies, both of which prevented the Program Coordinators from being able to purchase for participants the socio-emotional learning workbooks and health-promoting apps I suggested we incorporate into our programming in time for us to use them. Junta was able to purchase socio-emotional learning workbooks[44] for the students as gifts following the completion of the program.

## VIII. Future Directions

Even though many Covid-19 restrictions are being lifted, the OIRemos curriculum will remain relevant to young people for the foreseeable future given the lack of socio-emotional teaching in schools. Students, in particular Hispanic youth, will continue to need culturally-responsive, holistic health education as well as supportive spaces that help them process the challenges of the pandemic. If the organization's staff wishes and has the capacity to resume

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[44] Information about the socio-emotional learning *Mission Me* journals can be found here: https://gozen.com/journal/.

offering youth programming, Junta will be able to use the curriculum indefinitely. The curriculum format is flexible in that it can be modified for in-person, virtual, and hybrid delivery and can be easily shortened or expanded to include more lessons and activities. OIRemos is also scalable to a larger participant group. I have shared with Junta staff this document, including my evaluation of the 2021 delivery of the curriculum, for them to incorporate into future programming as they see fit.

The location of the Junta House on Grand Avenue, directly across the street from a Pre-K to 8th Grade New Haven Public School, makes a symbiotic partnership between Fair Haven School and Junta's future youth programs ideal. According to Program Coordinator José Garcia, if Junta were to resume its in-person youth programming, participants attending Fair Haven School could once again simply cross Grand Avenue after the school day ends and "find a second home," including "friends to be in community with" (2021). Junta could also partner with health centers such as Fair Haven Community Health Care and Clifford Beers Whole-Family Mental Health Care so that medical providers could refer patients who might benefit from Junta's youth program. These partnerships would bring together diverse stakeholders from multiple sectors (e.g. education, healthcare provision, social services), and would make Junta's program part of a multi-level structural approach to health promotion, increasing its potential impact on participants' health outcomes (Brown et al., 2019).

Depending on the staff's vision for future youth programming, Junta could also partner with other organizations in the area that provide after-school enrichment to youth, such as Leadership, Education and Athletics in Partnership (LEAP) and New Haven Reads to share resources and recruitment strategies. Future implementers of the curriculum at Junta might consider following up with 2021 mentors to see if they would be interested in facilitating the

program, pursuing a Leaders In Training model similar to LEAP's where former participants become trained as leaders within the organization. Ideally, a bilingual member of New Haven's Hispanic community with whom participants could identify would facilitate the curriculum, and Junta would have the staffing and funding capacity to provide them with adequate administrative support.

If Junta were interested in continuing to implement this curriculum in the future, one recruitment approach that might boost enrollment would be to create a bilingual video about the program with testimonials from 2021 participants and mentors, which Junta could post on its website and social media platforms. Junta staff could also distribute flyers with program information more widely throughout the city, including in public libraries, schools, and at the Dixwell Community "Q" House. If funding permits, Junta could mail flyers to families in its constituent database that have children in Grades 3-8. To improve participant retention, Junta could consider incentivizing attendance by announcing that at the end of the program, participants and their parents will receive a gift if participants take part in a certain percentage of sessions.

This holistic health curriculum could be a valuable resource for other organizations and schools interested in offering health-promoting programming to youth. As such, I plan to incorporate the recommended updates listed in Appendix III and then offer the curriculum to other organizations that might be interested in implementing it with their young constituents.

## IX. Reflections and Conclusions

I feel extremely grateful for the opportunity to engage with and learn from members of New Haven's Hispanic community through this project. I also appreciate the flexibility and grace that Junta staff and my advisors have shown me in allowing me to submit this thesis later than

initially anticipated. Chronic physical and mental ailments delayed submission of these materials, but my challenges also made working on the OIRemos curriculum particularly meaningful given the closeness of its lessons to my own lived experiences. The difficulties and triumphs I have experienced in managing my chronic health issues while working on this project reaffirmed the necessity of healthy social and environmental contexts, as well as skill practice, to resilience and wellbeing – health knowledge alone is not enough. This lesson is but one of many gifts that the journey of developing, implementing, and evaluating OIRemos has given me, confirming Victor Torres's remark in our final program session that the journey to our goals often matters far more than the destination.

My progress was also slowed by my spending more time and energy creating new intervention materials for this project than was strictly necessary – a common mistake among public health interventionists. While it would have been more efficient to incorporate more existing lesson plans and socio-emotional learning activities into the curriculum, I and the participants also benefited from an entirely original project in curriculum development. Unlike pre-existing lessons, the bilingual, culturally-responsive materials that I created for this project were tailored to the organization's needs, the pandemic context, and the participant population of Hispanic youth. Furthermore, pre-made lesson plans available online are largely monolingual and reductionist, failing to highlight the connections between the dimensions of health.

Although OIRemos was imperfect and it served a much smaller group of participants than what Junta staff, Program Coordinators, and I anticipated, its beneficial outcomes indicate three important conclusions: (1) culturally-responsive curricula that holistically incorporate evidence-based health-promoting interventions can constructively address some of the health challenges that Covid-19 created, exacerbated, and highlighted for Hispanic youth; (2)

collaboratively developing and implementing such interventions in real-time during public health emergencies can be an effective approach to supporting vulnerable populations and resource-constrained non-profits; and (3) crises, such as the Covid-19 pandemic and the widespread socio-emotional harm it precipitated, can be opportunities for growth if we listen to the needs of community organizations.

There is more learning, growing, and listening to do – there always will be. In the words of Clark and Sousa, we are definitively unfinished (2018).

# X. References

Abraham, M., & Buchanan, M. (2016). *Greater New Haven Community Index 2016*. DataHaven. https://www.ctdatahaven.org/sites/ctdatahaven/files/DataHaven_GNH_Community_Index.pdf

Aburn, G., Gott, M., & Hoare, K. (2016). What Is Resilience? An Integrative Review of the Empirical Literature. *Journal of Advanced Nursing*, *72*(5), 980–1000. https://doi.org/10.1111/jan.12888

Altman, D. G. (1995). Sustaining interventions in community systems: On the relationship between researchers and communities. *Health Psychology, 14*(6), 526–536. https://doi.org/10.1037/0278-6133.14.6.526

Álvarez-Pérez, Y., Rivero-Santana, A., Perestelo-Pérez, L., Duarte-Díaz, A., Ramos-García, V., Toledo-Chávarri, A., Torres-Castaño, A., León-Salas, B., Infante-Ventura, D., González-Hernández, N., Rodríguez-Rodríguez, L., & Serrano-Aguilar, P. (2022). Effectiveness of Mantra-Based Meditation on Mental Health: A Systematic Review and Meta-Analysis. *International Journal of Environmental Research and Public Health*, *19*(6). https://doi.org/10.3390/ijerph19063380

Armbruster, P., Patel, M., Johnson, E., & Weiss, M. (2009). Active Learning and Student-centered Pedagogy Improve Student Attitudes and Performance in Introductory Biology. *CBE—Life Sciences Education*, *8*(3), 203–213. https://doi.org/10.1187/cbe.09-03-0025

Baitmangalkar, A. (2022). *How We Can Work Together to Avoid Cultural Appropriation in Yoga*. Yoga International. https://yogainternational.com/article/view/how-we-can-work-together-to-avoid-cultural-appropriation-in-yoga

Bandura, A. (1986). *Social Foundations of Thought and Action: A Social Cognitive Theory.*

Englewood Cliffs, NJ: Prentice Hall.

Bastida, E. M., Tseng, T.-S., McKeever, C., & Jack, L. (2010). Ethics and Community-Based Participatory Research: Perspectives From the Field. *Health Promotion Practice*, *11*(1), 16–20. https://doi.org/10.1177/1524839909352841

Baum, F., MacDougall, C., & Smith, D. (2006). Participatory Action Research. *Journal of Epidemiology and Community Health*, *60*(10), 854. https://doi.org/10.1136/jech.2004.028662

Beckett, E., Holtzhausen, J., Thorpe, J., & Berge, Lara. (2017). *My inside Weather*. Book Dash. https://bookdash.org/books/inside-weather-jen-thorpe-lara-berge-emma-beckett/

Benelam, B., & Wyness, L. (2010). Hydration and Health: A Review. *Nutrition Bulletin*, *35*(1), 3–25. https://doi.org/10.1111/j.1467-3010.2009.01795.x

Berjot, S., & Gillet, N. (2011). Stress and Coping with Discrimination and Stigmatization. *Frontiers in Psychology*, *2*. https://doi.org/10.3389/fpsyg.2011.00033

Berkman, N. D., Davis, T. C., & McCormack, L. (2010). Health Literacy: What Is It? *Journal of Health Communication*, *15*(sup2), 9–19. https://doi.org/10.1080/10810730.2010.499985

Bhargava, R., Gogate, M. G., & Mascarenhas, J. F. (1988). Autonomic responses to breath holding and its variations following pranayama. *Indian Journal of Physiology and Pharmacology*, *32*(4), 257–264. https://pubmed.ncbi.nlm.nih.gov/3215678/

Boggiss, A. L., Consedine, N. S., Brenton-Peters, J. M., Hofman, P. L., & Serlachius, A. S. (2020). A systematic review of gratitude interventions: Effects on physical health and health behaviors. *Journal of Psychosomatic Research*, *135*, 110165. https://doi.org/10.1016/j.jpsychores.2020.110165

Boncu, A., Costea, I., & Minulescu, M. (2017). A meta-analytic study investigating the

efficiency of socio-emotional learning programs on the development of children and adolescents. *Romanian Journal of Applied Psychology*, *19*(2), 35–41. https://doi.org/10.24913/rjap.19.2.02

Brackett, M. (2020, January 19). *The Colors of Our Emotions*. https://www.marcbrackett.com/the-colors-of-our-emotions/

Brewis, A. A. (2014). Stigma and the perpetuation of obesity. *Social Science & Medicine*, *118*, 152–158. https://doi.org/10.1016/j.socscimed.2014.08.003

Bronfenbrenner, U. (1977). Toward an experimental ecology of human development. *American Psychologist, 32*(7), 513–531. https://doi.org/10.1037/0003-066X.32.7.513

Brown, A. F., Ma, G. X., Miranda, J., Eng, E., Castille, D., Brockie, T., Jones, P., Airhihenbuwa, C. O., Farhat, T., Zhu, L., & Trinh-Shevrin, C. (2019). Structural Interventions to Reduce and Eliminate Health Disparities. *American Journal of Public Health*, *109*(S1), S72–S78. https://doi.org/10.2105/AJPH.2018.304844

Brown, K. W., & Ryan, R. M. (2003). The benefits of being present: Mindfulness and its role in psychological well-being. *Journal of Personality and Social Psychology*, *84*(4), 822–848. https://doi.org/10.1037/0022-3514.84.4.822

Buck, C. (2015, January). *Establishing Effective Personal Boundaries*. Vanderbilt University Medical Center. https://www.vumc.org/health-wellness/news-resource-articles/establishing-effective-personal-boundaries

Bullard, R. D. (1999). Dismantling Environmental Racism in the USA. *The International Journal of Justice and Sustainability*, *4*(1), 5–19. https://doi.org/10.1080/13549839908725577

Campbell-Sills, L., Barlow, D. H., Brown, T. A., & Hofmann, S. G. (2006). Acceptability and

suppression of negative emotion in anxiety and mood disorders. *Emotion, 6*(4), 587–595.

https://doi.org/10.1037/1528-3542.6.4.587

Candelo, N., Croson, R. T. A., & Li, S. X. (2017). Identity and social exclusion: An experiment

with Hispanic immigrants in the U.S. *Experimental Economics*, *20*(2), 460–480.

https://doi.org/10.1007/s10683-016-9492-1

Cano, M. Á., Castro, F. G., De La Rosa, M., Amaro, H., Vega, W. A., Sánchez, M., Rojas, P.,

Ramírez-Ortiz, D., Taskin, T., Prado, G., Schwartz, S. J., Córdova, D., Salas-Wright, C. P.,

& de Dios, M. A. (2020). Depressive Symptoms and Resilience among Hispanic Emerging

Adults: Examining the Moderating Effects of Mindfulness, Distress Tolerance, Emotion

Regulation, Family Cohesion, and Social Support. *Behavioral Medicine*, *46*(3–4), 245–257.

https://doi.org/10.1080/08964289.2020.1712646

Carbone, E. T., & Zoellner, J. M. (2012). Nutrition and Health Literacy: A Systematic Review to

Inform Nutrition Research and Practice. *Journal of the Academy of Nutrition and Dietetics*,

*112*(2), 254–265. https://doi.org/10.1016/j.jada.2011.08.042

Cargo, M., & Mercer, S. L. (2008). The Value and Challenges of Participatory Research:

Strengthening Its Practice. *Annual Review of Public Health*, *29*(1), 325–350.

https://doi.org/10.1146/annurev.publhealth.29.091307.083824

Centers for Disease Control and Prevention. (2019, November 20). *Leading Causes of Death –*

*Females – Hispanic – United States, 2017*. Health Equity.

Centers for Disease Control and Prevention. (1999). *Framework for Program Evaluation in*

*Public Health, Morbidity and Mortality Weekly Report*. 48 (No. RR-11).

https://www.cdc.gov/evaluation/materials/frameworksummary.pdf

Cervantes, R. C., Padilla, A. M., & Salgado de Snyder, N. (1991). The Hispanic Stress

Inventory: A culturally relevant approach toward psychosocial assessment. *Psychological Assessment*. 3: 438–447. https://doi.org/10.1037/1040-3590.3.3.438

Chapple, A., Ziebland, S., & McPherson, A. (2004). Stigma, shame, and blame experienced by patients with lung cancer: Qualitative study. *BMJ*, *328*(7454), 1470. https://doi.org/10.1136/bmj.38111.639734.7C

Clark, A. M., & Sousa, B. J. (2018). Definitively unfinished: Why the growth mindset is vital for educators and academic workplaces. *Nurse Education Today*, *69*, 26–29. https://doi.org/10.1016/j.nedt.2018.06.029

Cloud, H., & Townsend, J. (1992). *Boundaries: When to Say Yes, When to Say No to Take Control of Your Life*. Zondervan Publishing House. https://books.google.com/books?id=3cfF94ZTxc0C

Collaborative for Academic, Social, and Emotional Learning. (2022). *What Is the CASEL Framework?* CASEL. https://casel.org/fundamentals-of-sel/what-is-the-casel-framework/

Cooper, B. (2011). *Empathy in Education: Engagement, Values and Achievement*. United Kingdom: Bloomsbury Publishing.

Cornejo-Barrera, J., Llanas-Rodríguez, J. D., & Alcázar-Castañeda, C. (2008). Acciones, programas, proyectos y políticas para disminuir el sedentarismo y promover el ejercicio en los niños. *Boletín Médico del Hospital Infantil de México*, *65*(6), 616–625. https://www.medigraphic.com/cgi-bin/new/resumen.cgi?IDARTICULO=18626

Coughlin, S. S. (2008). How Many Principles for Public Health Ethics? *The Open Public Health Journal*, *1*, 8–16. PubMed. https://doi.org/10.2174/1874944500801010008

Cummings, B. (2020, June 26). Racial inequity exposed by coronavirus drives new reforms. *CT Insider*. https://www.ctinsider.com/local/article/Coronavirus-more-deadly-for-Blacks-and-

Hispanics-15368454.php

Dahl, R. E., & Lewin, D. S. (2002). Pathways to adolescent health sleep regulation and behavior. *Health Futures of Youth II: Pathways to Adolescent Health*, *31*(6, Supplement), 175–184. https://doi.org/10.1016/S1054-139X(02)00506-2

Damio, G., DeJesús, J., Humphries, J., & McClave, M. (2006). *A Profile of Latino Health in Connecticut: The Case for Change in Policy and Practice*. Hispanic Health Council. http://www.hartfordinfo.org/issues/wsd/health/profile_latino_health.pdf

DataHaven. (2020). *COVID-19 in Connecticut: Data Analysis*. DataHaven. https://www.ctdatahaven.org/reports/covid-19-connecticut-data-analysis

Davila, K., Abraham, M., Seaberry, C., Park, J., & Bass, C. (2020). *Towards Health Equity in Connecticut: The Role of Social Inequality and the Impact of COVID-19* (p. 31). DataHaven. https://www.ctdatahaven.org/sites/ctdatahaven/files/DataHaven%20Health%20Equity%20Connecticut%20061820.pdf

DeLuca, J. S. (2020). Conceptualizing Adolescent Mental Illness Stigma: Youth Stigma Development and Stigma Reduction Programs. *Adolescent Research Review*, *5*(2), 153–171. https://doi.org/10.1007/s40894-018-0106-3

Dennis, E. A., Flack, K. D., & Davy, B. M. (2009). Beverage consumption and adult weight management: A review. *Eating Behaviors*, *10*(4), 237–246. https://doi.org/10.1016/j.eatbeh.2009.07.006

Dodge, R., Daly, A. P., Huyton, J., & Sanders, L. D. (2012). The Challenge of Defining Wellbeing. *International Journal of Wellbeing*, *2*(3), Article 3. https://www.internationaljournalofwellbeing.org/index.php/ijow/article/view/89

Dolezal, L., & Lyons, B. (2017). Health-related shame: An affective determinant of health?
*Medical Humanities*, *43*(4), 257. https://doi.org/10.1136/medhum-2017-011186

Dooris, M., Farrier, A., & Froggett, L. (2018). Wellbeing: the challenge of 'operationalising' an holistic concept within a reductionist public health programme. Perspectives in Public Health, 138(2), 93–99. https://doi.org/10.1177/1757913917711204

Dubay, L., Aarons, J., Brown, K. S., & Kenney, G. (2020). *How Risk of Exposure to the Coronavirus at Work Varies by Race and Ethnicity and How to Protect the Health and WellBeing of Workers and Their Families*. The Urban Institute.
https://www.urban.org/sites/default/files/publication/103278/how-risk-of-exposure-to-the-coronavirus-at-work-varies.pdf

Durkheim, É. (1897). *Suicide: A Study of Sociology*.

Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D., & Schellinger, K. (2011). The impact of enhancing students' social and emotional learning: A meta-analysis of school-based universal interventions. *Child Development*, 82, 405-432.
https://doi.org/10.1111/j.1467-8624.2010.01564.x

Dweck, C. S. (2007). Mindset: The New Psychology of Success. United States: Ballantine Books.

Eklund, K., Kilpatrick, K. D., Kilgus, S. P., & Haider, A. (2018). A Systematic Review of State-Level Social–Emotional Learning Standards: Implications for Practice and Research. *School Psychology Review*, *47*(3), 316–326. https://doi.org/10.17105/SPR-2017.0116.V47-3

Elias, M. J., Zins, J. E., Weissberg, R. P., Frey, K. S., Greenberg, M. T., Haynes, N. M., et al. (1997). Promoting social and emotional learning: Guidelines for educators. Alexandria, VA: Association for Supervision and Curriculum Development.

Feshbach, N. D., & Feshbach, S. (2009). Empathy and Education. In *The Social Neuroscience of Empathy*. The MIT Press. https://doi.org/10.7551/mitpress/9780262012973.003.0008

Fitzgerald, D. A., Nunn, K., & Isaacs, D. (2021). What we have learnt about trauma, loss and grief for children in response to COVID-19. *Paediatric Respiratory Reviews*, *39*, 16–21. https://doi.org/10.1016/j.prrv.2021.05.009

Fogel, A. (2009). *The Psychophysiology of Self-Awareness: Rediscovering the lost art of body sense* (pp. xv, 398). W W Norton & Co. https://psycnet.apa.org/record/2009-11686-000

Garcia, J. (2021, July). *Meeting between Michaela Markels and José Garcia about Junta youth programming* [Personal communication].

Gay, G. (2002). Preparing for Culturally Responsive Teaching. *Journal of Teacher Education*, 53(2), 106–116. https://doi.org/10.1177/0022487102053002003

Gendle, M. H. (2016). The Problem of Dualism in Modern Western Medicine. *Mens Sana Monographs*, *14*(1), 141–151. PubMed. https://doi.org/10.4103/0973-1229.193074

Glanz, K., & Bishop, D. B. (2010). The Role of Behavioral Science Theory in Development and Implementation of Public Health Interventions. *Annual Review of Public Health*, *31*(1), 399–418. https://doi.org/10.1146/annurev.publhealth.012809.103604

Hale, L., Troxel, W., & Buysse, D. J. (2020). Sleep Health: An Opportunity for Public Health to Address Health Equity. *Annual Review of Public Health*, *41*(1), 81–99. https://doi.org/10.1146/annurev-publhealth-040119-094412

Hagen, I., & Nayar, U. (2014). Yoga for Children and Young People's Mental Health and Well-Being: Research Review and Reflections on the Mental Health Potentials of Yoga. *Frontiers in Psychiatry*, *5*. https://www.frontiersin.org/article/10.3389/fpsyt.2014.00035

Hagerty, B. M. K., Lynch-Sauer, J., Patusky, K. L., Bouwsema, M., & Collier, P. (1992). Sense

of belonging: A vital mental health concept. *Archives of Psychiatric Nursing*, *6*(3), 172–177. https://doi.org/10.1016/0883-9417(92)90028-H

Hatzenbuehler, M. L., Phelan, J. C., & Link, B. G. (2013). Stigma as a Fundamental Cause of Population Health Inequalities. *American Journal of Public Health*, *103*(5), 813–821. https://doi.org/10.2105/AJPH.2012.301069

Headey, B., & Wearing, A. (1989). Personality, life events, and subjective well-being: Toward a dynamic equilibrium model. *Journal of Personality and Social Psychology, 57*(4), 731–739. https://doi.org/10.1037/0022-3514.57.4.731

Heenan, D. (2006). Art as therapy: An effective way of promoting positive mental health? *Disability & Society*, *21*(2), 179–191. https://doi.org/10.1080/09687590500498143

Hidalgo, M. I., & Güemes, M. (2011). Nutrición del preescolar, escolar y adolescente. *Pediatria Integral*, *15*(4), 351–368. https://www.pediatriaintegral.es/wp-content/uploads/2012/03/Pediatria-Integral-XV-4.pdf#page=52

Hobbs, B. B., & Sawer, B. (2009). Engaging Latino Youth in Community-based Programs. *Oregon State University Extension Service*, 29. https://www.lpi.usra.edu/education/stemlibraryconference/events/Evaluation-Results-10Yr-Outreach-Program.pdf

Hofmann, S., & Asmundson, G. J. G. (2017). *The Science of Cognitive Behavioral Therapy*. Elsevier Science. https://books.google.com/books?id=X0XUDQAAQBAJ

Hofmann, S., Asnaani, A., Vonk, I. J. J., Sawyer, A. T., & Fang, A. (2012). The Efficacy of Cognitive Behavioral Therapy: A Review of Meta-analyses. *Cognitive Therapy and Research*, *36*(5), 427–440. https://doi.org/10.1007/s10608-012-9476-1

Jans-Beken, L., Jacobs, N., Janssens, M., Peeters, S., Reijnders, J., Lechner, L., & Lataster, J.

(2020). Gratitude and health: An updated review. *The Journal of Positive Psychology*, *15*(6), 743–782. https://doi.org/10.1080/17439760.2019.1651888

Jimenez, S. S., Niles, B. L., & Park, C. L. (2010). A mindfulness model of affect regulation and depressive symptoms: Positive emotions, mood regulation expectancies, and self-acceptance as regulatory mechanisms. *Personality and Individual Differences*, *49*(6), 645–650. https://doi.org/10.1016/j.paid.2010.05.041

Junta for Progressive Action. (2019). *Junta for Progressive Action*. Program in Ethnicity, Race, and Migration at Yale University. https://erm.yale.edu/academics/community-based-learning/junta-progressive-action

Junta for Progressive Action. (2011). *Our Mission*. Junta. https://www.juntainc.org/about

Junta for Progressive Action. (2021). *Our Services*. Junta. https://www.juntainc.org

Kaplan, B. H., Cassel, J. C., & Gore, S. (1977). Social Support and Health. *Medical Care*, *15*(5), 47–58. http://www.jstor.org/stable/3763353

Kelder, S. H., Perry, C. L., Lytle, L. A., & Klepp, K.-I. (1995). Community-wide youth nutrition education: Long-term outcomes of the Minnesota Heart Health Program. *Health Education Research*, *10*(2), 119–131. https://doi.org/10.1093/her/10.2.119-a

Kemeny, M. E., Gruenewald, T. L., & Dickerson, S. S. (2004). Shame as the Emotional Response to Threat to the Social Self: Implications for Behavior, Physiology, and Health. *Psychological Inquiry*, *15*(2), 153–160. http://www.jstor.org/stable/20447221

Kershaw, T. (2020, August 31). *CDE 574a: Developing Health Promotion and Disease Prevention Interventions—Class 1*.

Keyes, C. L. M. (1998). Social Well-Being. *Social Psychology Quarterly*, *61*(2), 121–140. JSTOR. https://doi.org/10.2307/2787065

Kircanski, K., Lieberman, M. D., & Craske, M. G. (2012). Feelings into words: contributions of language to exposure therapy. *Psychological Science*, *23*(10), 1086–1091. https://doi.org/10.1177/0956797612443830

Kouyoumdjian, H., Zamboanga, B. L., & Hansen, D. J. (2003). Barriers to Community Mental Health Services for Latinos: Treatment Considerations. *Clinical Psychology: Science and Practice*, *10*(4), 394–422. https://doi.org/10.1093/clipsy.bpg041

Kuhfuß, M., Maldei, T., Hetmanek, A., & Baumann, N. (2021). Somatic experiencing – effectiveness and key factors of a body-oriented trauma therapy: A scoping literature review. *European Journal of Psychotraumatology*, *12*(1), 1929023. https://doi.org/10.1080/20008198.2021.1929023

Lannegrand-Willems, L., & Bosma, H. A. (2006). Identity Development-in-Context: The School as an Important Context for Identity Development. *Identity*, *6*(1), 85–113. https://doi.org/10.1207/s1532706xid0601_6

Lawlor, K. B. (2012). Smart Goals: How the Application of Smart Goals can Contribute to Achievement of Student Learning Outcomes. *Developments in Business Simulation and Experiential Learning: Proceedings of the Annual ABSEL Conference*, *39*. https://absel-ojs-ttu.tdl.org/absel/index.php/absel/article/view/90

Lazare, A. (1987). Shame and Humiliation in the Medical Encounter. *Archives of Internal Medicine*, *147*(9), 1653–1658. https://doi.org/10.1001/archinte.1987.00370090129021

Lee, J. (2020). Mental health effects of school closures during COVID-19. *The Lancet Child & Adolescent Health*, *4*(6), 421. https://doi.org/10.1016/S2352-4642(20)30109-7

Levine, P. (2017). Somatic Experiencing: A body-oriented approach to the treatment of traumatized infants and children. In C. Trevarthen & S. Daniel (Eds.), *Rhythms of Relating*

*in Children's Therapies: Connecting Creatively with Vulnerable Children* (pp. 125–140). Jessica Kingsley Publishers.

Litz, B. T. & Gray, M. J. (2002). Emotional Numbing in Posttraumatic Stress Disorder: Current and Future Research Directions. Australian & New Zealand Journal of Psychiatry, 36(2), 198–204. https://doi.org/10.1046/j.1440-1614.2002.01002.x

Llabre, M. M., Schneiderman, N., Gallo, L. C., Arguelles, W., Daviglus, M. L., Gonzalez, F., 2nd, Isasi, C. R., Perreira, K. M., & Penedo, F. J. (2017). Childhood Trauma and Adult Risk Factors and Disease in Hispanics/Latinos in the US: Results From the Hispanic Community Health Study/Study of Latinos (HCHS/SOL) Sociocultural Ancillary Study. *Psychosomatic medicine*, *79*(2), 172–180. https://doi.org/10.1097/PSY.0000000000000394

Lopez, V., Sanchez, K., Killian, M. O., & Eghaneyan, B. H. (2018). Depression screening and education: An examination of mental health literacy and stigma in a sample of Hispanic women. *BMC Public Health*, *18*(1), 646. https://doi.org/10.1186/s12889-018-5516-4

Lowe, S. (2021, March and April). *Thesis Advising Meetings* [Personal communication].

Lynch, J., Prihodova, L., Dunne, P. J., Carroll, Á., Walsh, C., McMahon, G., & White, B. (2018). Mantra meditation for mental health in the general population: A systematic review. *European Journal of Integrative Medicine*, *23*, 101–108. https://doi.org/10.1016/j.eujim.2018.09.010

Macinnes, D. L. (2006). Self-esteem and self-acceptance: An examination into their relationship and their effect on psychological health. *Journal of Psychiatric and Mental Health Nursing*, *13*(5), 483–489. https://doi.org/10.1111/j.1365-2850.2006.00959.x

Maddrell, A. (2020). Bereavement, grief, and consolation: Emotional-affective geographies of loss during COVID-19. *Dialogues in Human Geography*, *10*(2), 107–111.

https://doi.org/10.1177/2043820620934947

Marlatt, G. A. (1996). Harm Reduction: Come As You Are. *Addictive Behaviors*, *21*(6), 779–

788. https://doi.org/10.1016/0306-4603(96)00042-1

Marroquín, B., Tennen, H., & Stanton, A. L. (2017). Coping, Emotion Regulation, and Well-

Being: Intrapersonal and Interpersonal Processes. In M. D. Robinson & M. Eid (Eds.), *The*

*Happy Mind: Cognitive Contributions to Well-Being* (pp. 253–274). Springer International

Publishing. https://doi.org/10.1007/978-3-319-58763-9_14

Matheson, G. O., Pacione, C., Shultz, R. K., & Klügl, M. (2015). Leveraging Human-Centered

Design in Chronic Disease Prevention. *American Journal of Preventive Medicine*, *48*(4),

472–479. https://doi.org/10.1016/j.amepre.2014.10.014

Mayer, E. A., & Tillisch, K. (2011). The brain-gut axis in abdominal pain syndromes. *Annual*

*Review of Medicine*, *62*, 381–396. PubMed. https://doi.org/10.1146/annurev-med-012309-

103958

Mayo Clinic Staff. (2019, June 8). *Mental Illness—Symptoms and Causes*. Mayo Clinic.

https://www.mayoclinic.org/diseases-conditions/mental-illness/symptoms-causes/syc-

20374968

McCaffrey, R., Frock, T. L., & Garguilo, H. (2003). Understanding Chronic Pain and the Mind-

Body Connection. *Holistic Nursing Practice*, *17*(6).

https://journals.lww.com/hnpjournal/Fulltext/2003/11000/Understanding_Chronic_Pain_and

_the_Mind_Body.2.aspx

McInerney, M., & McKlindon, A. (2014). *Unlocking the Door to Learning: Trauma-Informed*

*Classrooms and Transformational Schools*. Education Law Center. https://www.elc-

pa.org/resource/unlocking-the-door-to-learning-trauma-informed-classrooms-and-

transformational-schools/

Mikkelsen, K., Stojanovska, L., Polenakovic, M., Bosevski, M., & Apostolopoulos, V. (2017). Exercise and Mental health. *Maturitas*, *106*, 48–56. https://doi.org/10.1016/j.maturitas.2017.09.003

Minkler, M., Vásquez, V. B., Warner, J. R., Steussey, H., & Facente, S. (2006). Sowing the seeds for sustainable change: A community-based participatory research partnership for health promotion in Indiana, USA and its aftermath. *Health Promotion International*, *21*(4), 293–300. https://doi.org/10.1093/heapro/dal025

Moriarty, C. (2018, March 15). *Vitamin D Myths 'D'-bunked*. Yale Medicine. https://www.yalemedicine.org/news/vitamin-d-myths-debunked

Muhammad, M., Wallerstein, N., Sussman, A. L., Avila, M., Belone, L., & Duran, B. (2015). Reflections on Researcher Identity and Power: The Impact of Positionality on Community Based Participatory Research (CBPR) Processes and Outcomes. *Critical sociology*, *41*(7-8), 1045–1063. https://doi.org/10.1177/0896920513516025

Mullen, J., Davis, L., & Kranz Lewis, K. (2014). *Healthy Connecticut 2020: State Health Assessment*. Connecticut Department of Public Health. https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/dph/state_health_planning/SHA-SHIP/hct2020/hct2020statehlthassmt032514pdf.pdf

Mushtaq, R., Shoib, S., Shah, T., & Mushtaq, S. (2014). Relationship between loneliness, psychiatric disorders and physical health? A review on the psychological aspects of loneliness. *Journal of Clinical and Diagnostic Research: 8*(9), WE01-WE4. https://doi.org/10.7860/JCDR/2014/10077.4828

National Alliance on Mental Illness. (2022). *Warning Signs and Symptoms*. NAMI.

https://www.nami.org/About-Mental-Illness/Warning-Signs-and-Symptoms

National Centre for Youth Mental Health. (2021, September 14). *Maintaining Boundaries—Advice for Young People*. Jigsaw: Young People's Health in Mind.

https://jigsaw.ie/maintaining-boundaries/

National Health and Medical Research Council. (2013). *Eat for Health: Australian Dietary Guidelines Summary*. Commonwealth of Australia.

https://www.eatforhealth.gov.au/sites/default/files/files/the_guidelines/n55a_australian_dietary_guidelines_summary_book.pdf

Neff, K. D. (2011). Self-Compassion, Self-Esteem, and Well-Being. *Social and Personality Psychology Compass*, *5*(1), 1–12. https://doi.org/10.1111/j.1751-9004.2010.00330.x

Office of Cancer Communications. (1992). Creating and Tailoring Effective Materials. In *Making Health Communication Programs Work: A Planner's Guide*. National Institutes of Health; NIH Publication #92-1493.

Olson, E. (2021, May 15). *How many hours of sleep do you need?* Mayo Clinic.

https://www.mayoclinic.org/healthy-lifestyle/adult-health/expert-answers/how-many-hours-of-sleep-are-enough/faq-20057898

Ontario Ministry of Education. (2019). *The Ontario Curriculum: Health and Physical Education Grades 1-8*. Queen's Printer for Ontario.

http://www.edu.gov.on.ca/eng/curriculum/elementary/2019-health-physical-education-grades-1to8.pdf

Overton, T. L., Rives, T. E., Hecht, C., Shafi, S., & Gandhi, R. R. (2015). Distracted driving: Prevalence, problems, and prevention. *International Journal of Injury Control and Safety Promotion*, *22*(3), 187–192. https://doi.org/10.1080/17457300.2013.879482

Pacella, M. L., Hruska, B., & Delahanty, D. L. (2013). The physical health consequences of PTSD and PTSD symptoms: A meta-analytic review. *Journal of Anxiety Disorders*, *27*(1), 33–46. https://doi.org/10.1016/j.janxdis.2012.08.004

Panicucci, J. (2007). Cornerstones of Adventure Education. In D. Prouty, J. Panicucci & R. Collinson (Eds.), *Adventure Education: Theory and Applications* (pp. 33-48). Champaign, IL: Human Kinetics.

Phipps, R. M., & Degges-White, S. (2014). A New Look at Transgenerational Trauma Transmission: Second-Generation Latino Immigrant Youth. *Journal of Multicultural Counseling and Development*, *42*(3), 174–187. https://doi.org/10.1002/j.2161-1912.2014.00053.x

Pizarro, B. (2020, October). *History of The Neighborhood Place at Junta for Progressive Action* [Personal communication].

Pluut, H., & Wonders, J. (2020). Not Able to Lead a Healthy Life When You Need It the Most: Dual Role of Lifestyle Behaviors in the Association of Blurred Work-Life Boundaries With Well-Being. *Frontiers in Psychology*, *11*, 607294–607294. PubMed. https://doi.org/10.3389/fpsyg.2020.607294

Posner, J., Russell, J. A., & Peterson, B. S. (2005). The circumplex model of affect: An integrative approach to affective neuroscience, cognitive development, and psychopathology. *Development and Psychopathology*, *17*(3), 715–734. PubMed. https://doi.org/10.1017/S0954579405050340

Powers, M. & Meckler, L. (2020, November 25). *Washington Post*. *The Emotional Toll of Distance Learning*. In *Post Reports*. https://www.washingtonpost.com/podcasts/post-reports/the-emotional-toll-of-distance-learning/

Rios, R., Aiken, L. S., & Zautra, A. J. (2012). Neighborhood Contexts and the Mediating Role of

    Neighborhood Social Cohesion on Health and Psychological Distress Among Hispanic and

    Non-Hispanic Residents. *Annals of Behavioral Medicine*, *43*(1), 50–61.

    https://doi.org/10.1007/s12160-011-9306-9

Rothbaum, B. O., Foa, E. B. (2001). *Treating the Trauma of Rape: Cognitive-Behavioral*

    *Therapy for PTSD*. United Kingdom: Guilford Publications.

Rural Health Information Hub. (2017, September 14). *Evaluation Design*. RHI Hub.

    https://www.ruralhealthinfo.org/toolkits/rural-toolkit/4/evaluation-design

Rutter, M. (2012). Resilience as a dynamic concept. *Development and Psychopathology*, *24*(2),

    335–344. Cambridge Core. https://doi.org/10.1017/S0954579412000028

Sabogal, F., Marín, G., Otero-Sabogal, R., Marín, B. V., & Perez-Stable, E. J. (1987). Hispanic

    Familism and Acculturation: What Changes and What Doesn't? *Hispanic Journal of*

    *Behavioral Sciences*, *9*(4), 397–412. https://doi.org/10.1177/07399863870094003

Salovey, P., & Mayer, J. D. (1990). Emotional Intelligence. Imagination, Cognition and

    Personality, 9(3), 185–211. https://doi.org/10.2190/DUGG-P24E-52WK-6CDG

Saoji, A. A., Raghavendra, B. R., & Manjunath, N. K. (2019). Effects of yogic breath regulation:

    A narrative review of scientific evidence. *Journal of Ayurveda and Integrative Medicine*,

    *10*(1), 50–58. https://doi.org/10.1016/j.jaim.2017.07.008

Saunders, R. P., Evans, M. H., & Joshi, P. (2005). Developing a Process-Evaluation Plan for

    Assessing Health Promotion Program Implementation: A How-To Guide. *Health Promotion*

    *Practice*, *6*(2), 134–147. https://doi.org/10.1177/1524839904273387

Singh, G. K., Kogan, M. D., Siahpush, M., & van Dyck, P. C. (2008). Independent and Joint

    Effects of Socioeconomic, Behavioral, and Neighborhood Characteristics on Physical

Inactivity and Activity Levels Among US Children and Adolescents. *Journal of Community Health*, *33*(4), 206–216. https://doi.org/10.1007/s10900-008-9094-8

Scheel, C. N., Bender, C., Tuschen-Caffier, B., Brodführer, A., Matthies, S., Hermann, C., Geisse, E. K., Svaldi, J., Brakemeier, E.-L., Philipsen, A., & Jacob, G. A. (2014). Do patients with different mental disorders show specific aspects of shame? *Psychiatry Research*, *220*(1), 490–495. https://doi.org/10.1016/j.psychres.2014.07.062

Shotton, G., Burton, S., & Agar, A. (2018). Resilience. In *Emotional Wellbeing: An Introductory Handbook for Schools* (1st ed.). Routledge. https://www.taylorfrancis.com/chapters/mono/10.4324/9781315098463-10/resilience-gillian-shotton-sheila-burton-adele-agar?context=ubx&refId=a4b7c4fc-28c5-4c5f-a428-b682c04f591b

Sleeter, C. E. (1991). *Empowerment through Multicultural Education*. State University of New York Press. https://books.google.com/books?id=S57-VvGDLNkC

Smith, S., O'grady, L., Cubillo, C., & Cavanagh, S. (2017). Using Culturally Appropriate Approaches to the Development of KidsMatter Resources to Support the Social and Emotional Wellbeing of Aboriginal Children. *Australian Psychologist*, *52*(4), 299–305. https://doi.org/10.1111/ap.12284

Sontag, S. (1978, January 26). Illness as Metaphor. *The New York Review*. https://www.nybooks.com/articles/1978/01/26/illness-as-metaphor/

Sparrenberger, F., Cichelero, F. T., Ascoli, A. M., Fonseca, F. P., Weiss, G., Berwanger, O., Fuchs, S. C., Moreira, L. B., & Fuchs, F. D. (2009). Does psychosocial stress cause hypertension? A systematic review of observational studies. *Journal of Human Hypertension*, *23*(1), 12–19. https://doi.org/10.1038/jhh.2008.74

Stahl, A., Kroke, A., Bolzenius, K., & Manz, F. (2007). Relation between hydration status in

    children and their dietary profile – results from the DONALD study. *European Journal of*

    *Clinical Nutrition*, *61*(12), 1386–1392. https://doi.org/10.1038/sj.ejcn.1602663

Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's Concept of*

    *Trauma and Guidance for a Trauma-Informed Approach* (HHS Publication No. (SMA) 14-

    4884). U.S. Department of Health and Human Services.

    https://ncsacw.acf.hhs.gov/userfiles/files/SAMHSA_Trauma.pdf

Sullivan, M. (2021). The Use of Storytelling With Grief Reactions in Children During the

    COVID-19 Pandemic. *Journal of Psychosocial Nursing and Mental Health Services*, *59*(2),

    13–15. https://doi.org/10.3928/02793695-20201015-02

Tervalon, M., & Murray-García, J. (1998). Cultural Humility Versus Cultural Competence: A

    Critical Distinction in Defining Physician Training Outcomes in Multicultural Education.

    *Journal of Health Care for the Poor and Underserved*, *9*(2), 117–125.

    https://doi.org/10.1353/hpu.2010.0233

The Community Foundation for Greater New Haven. (2013, December). *Latinos in Greater New*

    *Haven: Emerging Influence – Growing Opportunity*. https://www.cfgnh.org

The US Burden of Disease Collaborators. (2018). The State of US Health, 1990-2016: Burden of

    Diseases, Injuries, and Risk Factors Among US States. *JAMA*, *319*(14), 1444–1472.

    https://doi.org/10.1001/jama.2018.0158

Tiggemann, M., & McGill, B. (2004). The Role of Social Comparison in the Effect of Magazine

    Advertisements on Women's Mood and Body Dissatisfaction. *Journal of Social and*

    *Clinical Psychology*, *23*(1), 23–44. https://doi.org/10.1521/jscp.23.1.23.26991

Tremblay, M.-C., Martin, D. H., McComber, A. M., McGregor, A., & Macaulay, A. C. (2018).

Understanding community-based participatory research through a social movement

framework: A case study of the Kahnawake Schools Diabetes Prevention Project. BMC

Public Health, 18(1), 487. https://doi.org/10.1186/s12889-018-5412-y

Ullrich, P. M., & Lutgendorf, S. K. (2002). Journaling about stressful events: Effects of

cognitive processing and emotional expression. *Annals of Behavioral Medicine*, *24*(3), 244–

250. https://doi.org/10.1207/S15324796ABM2403_10

Umberson, D., & Karas Montez, J. (2010). Social Relationships and Health: A Flashpoint for

Health Policy. *Journal of Health and Social Behavior*, *51*(1_suppl), S54–S66.

https://doi.org/10.1177/0022146510383501

Unger, J. B., Cabassa, L. J., Molina, G. B., Contreras, S., & Baron, M. (2013). Evaluation of a

Fotonovela to Increase Depression Knowledge and Reduce Stigma Among Hispanic Adults.

*Journal of Immigrant and Minority Health*, *15*(2), 398–406. https://doi.org/10.1007/s10903-

012-9623-5

Unidad Latina en Acción. (2021, December). *Summary of 2021 Organizing Efforts—Resumen de

fin de año 2021*. Unidad Latina En Acción – Building Power, Voice, and Dignity for

Immigrants in New Haven, CT. https://ulanewhaven.org/

University of Hawai'i at Mānoa. (2020). Introduction to Nutrition. In *Human Nutrition* (1st ed.).

https://med.libretexts.org/@go/page/6758

Vargas, S. M., Cabassa, L. J., Nicasio, A., De La Cruz, A. A., Jackson, E., Rosario, M.,

Guarnaccia, P. J., & Lewis-Fernández, R. (2015). Toward a cultural adaptation of

pharmacotherapy: Latino views of depression and antidepressant therapy. *Transcultural

Psychiatry*, *52*(2), 244–273. https://doi.org/10.1177/1363461515574159

Vega, W. A., Rodriguez, M. A., & Gruskin, E. (2009). Health disparities in the Latino

population. *Epidemiologic Reviews*, *31*, 99–112. https://doi.org/10.1093/epirev/mxp008

Velasco-Mondragon, E., Jimenez, A., Palladino-Davis, A. G., Davis, D., & Escamilla-Cejudo, J.

    A. (2016). Hispanic health in the USA: a scoping review of the literature. *Public Health*

    *Reviews*, *37*(1), 31. https://doi.org/10.1186/s40985-016-0043-2

Vernon, L. (2016). The role of problematic technology use for adolescents: The importance of

    sleep for wellbeing [Phd, Murdoch University].

    https://researchrepository.murdoch.edu.au/id/eprint/35698/

Verza, M. (2020, March 23). *México crea a Susana Distancia, superheroína contra COVID-19*.

    Chicago Tribune. https://www.chicagotribune.com/espanol/sns-es-coronavirus-mexico-crea-

    susana-distancia-superheroina-20200323-7ve6hejqozbfzdjgxnkm45jbue-story.html

Viswanathan, M., Ammerman, A., Eng, E., Garlehner, G., Lohr, K. N., Griffith, D., Rhodes, S.,

    Samuel-Hodge, C., Maty, S., Lux, L. and Webb, L., Sutton, S.F., Swinson, T., Jackman, A.,

    and Whitener, L. (2004). Community-based participatory research: Assessing the evidence:

    Summary. *Agency for Healthcare Research and Quality Evidence Report Summaries*.

    https://www.ncbi.nlm.nih.gov/books/NBK11852/

Wallerstein, N., & Bernstein, E. (1994). Introduction to Community Empowerment,

    Participatory Education, and Health. *Health Education Quarterly*, *21*(2), 141–148.

    https://doi.org/10.1177/109019819402100202

Wallerstein, N. B., & Duran, B. (2006). Using Community-Based Participatory Research to

    Address Health Disparities. *Health Promotion Practice*, *7*(3), 312–323.

    https://doi.org/10.1177/1524839906289376

Wang, J., Iannotti, R. J., Luk, J. W., & Nansel, T. R. (2010). Co-occurrence of Victimization

    from Five Subtypes of Bullying: Physical, Verbal, Social Exclusion, Spreading Rumors, and

Cyber. *Journal of Pediatric Psychology*, *35*(10), 1103–1112.

https://doi.org/10.1093/jpepsy/jsq048

Werner, E. E. (1995). Resilience in development. *Current Directions in Psychological Science*,

*4*(3), 81-84. http://www.jstor.org/stable/20182335

Werner, A., Isaksen, L. W., & Malterud, K. (2004). 'I am not the kind of woman who complains

of everything': Illness Stories on Self and Shame in Women with Chronic Pain. *Social

Science & Medicine (1982)*, *59*(5), 1035–1045.

https://doi.org/10.1016/j.socscimed.2003.12.001

Whitney, D. G., & Peterson, M. D. (2019). US National and State-Level Prevalence of Mental

Health Disorders and Disparities of Mental Health Care Use in Children. *JAMA Pediatrics*,

*173*(4), 389–391. https://doi.org/10.1001/jamapediatrics.2018.5399

Whitson, H. E., Cohen, H. J., Schmader, K. E., Morey, M. C., Kuchel, G., & Colon-Emeric, C.

S. (2018). Physical Resilience: Not Simply the Opposite of Frailty. *Journal of the American

Geriatrics Society*, *66*(8), 1459–1461. PubMed. https://doi.org/10.1111/jgs.15233

Williams, K. R., & Guerra, N. G. (2007). Prevalence and Predictors of Internet Bullying. *Youth

Violence and Electronic Media: Similar Behaviors, Different Venues?*, *41*(6, Supplement),

S14–S21. https://doi.org/10.1016/j.jadohealth.2007.08.018

Williams, R. E., & Kraft, J. S. (2012). *The Mindfulness Workbook for Addiction: A Guide to

Coping with the Grief, Stress and Anger that Trigger Addictive Behaviors*. New Harbinger

Publications.

Wolcott, M. D., McLaughlin, J. E., Hann, A., Miklavec, A., Beck Dallaghan, G. L., Rhoney, D.

H., & Zomorodi, M. (2021). A review to characterise and map the growth mindset theory in

health professions education. *Medical Education*, *55*(4), 430–440.

https://doi.org/10.1111/medu.14381

Wong, J. (2019). Respecting Other People's Boundaries: A Quintessentially Anglo Cultural

Value. In A. Capone, M. Carapezza, & F. Lo Piparo (Eds.), *Further Advances in Pragmatics*

*and Philosophy: Part 2 Theories and Applications* (pp. 449–467). Springer International

Publishing. https://doi.org/10.1007/978-3-030-00973-1_25

World Health Organization. (2003). *Diet, Nutrition, and the Prevention of Chronic Diseases:*

*Report of a Joint WHO/FAO Expert Consultation*. World Health Organization.

https://books.google.com/books?id=S6YsDwAAQBAJ

Xing, K., Chico, E., Lambouths, D. L., Brittian, A. S., & Schwartz, S. J. (2015). Identity

Development in Adolescence: Implications for Youth Policy and Practice. In E. P. Bowers,

G. J. Geldhof, S. K. Johnson, L. J. Hilliard, R. M. Hershberg, J. V. Lerner, & R. M. Lerner

(Eds.), *Promoting Positive Youth Development: Lessons from the 4-H Study* (pp. 187–208).

Springer International Publishing. https://doi.org/10.1007/978-3-319-17166-1_10

Xu, W., Oei, T. P., Liu, X., Wang, X., & Ding, C. (2016). The moderating and mediating roles of

self-acceptance and tolerance to others in the relationship between mindfulness and

subjective well-being. *Journal of Health Psychology*, *21*(7), 1446–1456.

https://doi.org/10.1177/1359105314555170

*You Are Not Your Thoughts*. (2019, May 7). AboutKidsHealth.

https://www.youtube.com/watch?v=0QXmmP4psbA

**Appendices**

**I. OIRemos Facilitation Guide**

**Overarching lessons:**
- 5 elements of health that affect our wellbeing: physical health, emotional health, mental health, social health, and community health
  - These elements are all interconnected. For example:
    - When we are feeling physically unwell, we are more likely to experience unpleasant emotions and respond to our emotions poorly.
    - And when our emotional health is struggling, we are more likely to experience physical pain and discomfort.
- Observing, Identifying, and Responding (O.I.R. - Spanish for "listen") to situations is important for all the elements of health.
- Being unwell is nothing to be ashamed of.
- Taking care of ourselves takes daily practice and is the journey of a lifetime.
- We don't have to take care of ourselves alone — it's always okay to ask for help with your health goals.
- Try to set goals that are achievable, measurable, and positive. Write down your goals and the reasons you want to strive for them.
- Progress towards meeting our goals is rarely linear. Allow yourself to be proud of yourself and all the progress you have made. Especially the progress no one else has seen.

Day 1 Activities:
- Introductions - name, pronouns, preferred language.
- Whiteboard question: What is one nice thing you did for yourself or for someone else today?
- Discuss structure and goals of OIRemos
- Group stretching activity with music or nature sounds in the background
  - Mountain Pose:
    - Bend your knees slightly so that they don't lock
    - Move your feet so that they are directly beneath your hips and shoulders
    - Keeping your knees slightly bent, slowly roll your shoulders forward 3 times and then back 3 times
    - Breathe out through your mouth, releasing any remaining air from your lungs
    - As you inhale through your nose, try to inflate your belly
    - Let your arms and fingers relax at your sides
    - As you exhale, imagine that you are a mountain peak in The Andes

- Complete baseline surveys: [tinyurl.com/TNPsurvey1](tinyurl.com/TNPsurvey1) and [tinyurl.com/TNPsurvey2](tinyurl.com/TNPsurvey2) (health-focused)
- Activity: What is your favorite place? Draw a picture of it or find it online and set it as your virtual background!

Balance Activity

- Play music, such as Equilibrio by Koralle [https://open.spotify.com/track/2speSGgRtz80jnABG7QMeL?si=GrECOXxASAWgvFnFErElug](https://open.spotify.com/track/2speSGgRtz80jnABG7QMeL?si=GrECOXxASAWgvFnFErElug)
- Stand behind your chair so that you can lean on it if needed. Pick a leg to stand on. See how long you can last without falling! Now for an added challenge, close your eyes and see how long you can stay balanced. *Colócate detrás de tu silla para poder apoyarte en ella cuando lo necesites. Escoge una pierna para apoyarte. Descubre cuánto tiempo puedes aguantar sin caerte. Ahora, para un reto adicional, cierra los ojos y observa cuánto tiempo puedes mantener el equilibrio.*
    - When we stand on just one leg, we lose our balance pretty quickly. *Cuando nos ponemos de pie sobre una sola pierna, perdemos el equilibrio rápidament.*
    - When we close our eyes – an added challenge – we fall over even faster! *Cuando cerramos los ojos, un reto más, ¡nos caemos aún más rápido!*
    - But when we stand with both feet, our bodies know how to stay balanced. *Pero cuando estamos de pie con los dos pies, nuestro cuerpo sabe cómo mantenerse en equilibrio.*
    - Even if we close our eyes, we stay standing because our two legs keep us balanced. *Aunque cerremos los ojos, seguimos de pie porque nuestras dos piernas nos mantienen en equilibrio.*
- Our bodies automatically work to keep us balanced and healthy. (This is called homeostasis.) For example, our hearts beat at exactly the right pace – neither too fast nor too slow – all on their own! *Nuestro cuerpo trabaja automáticamente para mantenernos equilibrados y sanos. (Esto se llama homeostasis). Por ejemplo, nuestro corazón late exactamente al ritmo adecuado, ni demasiado rápido ni demasiado lento, ¡por sí solo!*
- If we help our bodies stay balanced, we'll be able to better handle any challenge that comes our way. *Si ayudamos a nuestro cuerpo a mantenerse equilibrado, podremos afrontar mejor cualquier reto que se nos presente.*

List of Whiteboard Wednesday questions

- What is one nice thing you did to care for or love yourself today? *¿Qué has hecho hoy para cuidarte o quererte?*
- What is one nice thing you did for yourself or for someone else today?
- When you hear the phrase "mental health," what comes to mind? *Cuando oyes las frase "bienestar mental," ¿qué viene a la mente?*

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- Why is it important that we protect our planet? *¿Por qué es importante que protejamos nuestro planeta?*
- How are you feeling today? *¿Cómo te sientes hoy?* What is on your mind? *¿Qué tienes en la mente?*
- What types of social activities do you enjoy most? What types of solitary activities do you enjoy most?
- What is empathy?
- How can you tell when you're upset or agitated? *¿Cómo puedes saber cuándo estás alterado/a o agitado/a?*
- How can we tell when someone or something has crossed one of our boundaries or invaded our bubble? *¿Cómo podemos saber cuándo alguien o algo ha cruzado uno de nuestros límites o ha invadido nuestra burbuja?*
- Which of your communities did you interact with this weekend? *¿Con cuáles comunidades tuyos has interactuado este fin de semana?*
- What is one thing you are looking forward to this summer?

**Module 1: Physical Health**
- Activity: When do you feel physically well? *¿Cuándo te sientes bien físicamente?* When do you feel physically unwell? *¿Cuándo te sientes mal físicamente?*
    - Connections between different elements of health: Our emotions can affect our physical health. *Nuestras emociones pueden afectar a nuestra salud física.*
- Definition: First ask participants how they would define or what comes to their minds when they hear the term "physical health."
    - Suggested definition: Physical health involves caring for the body's needs. *La salud física implica atender las necesidades del cuerpo.*
- *Three Pillars of Physical Health*: Our bodies require balanced nutrition (including hydration), frequent movement, and plenty of rest in order to feel well and prevent disease.
    - If one pillar is weak, the whole structure suffers.
    - Humans are living organisms like plants. Our bodies can be understood as a system that needs care (rest) and that has inputs (nutrition) and outputs (movement). *Los seres humanos son organismos como las plantas. Se puede entender el cuerpo como un sistema que necesita cuidado y que tiene reactivos/entradas y productos/salidas.*
- Inputs: nutrients, water, immunizations, medications
    - Every day, our bodies need ½ gallon of water (same as 8 cups or 2 liters). Signs we are dehydrated:
        - Headache
        - Tired
        - Bright yellow urine
    - We need a balance of carbohydrates, proteins, and fats.
        - Carbohydrates / *Hidratos de carbono* provide immediate energy

- Rice, pasta, potatoes, fruits, vegetables, bread
    - Proteins / *Proteínas* help us grow and recover from injuries
        - Nuts, lentils, tofu, beans, yogurt, eggs, meat, milk
    - Fats / *Grasas* provide long-lasting energy
        - Avocados, cheese, nuts, oils
- Proteins and fats keep us full longer than carbohydrates. So it is a good idea to have some protein or healthy fat with every meal, especially breakfast. *Las proteínas y las grasas nos mantienen saciados durante más tiempo que los hidratos de carbono. Así que es una buena idea comer alguna proteína o grasa saludable con el desayuno.*
- Unprocessed foods are generally healthier than processed foods.
    - For example, whole grain bread and brown rice have more fiber and vitamins than white bread and white rice. *Los alimentos no procesados suelen ser más saludables que los procesados. Por ejemplo, el pan integral y el arroz integral tienen más fibra y vitaminas que el pan blanco y el arroz blanco.*
- Nutrition Labels (*Etiquetas de nutrición*): On every nutrition label, the ingredients are listed in order of quantity. The food contains a lot of the first ingredient and very little of the last ingredient. *En todas las etiquetas de nutrición, los ingredientes aparecen por orden de cantidad. El alimento contiene mucho del primer ingrediente y muy poco del último.*
- Care: Sleep, personal hygiene, prevention and treatment of illnesses and injuries (shelter, vision care, skin care, etc)
    - Activity: How do you feel in the morning after only sleeping for a few hours?
    - Every day, our bodies need 8-12 hours of sleep (including naps). As you grow older, you might need a bit less sleep.
    - Sleeping well makes us feel better physically, emotionally, and mentally, and that rest gives us the energy and patience to have healthier social interactions and contribute positively to our communities
- Outputs: Movement, growth, brain activities, CO2, waste
    - Every day, our bodies need to move in ways that feel good for at least 60 minutes. Stretching, walking, and dancing all count!
    - Why is it important to move?
        - Better quality sleep
        - Stronger muscles → fewer injuries
        - Stronger heart → protect against heart disease
        - Stronger immune system → don't get sick as much
        - Better mood, more stable emotions
        - Cravings for healthy foods
    - How can we be active during a pandemic? *¿Cómo podemos ser activos durante*

*una pandemia?*
- ■ Walking, biking, stretching, dancing, hula hooping, arm circles, jogging, yoga, jumping rope/jumping jacks, squats, leg raises, zumba, pilates, standing instead of sitting
- Desert Island activity: Ask participants to brainstorm a list of items they would pack in their suitcase if they needed to travel to a deserted island to meet their long-lost twin. Separate the items in the group list into three categories: Inputs/Entradas, Care/Cuidado, and Outputs/Salidas. Link these three categories to *The Three Pillars of Physical Health*: nutrition is an example of an input, sleep is an example of care, and exercise is an example of outputs.
- Taking care of ourselves
  - ○ It takes daily practice. *Se necesita práctica diaria.*
    - ■ Every day we learn how to take care of ourselves a little better. *Cada día aprendemos a cuidarnos un poco mejor.*
    - ■ That is why it is important to maintain healthy habits and routines. *Por eso es importante mantener hábitos y rutinas saludables.*
  - ○ We don't need to care for ourselves on our own. *No es necesario que nos cuidemos solos.*
  - ○ It's always okay to ask for help with your health goals. *Siempre está bien pedir ayuda con tus objetivos de salud.*
- Review activity: What are some ways we can promote our physical health? *¿De qué manera podemos promover nuestra salud física?*
  - ○ Whiteboard: students add answers after a few examples are shown. When students are done, all examples are revealed.
  - ○ Review question: How much water do we need each day? 2-3 Liters
- Resilience is the ability to adjust to change and overcome challenges. *La resiliencia es la capacidad de ajustarse a los cambios y superar los desafíos.*
  - ○ Physical resilience involves recovering from physical challenges, like injuries, infections, or exercise. *La resiliencia física implica la recuperación de desafíos físicos, como lesiones, infecciones o ejercicio.*
  - ○ Eating well, drinking water, sleeping, and exercising all increase physical resilience. Getting all your vaccinations also boosts your physical resilience!
- Group stretches, balancing exercises, strength-building exercises
  - ○ Ask participants to pick a stretch that they think will feel good and share which one they chose.

**Module 2: Emotional Health**
- Definition: First ask participants how they would define or what comes to their minds when they hear the term "emotional health."
  - ○ Suggested definition: Emotional health is our ability to:

- - ■ Observe and identify our emotions without judgment.
    - ■ Understand what might be causing our emotions.
    - ■ Communicate our emotions effectively.
- No matter how old you are, no matter what situation you're in, you'll always have emotions. No importa la edad que tengas, ni la situación en la que te encuentres, siempre tendrás emociones.
- Our emotions are always valid, even when they are unpleasant.
  - ○ It's okay to be irritated, frustrated, annoyed, upset, angry, or sad.
  - ○ *My Inside Weather* book https://bookdash.org/books/inside-weather-jen-thorpe-lara-berge-emma-beckett/
  - ○ It is important that we try to understand and accept ourselves so that we can learn to peacefully live within our bodies and minds. The only person we need to spend the rest of our lives with is ourselves. It's worth paying attention to how we feel.
- Discussion: Do you think that all emotions are temporary?
  - ○ Conclusion: Yes, all emotions are temporary. Some may last for a long time, but eventually they change.
- Observing, Identifying, and Responding to emotions (OIR/oiré)
  - ○ Offer examples of OIR with emotions (e.g., a feeling of emptiness in the chest might mean we feel lonely and that it would be a good idea to reach out to someone).
  - ○ Knowing your emotions gives you the power to decide how to manage them effectively. *Conocer tus emociones te da el poder de decidir cómo gestionarlas eficazmente.*
  - ○ Observing the energy level and degree of pleasantness of our emotions with the Mood Meter (4 quadrants: red = high energy + unpleasant, yellow = high energy + pleasant, blue = low energy + unpleasant, green = low energy + pleasant) – Marc Brackett https://www.marcbrackett.com/the-colors-of-our-emotions/
    - ■ How energetic do you feel? Is it easy to sit still or is it difficult? Put a stamp on the graph to represent how you feel right now.
    - ■ We all feel emotions in each of these 4 regions. There is a space for all emotions, and all emotions are okay.
    - ■ The Mood Meter allows us to invite emotions in without getting paralyzed by them.
    - ■ Learning words for emotions in each of the quadrants
  - ○ Identifying how we feel: Just by naming our feelings, we often begin to feel better. Anger, sadness, and loneliness feel less intense once they are named.
  - ○ How can you tell when you're upset or agitated? Some signs that many people experience when they are upset:
    - ■ Tension or pain in the body, especially in:
      - ● Stomach

- Head
- Neck
- Shoulders
  - ■ Sweaty palms
  - ■ Fast breathing and heartbeat
- All emotions have a purpose — they let us know how we need to respond and care for ourselves. For example, loneliness tells us that we need to spend time with other people. Feeling overwhelmed tells us to take time to ourselves. Feeling energized tells us to take action. Feeling grateful tells us to celebrate the good.
- How can we respond to unpleasant emotions? Most often, responding effectively to our emotions involves communicating with others and/or taking some time to ourselves.
  - ○ Communicating - Reaching out to someone comforting and supportive
    - ■ Sadness and depression can make us feel so alone, but they are signs that we need to reach out to someone we love.
    - ■ *My Inside Weather* book https://bookdash.org/books/inside-weather-jen-thorpe-lara-berge-emma-beckett/
  - ○ Being with yourself
    - ■ Breathing exercises help to calm our minds, balance our emotions, and tune in to how we're feeling.
      - Square Breathing exercise together
      - "A simple way to help children to manage their feelings is to practice three easy steps together: stop, take a deep breath through the nose and exhale through the mouth, and count to five. Try it when your children are calm. Then, when you see them getting upset, remind them about the steps and do them together." (https://mcc.gse.harvard.edu/resources-for-families/5-tips-cultivating-empathy)
    - ■ Practicing gratitude
      - Giving thanks has a powerful impact on our emotional, mental, social, and even physical health. Listing what we are grateful for leads to better sleep and fewer physical complaints!
        - ○ Reflection activity: What are you grateful for today?
    - ■ Going on a walk (Mention that going for a walk is only a healthy coping mechanism when it's safe to do so based on the weather, time of day, location, and your age. If in doubt, as your parents first.)
    - ■ Journaling
    - ■ Drawing
    - ■ Pay attention to your five senses.
    - ■ Body awareness with progresive muscle relaxation and body scan.
  - ○ We can't control the weather but we can pull out an umbrella when it starts to

rain. In the same way, we often can't control our emotions, but we *can* control our reactions to our emotions, including whether we seek help.

- Connections with other types of health:
  - Our minds and bodies are closely connected. *Nuestras mentes y cuerpos están estrechamente conectados.* ...So our emotions affect us from the *Inside Out*!
  - When we are emotionally well, we enjoy better physical health. *Cuando estamos bien emocionalmente, disfrutamos de mejor salud física.*
  - Chronic stress, anger, and grief can harm our physical health.
    - Can worsen physical ailments such as digestion issues, high blood pressure, and substance misuse/dependency.
    - But social and emotional support can protect our health! *¡Pero el apoyo social y emocional puede proteger nuestra salud!*
  - Injuries and sickness can hinder emotional wellbeing by making it harder to practice self-acceptance.
- Emotional resilience involves coping effectively with emotional challenges, like fear, stress, sadness, and loneliness.
  - Think of a time when you were faced with a challenge and demonstrated resilience. *Piensa en un momento en el que enfrentaste un reto y demostraste tu resiliencia.*
  - What feelings do you remember having when things were hard? *¿Cuáles emociones te acuerdas sintiendo cuando las cosas eran difíciles ?*
  - How did you feel after you conquered the challenge? *¿Cómo te sentiste después de haber superado el desafío?*
  - Share your memory of resilience with the group if you'd like. *Comparta su recuerdo de la resiliencia con el grupo si quieres.*

**Module 3: Mental Health**
- Definition: First ask participants how they would define or what comes to their minds when they hear the term "mental health."
  - Suggested definition: Mental health involves our ability to:
    - Enjoy activities
    - Think clearly
    - Remember things
    - Concentrate
    - Control impulses
    - Appropriately reflect on the past and plan for the future
- Having hope, motivation, and strong self-esteem are also important parts of mental health.
- Self-esteem:
  - Our self-esteem is how we view ourselves and how confident we feel in our self-

worth. It affects our health and wellbeing in many important ways. *Nuestra autoestima es la forma en que nos vemos a nosotros mismos y la confianza que tenemos en nuestro valor. Afecta a nuestra salud y bienestar de muchas maneras importantes.*

- Taking care of our mental health involves recognizing our worth as individuals, in our relationships, and in our communities.
    - You have inherent worth simply because you are human. You are inherently worthy of respect and care.
    - Your worth is not based on what you look like, where you live, or how good your grades are. *Tu valor no está basado en tu apariencia, en donde vives o en tus notas.*
- Having strong self-esteem means trying our best without expecting perfection.
- Having strong self-esteem means viewing our mistakes and weaknesses as opportunities for learning and growing.
    - When we have strong self-esteem, we forgive ourselves when we mess up instead of punishing ourselves.
- When we have strong self-esteem, seeing others doing well doesn't cause us to criticize ourselves because we recognize our unique strengths and journey.
    - Reflection activity: What are your strengths?
    - Discussion: Why did I include the picture of the two fish?



- Strong self-esteem helps us adjust to changes and cope with challenges.
    - Activity: What is this called? (resilience)
    - When our self-esteem is strong, we are more resilient.
- Self-compassion: In the same way you are worthy of kindness from others, you are worthy of kindness from yourself.
    - Being kind towards ourselves when we are struggling can be hard, but try to talk

to yourself the way you'd respond to a friend if they told you about their challenges.
- Our mental health affects how we function in daily life, including our thoughts, emotions, and actions.
  - Our thoughts influence how we feel and act. Our emotions influence what we do and think. And our actions influence how we think and feel (CBT Triad).
  - Our mental health affects our physical health, including how much we eat, how much we sleep, and how much we exercise.
  - Our mental health also affects our emotions and our ability to effectively respond to our emotions. (Connection to emotional health)
- Video: You are not your thoughts https://www.youtube.com/watch?v=0QXmmP4psbA
  - We can observe and identify our thoughts, just like we can do with our emotions. This is especially helpful when our thoughts are repetitive or unwanted.
- Guided meditations: Being aware of what's going on in our bodies and minds is the first step to being well – physically, emotionally, mentally, and socially. So let's settle in and begin to notice how we're feeling in this moment...
  - When you're struggling with hard emotions or thoughts, it can also be helpful to scan your whole body.
    - Video: 5-minute Body scan https://www.youtube.com/watch?v=9A0S54yAgEg
- Drawing activity: Where are you most happy and at peace?
- People struggle with mental health in many different ways. Some ways are visible and other ways are not.
  - For example, sometimes people struggle to concentrate and it's noticeable to others. Other times people struggle to concentrate and it's not noticeable at all. Both are valid.
- Signs of being mentally unwell
- Being mentally unwell is nothing to be ashamed of, ever. Mental health issues should not be stigmatized. Needing help is also nothing to be ashamed of.
  - Many people feel that being mentally unwell is not acceptable because they have been exposed to stigmatizing ideas around mental illness. Asking for help is also sometimes stigmatized. Combined, these stigmas prevent many people from getting the healthcare they need to recover and get better.
  - Stigma (crosses over with Social Health Module)
    - Stigmas are cultural ideas around what is acceptable and what is looked down upon.
    - Some stigmas are useful (like the stigma around not wearing a mask indoors during Covid), but other stigmas are harmful and unjust.
    - Harmful stigmas exist because of ignorance, fear, and silence.
    - Many different behaviors, conditions, and groups are stigmatized,

including drunk driving, using a wheelchair, and being an immigrant. Which of these 3 examples is a helpful stigma? Which are harmful stigmas?
- Stigma creates feelings of shame and stress because humans are social creatures.
- Mental health support
  - There are many types of mental health support that work for different people.
    - Mental health support can come from friends, mentors, teachers, religious leaders, school counselors
    - Exercise and creative expression (like drawing, dancing, and singing) are incredibly useful ways to manage mental health challenges.
    - Therapy
      - Edited School of Life video about therapy: https://www.youtube.com/watch?v=OxuZiqY5ypU
    - Practicing meditation and mindfulness
    - Medications
  - Organizations like Junta can help people connect with medical providers who accept your family's insurance and who speak your preferred language.
- Affirmations: Calming and hopeful statements or mantras that remind us of our inherent worth and common humanity.
  - We all struggle in our lives.
  - I am not alone. I belong.
  - May I be kind to myself.
  - May I learn to accept myself as I am.
  - I am enough.
  - I trust myself.
  - I am a work in progress.
  - I forgive myself for my mistakes.
  - I am loved and appreciated by others.
- May is Mental Health Awareness Month.
  - Millions of people all over the world are affected by mental illness each year. (NAMI graphic with statistics)
  - Mentors share their experiences overcoming fear and stigma around mental health.
- How to support someone who is struggling with their mental health:
  - Ask if they want to talk about what's going on.
  - Validate their feelings.
  - Show empathy.
  - Remind the person that you care about them and appreciate them even when they are unwell.

- ○ Stay in touch and continue to invite them to hang out with you.
- ○ Ask if they need any help connecting with mental healthcare resources
- Setting mental health goals.
- Things that can contribute to mental health challenges:
  - ○ Being unwell in any of the other types of health.
  - ○ Stress can contribute to poor mental health.
  - ○ The chemicals in our brains contribute to our mental health.
  - ○ Some mental health issues are genetic.
  - ○ Experiencing trauma can contribute to mental health troubles.
    - ■ When we are traumatized, it's as if our umbrella used to protect us from the rain has holes in it. But it's possible to patch the holes! Therapy helps with this. (Sarah Lowe)
- National and local mental healthcare resources

**Module 4: Social Health**
- Definition: First ask participants how they would define or what comes to their minds when they hear the term "social health."
  - ○ Suggested definition: Social health is our ability to form meaningful, rewarding relationships with other people and interact in healthy, positive ways.
    - ■ Social health, like all the other types of health, involves observing and listening to our needs and preferences.
- Humans are social beings. We need to form relationships and build connections in order to stay healthy.
  - ○ Belonging is the human emotional need to be an accepted and valued member of a group. It is the satisfying feeling of being an important part of something larger than ourselves.
    - ■ Does anyone want to share a time when they felt belonging?
- Friendships (facilitated by Abby)
  - ○ BrainPop video about friendship: https://www.youtube.com/watch?v=E5Fu3gABryI&t=1s
  - ○ Having healthy, positive friendships boosts our mental and emotional health, helping to combat feelings of loneliness or isolation. Friendships also strengthen our resilience.
    - ■ But not all relationships are healthy.
    - ■ What makes a good friend?
    - ■ Remember that you don't have to have everything in common with your friends, it is important to be friends with people with diverse backgrounds, experiences, and interests!
    - ■ Reflection activity: "I am a good friend because…"

- Introversion and extroversion
  - When we feel introverted, our energy expands when we spend time by ourselves. People who feel more introverted than extroverted tend to enjoy reflective and solitary activities, like reading, drawing, writing, and meditating. They might find large gatherings overwhelming.
  - When we feel extroverted, our energy expands in the company of others. People who feel more extroverted than introverted tend to enjoy social activities, like talking and dancing with others. They might find it boring to be alone.
  - Sometimes being around others and socializing helps us "re-charge" or feel energized, and at other times, taking time to be by ourselves is what we need to "re-charge."
  - Most people have both an extroverted side and an introverted side, but one may be more dominant.
  - Do you think you're more of an introvert or an extrovert? Do you tend to feel more energized or exhausted after socializing?
  - What types of social activities do you enjoy most? What types of solitary activities do you enjoy most? We all need a balance of social and solitary time.
- Conflict: A conflict is a strong disagreement or argument between people. Conflict can happen between strangers, teachers and students, and even between people who love each other, like family members, friends, and romantic partners.
  - 2 BrainPop videos about conflict resolution: https://www.youtube.com/watch?v=jg_Q34kGsKg and https://www.youtube.com/watch?v=Wc-M9r29LbM (original, higher quality: https://jr.brainpop.com/health/feelings/conflictresolution/)
  - Steps to resolving conflict:
    - Stop, take a few deep breaths, and recognize how you're feeling. Say to yourself: "I'm feeling _____ because _____." Pausing to think before you act helps you say what you really mean. You might want to take some time to calm down before moving on to Step 2.
    - Share your feelings. Try saying: "When you _____, I feel _____ because _____", "I don't like it when you _____ because _____" or "In the future please _____"
    - Listen to the other person. Empathize: Think about how the other person sees the problem. Try not to interrupt them when they're sharing their feelings.
    - Find a fair solution — maybe a compromise. A compromise is a solution to a conflict that balances the interests of both people. It's a middle ground where both people get some but not all of what they want.
  - Practice how to resolve conflicts: "Consider a conflict you or your child [the participant] witnessed or experienced that turned out badly, and role play different

ways of responding. Try to achieve mutual understanding—listening to and paraphrasing each other's feelings until both persons feel understood. If your child [the participant] observes you experiencing a difficult feeling and is concerned, talk to your child about how you are handling it" (https://mcc.gse.harvard.edu/resources-for-families/5-tips-cultivating-empathy).

- Empathy is the ability to imagine and try to understand another person's perspective.
- Personal boundaries
  - Personal boundaries are like bubbles: We each have our own bubble that keeps us safe and protected. There are many things that we might want to keep out of our bubble in order to stay safe. These things can be physical (like germs or someone's touch) or they can be emotional (like hurtful words or disrespect).
    - Examples of physical boundaries: "Please don't touch my hair." "Please knock before coming into my room." Susana Distancia - Covid physical distancing.
    - Examples of emotional boundaries: "I am feeling overwhelmed today. Can we talk tomorrow?" "I don't like that nickname. Please call me by my name." "I'd rather not talk about that."
  - You have the right to set personal boundaries with others.
  - Saying "No" when you want to say no is a form of self-respect and self-care.
  - You do not have to sit silently in discomfort. When someone says something hurtful, you can speak up. You could say, "Hey, what did you mean by that?"
  - Remember: you are not responsible for others' happiness. You are responsible for your own happiness, and others are responsible for their happiness.
  - Understanding and respecting your own limitations helps you protect your energy.
  - Learning how to listen to what you need and want can take a long time, but it's so worth it. Please don't give up! That inward voice is you, so listen closely.
  - Not saying what you want can leave you confused about who you are, and can confuse other people about what you want.
  - Setting boundaries might be uncomfortable, tiring, and scary at first. But with time and practice, they will give you more peace, improved self-esteem, and improved mental and emotional health.
  - Have you tried to set personal boundaries in the past? How did it go?
  - Boundaries related to identity: We all have preferences and boundaries related to how we want others to talk to us and talk about us.
    - For example, what names or nicknames do you like to go by?
    - Have you ever been teased or called hurtful names? How did that feel?
    - In the end, we all want to be treated with respect. Each person's identity is worthy of respect.
    - Pronouns: Like our names, the pronouns we want others to use when talking about us are a part of our identity. Letting others know what your

pronouns are is a form of respecting yourself and helping others respect you, too.

- Assuming things about someone's identity, such as their gender, sexuality, or pronouns can lead to mistakes and hurt feelings. It's okay to ask someone, "What are your pronouns?" Let's all go around and share our pronouns.
  - Putting labels on other people without their permission can be disrespectful and harmful. Labels are only useful if they serve a purpose to the person being labeled.
  - Communicating our preferences and boundaries related to our identity helps to promote respect and social health.
  - Being open about your needs and preferences empowers others to express their needs and preferences!
    - Clip from Brooklyn 99: "Every time someone steps us and says who they are, the world becomes a better, more interesting place."
- It's important to speak up as soon as possible when a physical boundary has been crossed.
  - Anytime someone touches you in a way that makes you uncomfortable, it's a good idea to tell someone you trust as well.
  - When someone crosses a social or emotional boundary of yours, speaking up is also important.
  - How can we tell when someone or something has crossed one of our boundaries or invaded our bubble?
    - Tension or pain in the body, especially in:
      - Stomach
      - Head
      - Neck
      - Shoulders
    - Sweaty palms
    - Fast breathing and heartbeat
    - Panic or anxiety
    - Anger
    - Shame
    - Racing thoughts
    - Shock
    - Inability to concentrate on other things
- Our personal boundaries might change over time as we grow and become comfortable with different things.
- Your boundaries and others' boundaries might not be the same.
  - Finding Nemo clip: https://www.youtube.com/watch?v=mljnAmg60sg

- Were Marlin and Dory's boundaries the same?
- How did they handle conflict?
  - Visual: Your bubble = your comfort zone + your learning zone
    - Comfort zone = safe place to reflect
    - Learning zone = where you learn and grow
    - Panic zone = where you don't feel safe and learning becomes very difficult
- Vulnerability is courage.
  - Sharing details about our lives with others is an important way to strengthen our social health.
- Golden Rule: Treat others the way you want to be treated. The inverse is important too: Treat yourself the way you treat others.

## Module 5: Community Health
- A community is a group of individuals who share one or more characteristics. A community's health is the combination of the health of all individuals in the group.
- When you care for your health, you're improving the health of your communities.
  - For example, when your parents take care of their health, they are also taking care of your family because your family depends on them. Your communities depend on you too!
- What groups and communities are you a part of?
  - What do you like about your communities? When we **observe** what we like about our communities, we improve our social and community health!
  - What are your favorite places in your neighborhood?
  - What do you observe in your communities that you would like to change? When we observe what we want to change about them, we improve our social and community health!
- We all have individual agency: you have the power to make a real difference in your communities. Let's stand up and say it together: I am powerful! We are powerful!
- Most change requires collective action — many people contributing according to their strengths and capacities.
  - Examples of Hispanic change-makers who mobilized others: Rigoberta Menchú
- International Women's Day on March 8: the movement to end gender-based violence and discrimination requires everyone's help.
- Culture (facilitated by Victor)
  - Cultural groups are communities because the people in the group share cultural customs and practices.
  - Places like New Haven are home to people with many different cultures.
- You are an individual with unique strengths and experiences, you have meaningful relationships, and you are an important part of many communities (such as TNP).

Remind yourself of these truths when life is hard.

- ○ These statements apply to everyone. Think about someone in your community, maybe someone you don't know much about. They also have unique strengths and experiences, have meaningful relationships, and are an important part of many communities. Thinking about others in this way is a form of practicing empathy (connection to social health).

- Earth Day discussion on April 21
    - ○ Earth Day is a day to celebrate our connection to the Earth and talk about how we can protect it better.
    - ○ Question to group: Why is it important that we protect our planet?
    - ○ Brief lesson about climate change.
- Brother's Day on 5/24 – discussion about family.
    - ○ Our family members know us so well – maybe better than anyone else! They know what our strengths are, as well as our weaknesses. Conflicts are likely to happen between siblings/family members. These conflicts are often very challenging!

**II. Key Presentation Slides**

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**Overarching Lessons and Miscellaneous Activities**

Slides accessible here: https://docs.google.com/presentation/d/15NzXIK6kfIvt-6uRLxLpla-LtiGp9CNUCoxBYjyptHE/edit?usp=sharing

## Weekly Structure ~ Estructura semanal

**MON**

10-15
Minute Activity

1:1
Homework Help

**WED**

10-15
Minute Activity

1:1
Homework Help

**FRI**

Supplemental Activites:

Socio-Emotional Learning

Community Building

Guest Speakers

1hr 15 min
SESSIONS

Zoom
VIDEO

Remember to bring homework to work on with your mentor these days!
¡Recuerda traer algunas tareas para hacer con tu mentor estos días!

The Neighborhood Place

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## Our vision for this year's program

**We hope to:**

Support participants' learning and growth through:
- One-on-one homework help
- Engaging activities on Fridays
- Creating a space where authentic conversations, including about hard topics, are encouraged

The Neighborhood Place

# Welcome stretches ~ Estiramientos de bienvenida



# Estiramientos de bienvenida: Welcome Stretches

Mueve tu cuerpo de forma que te sientas bien.

Move your body in ways that feel good!



Escucha lo que te dice tu cuerpo.
Listen to whatever your body is telling you.

# Estiramientos de bienvenida: Welcome Stretches

Stand up and listen to how your body wants to move.

*Ponte de pie y escucha cómo tu cuerpo quiere moverse.*

Pick a stretch that you think will feel good and share which one you chose.

*Escoge un estiramiento que crees que te hará sentir bien y compártelo con el grupo.*

## Pick a stretch you want to do and share it with the group

## Elige un estiramiento que quieres hacer y compártelo con el grupo

Whiteboard Wednesday

What is one thing you did today to care for or love yourself?

¿Qué has hecho hoy para cuidarte o quererte?



The 5 Elements of Health that Affect Our Wellbeing

Los 5 elementos de la salud que afectan a nuestro bienestar

Health

Community
Physical
Emotional
Mental
Social

## How to draw the 6 elements of health
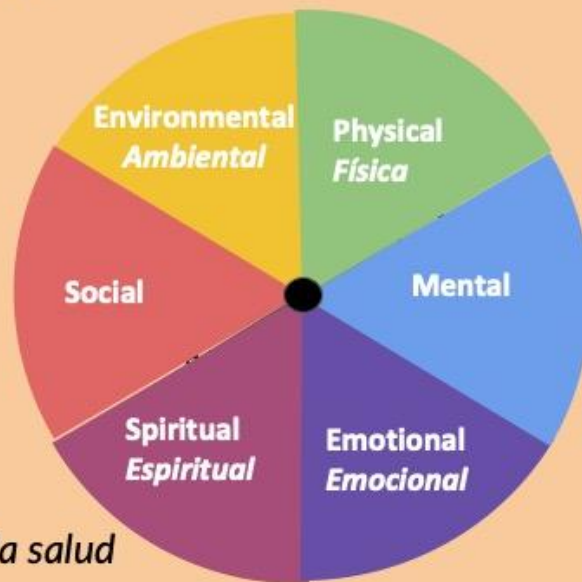


*Cómo dibujar los 6 elementos de la salud*

Wheel labels: Environmental *Ambiental* · Physical *Física* · Mental · Emotional *Emocional* · Spiritual *Espiritual* · Social

## Self-awareness ~ *Conciencia de ti mismo*

Being aware of what's going on in our bodies and minds is the first step to being well -- physically, emotionally, mentally, and socially.

So let's settle in and begin to notice how we're feeling in this moment.

## Square Breathing ~ Respiración cuadrada

Helps to calm our minds, balance our emotions, and tune in to how we're feeling.

*Ayuda a calmar la mente, a equilibrar las emociones y a sintonizar con lo que estamos sintiendo.*

1 2 3 4
breathe in for 4 seconds

hold for 4 seconds
4 3 2 1

1 2 3 4 hold for 4 seconds

breathe out for 4 seconds
4 3 2 1

Start here!
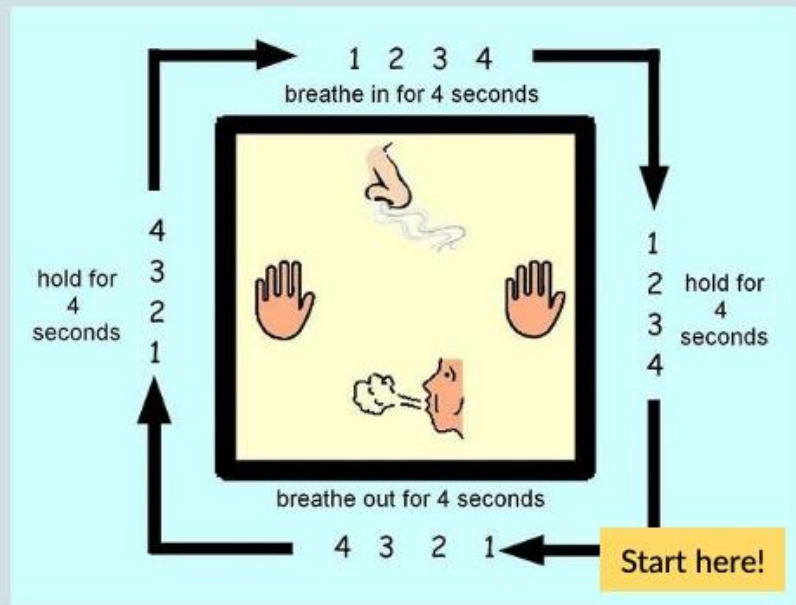
## Find a comfortable position and close your eyes.

Relax your forehead.

With your eyes closed, imagine what your feet look like.

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Squeeze all the muscles in your leg and hold for 5 seconds. Then release your muscles and see if you can imagine the tension melting away like ice on a hot day.

Place your hands over your heart.

**Repeat After Me:**

I am enough

I trust myself

I deserve happiness

I am a work in progress

I forgive myself for my mistakes

I love myself first



take this time to check in with yourself, how are you feeling?

tired
bored
happy
stressed
grateful
anxious
confident
insecure
disappointed
frustrated
confused
grieving
angry
hopeful
curious
suspicious
excited
hurt
lonely
appreciated
sensitive
jealous
guilty
numb
uncomfortable
sad
vulnerable
content
motivated
annoyed

Acknowledge how you're feeling.



Just by naming our feelings, we often begin to feel better. Anger, sadness, and loneliness feel less intense once they are named.

It is important that we try to understand and accept ourselves so that we can learn to peacefully live within our bodies and minds.

The only person we need to spend the rest of our lives with is ourselves. It's worth paying attention to how we feel.
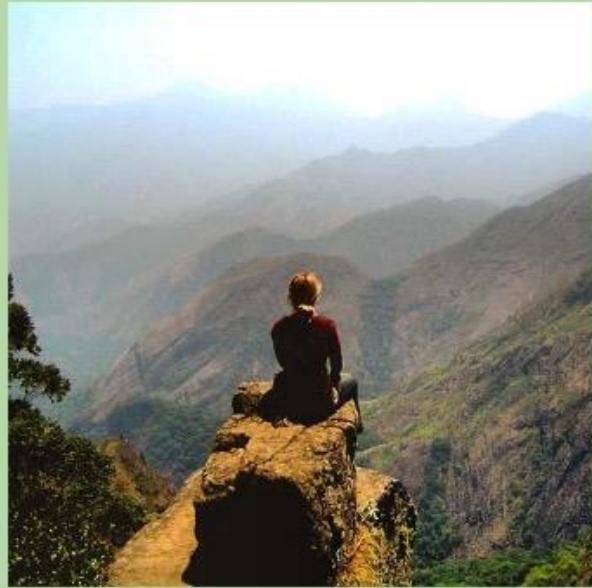
Let's return to listening to the body's physical sensations.
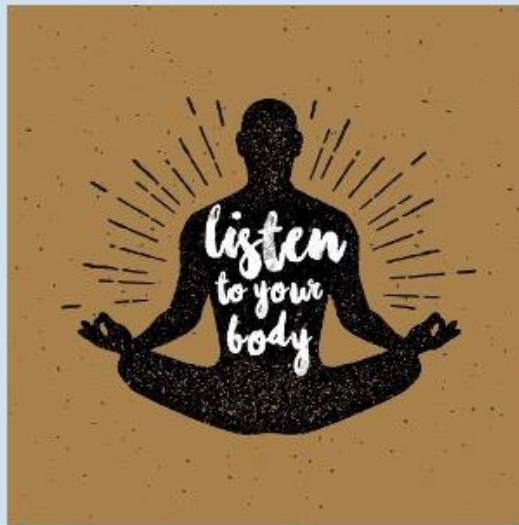
You are inherently worthy of respect and care.

You are loved and appreciated by others.
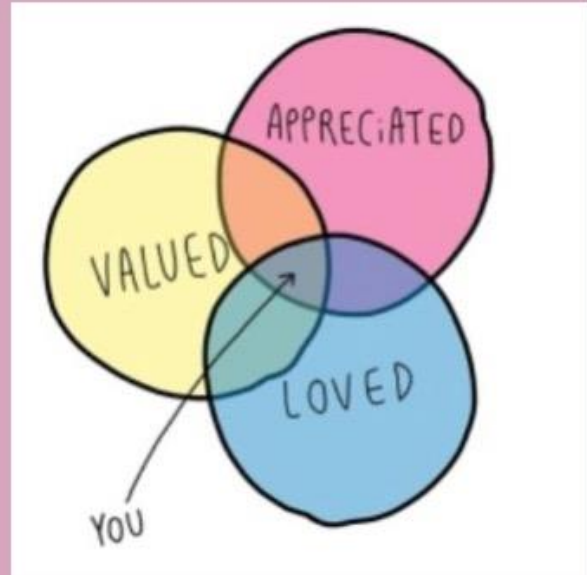


Allow yourself to be proud of yourself and all the progress you have made. Especially the progress no one else has seen.
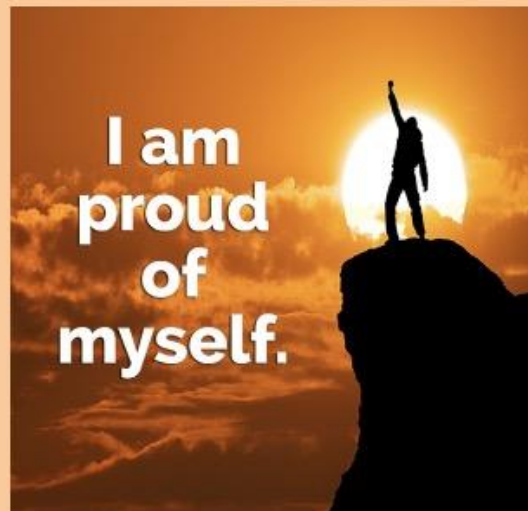
You are not alone in your struggles. You belong.



What is one thing you're grateful for in this moment?

How energetic do you feel?

Is it easy to sit still or is it difficult?

Put a stamp on the graph to represent how you feel right now.
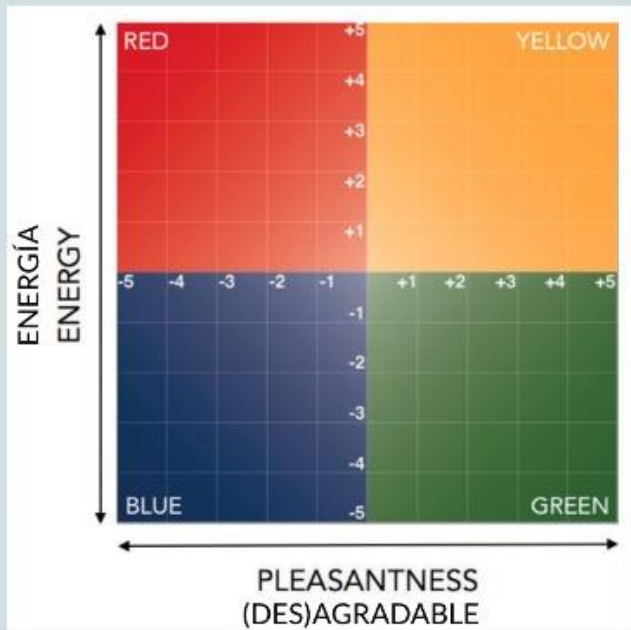
## Surveys - encuestas

❏ Please visit tinyurl.com/TNPsurvey1 and respond to the questions with your mentor.

❏ Then visit tinyurl.com/TNPsurvey2 and do the same.

❖ Por favor visita a tinyurl.com/TNPsurvey1 y responde a las preguntas con su mentor/a.

❖ Cuando terminas, por favor visita a tinyurl.com/TNPsurvey2 y haz lo mismo.

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## Reflecting on the Survey - Reflexión sobre la encuesta

What was it like to answer the survey questions?

¿Cómo fue responder a las preguntas de la encuesta?

Did it help you realize that you have some health goals?

¿Te ayudó a darte cuenta de que tienes algunos objetivos de salud?

# Setting Goals – estableciendo objetivos

With your mentor, write down 3 goals you have, about physical or emotional wellbeing.
Con tu mentor, escribe 3 objetivos que tengas sobre el bienestar físico o emocional.

See if you can make them:
- Achievable - alcanzables
  - *"Go on a walk every day that the weather is nice"*
- Measurable - medibles
  - *"Sleep for at least 8 hours each night"* instead of *"Sleep more"*
- Positive - positivos
  - *"Practice gratitude before bed"* instead of *"Don't be anxious"*

It's okay if you haven't reached your goal yet!

Remember: progress is not always linear.
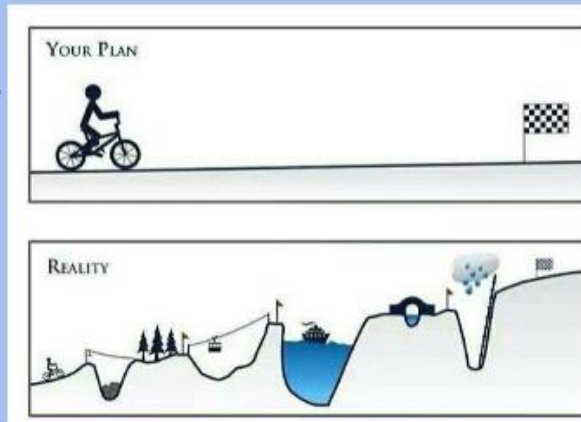
No pasa nada si todavía no has alcanzado tu objetivo.

Recuerda: el progreso no siempre es lineal.

## What's coming up
## *Lo que está por venir*

★ Next Friday, we will reflect on what you've liked about TNP and what you want from the rest of the program

*El próximo viernes reflexionaremos sobre lo que te ha gustado de TNP y lo que quieres del resto del programa*

## Health Survey ~ Sondeo acerca de la

Please go to tinyurl.com/TNPhealth and answer the questions as best you can.

There are no wrong answers!
No hay respuestas incorrectas

# Final TNP Survey

Thank you for completing these surveys during the course of our TNP term!
Please complete this last survey by following the link below (in the chat):

https://tinyurl.com/TNPFinalSurvey

Thank you for helping us check-in with you all!

Remember: progress is often not linear.

Recuerda: el progreso rara vez es lineal.

YOUR PLAN

REALITY
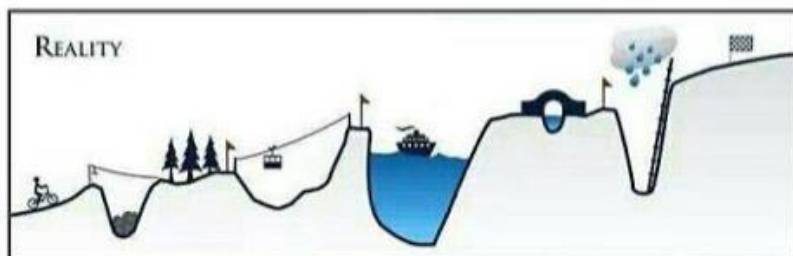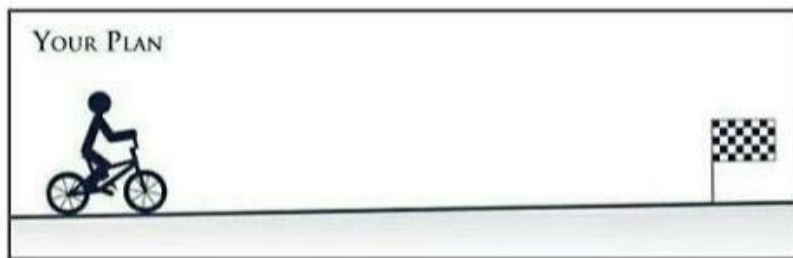
Allow yourself to be proud of yourself and how much you've grown, especially for the progress no one else has seen.

I am proud of myself.

Permítete estar orgullos@ de ti mism@ y de cuánto has crecido, especialmente del crecimiento que nadie más ha visto.

YOU ARE HERE

WHAT YOU CAN'T CHANGE

WHAT YOU CAN CHANGE

THE PAST

THE FUTURE

YOU WILL BLOOM IF YOU TAKE THE TIME TO WATER YOURSELF
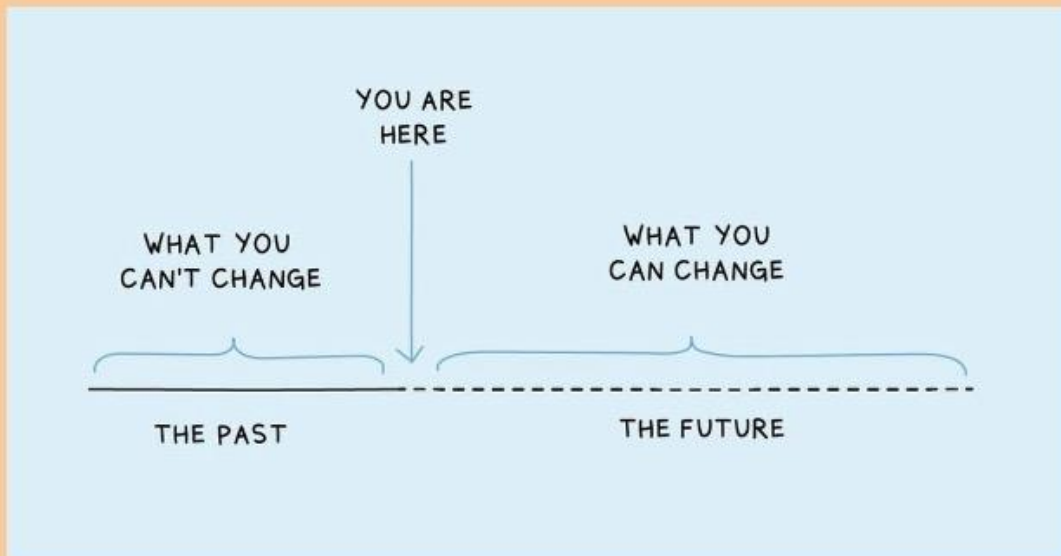
# Setting Summer Intentions: *What are intentions?*

An intention is the **purpose** or **reason** behind our goals.

They help our mind and body communicate with each other to understand the meaning behind our desires.

- Intentions are different from goals because it is not about the completion of an action or task, but the **process** it takes to achieve them.
- It can be very helpful to write down intentions for yourself to dedicate your actions to principles rather than goals.

**We have discussed the benefits of journaling for our health -- let's do a mini journaling exercise together!**



EXPECTATION  INTENTION
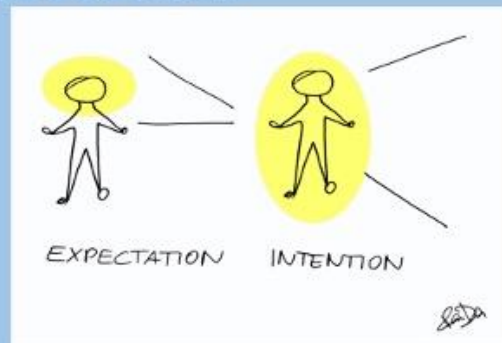
By Victor Torres

## On a piece of paper, or in the chat, write down some of your summer intentions

### Here are some questions to help you out:

1. What goals do you have for the summer? Why do you have these goals?
2. How do you want to feel this summer?
3. What lessons do you want to learn this summer?
4. What areas of health in your life would you want to focus on? What steps will you need to accomplish this?

### You can begin your intentions by starting with, "I intend to..."

By Victor Torres

Try to keep these intentions close to your heart. Remember, it is **always** okay if you cannot complete some of your goals.

We are all deserving of love and respect for **who we are**, not what we do.

By Victor Torres

## Side leg raises



Can you do 10 with your left leg?

How many can you do with your right leg?

How is your Balance? ¿Cómo está tu equilibrio?

When we stand on just one leg, we lose our balance pretty quickly.

*Cuando nos ponemos de pie sobre una sola pierna, perdemos el equilibrio rápidamente.*

When we close our eyes -- an added challenge -- we fall over even faster!

*Cuando cerramos los ojos, un reto más, ¡nos caemos aún más rápido!*

But when we stand with both feet, our bodies know how to stay balanced.

*Pero cuando estamos de pie con los dos pies, nuestro cuerpo sabe cómo mantenerse en equilibrio.*

Even if we close our eyes, we stay standing because our two legs keep us balanced.

*Aunque cerremos los ojos, seguimos de pie porque nuestras dos piernas nos mantienen en equilibrio.*

Our bodies automatically work to keep us balanced and healthy. (This is called homeostasis.)



For example, our hearts beat at exactly the right pace -- neither too fast nor too slow -- all on their own!

If we help our bodies stay balanced, we'll be able to better handle any challenge that comes our way.



How can we help our bodies stay balanced?

¿Cómo podemos ayudar a nuestro cuerpo a mantenerse equilibrado?

WHITEBOARD WEDNESDAY

...By both Resting and Moving

...By eating balanced meals

...BY FOCUSING ON ALL 3 PILLARS

La salud física
Physical Health

Nutrition

Sleep & Rest

Movement

Input

Care

Output

The Neighborhood Place
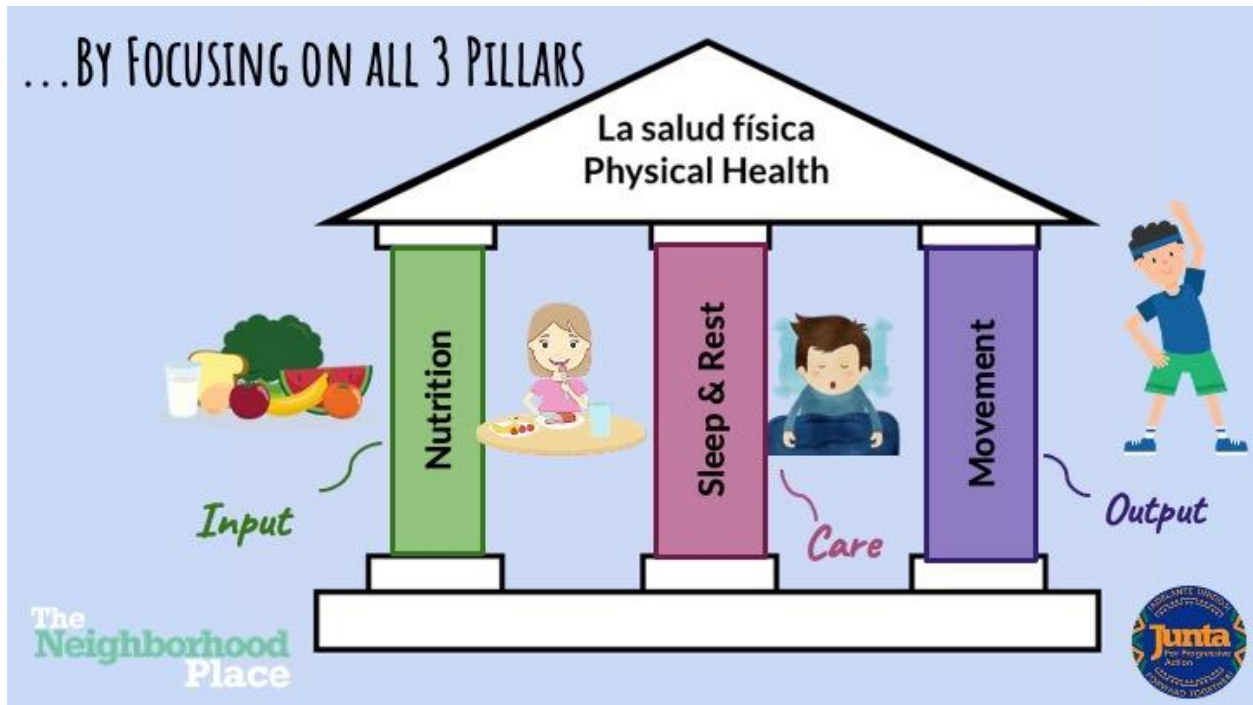


...BY WORKING AND PLAYING

work          play
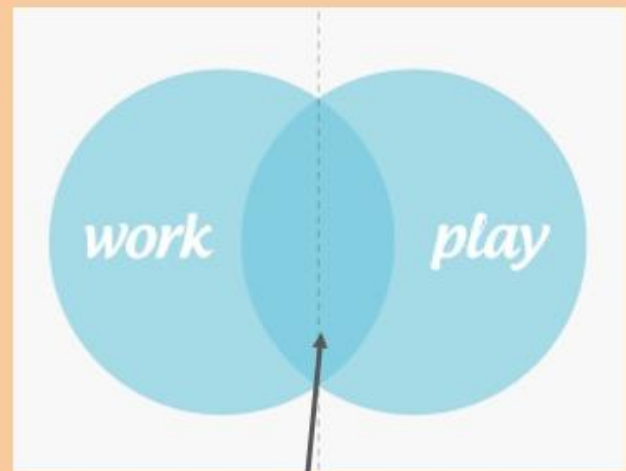
And doing things that feel like both at the same time!

## Some imbalances to try to avoid

**Undereating**
**Comer poco**

**Over-eating**
**Comer demasiado**

**Sleep deprivation**
**Privación del sueño**

**Over-sleeping**
**Dormir demasiado**

**Sedentary (not active)**
**Sedentario (no activo)**

**Over-exercising**
**Sobreesfuerzo**

The Neighborhood Place

Junta

## Balancing our bodies helps us balance our emotions

Reach fingertips to the sky

Lift through the heart

Position knee over the ankle

Straight back leg
Grounded foot

**Warrior 1 Pose**

**Warrior 2 Pose**

Straighten and stretch arms

Strong legs

Knee over ankle



Balancing exercise

Opposite arm, opposite leg extensions
*Extensiones de brazos y piernas opuestas*

Keep your back flat
*Mantén la espalda plana*

What is your favorite song currently?

TNP '21 Playlist
_victormtorres

https://open.spotify.com/playlist/1g9oJKqwCB28quy3c1IMve?si=fj0OOV02TTCKrgYltx6Llg
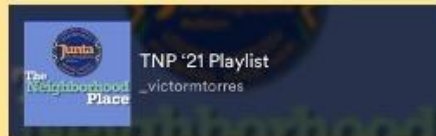
By Victor Torres



MAY IS MENTAL HEALTH AWARENESS MONTH

What song makes you feel relaxed/happy?

Let's stretch to it!

TNP '21 Playlist
_victormtorres

https://open.spotify.com/playlist/1g9oJKqwCB28quy3c1IMve?si=fj0OOV02TTCKrgYltx6Llg
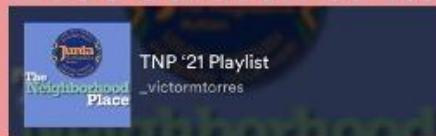
By Victor Torres

Which resilience skills would you like to practice during future TNP sessions?

*¿Cuáles habilidades de resiliencia te gustaría practicar en futuras sesiones del TNP?*

❑ Stretches and yoga
*Estiramientos y yoga*
❑ Relaxing meditations
*Meditaciones relajantes*
❑ Both ~ *Ambos*

**Zoom Poll!**

**Can resilience be...**

*¿La resiliencia puede ser...*

- only physical? ~ *sólo física?*
- only emotional? ~ *sólo emocional?*
- both physical and emotional? ~ *tanto física como emocional?*

We've been learning a lot about resilience this month.

**What does resilience mean? (check all that apply)**

*¿Qué significa la resiliencia? (marca todas que correspondan)*

- ❌ never experiencing any challenges ~ *nunca sufrir ningún reto*
- ✅ adjusting to changes ~ *adaptarse a los cambios*
- ❌ never feeling sad or frustrated ~ *no sentirse triste o frustrad@*
- ✅ overcoming obstacles ~ *superar obstáculos*
- ✅ recovering from challenges ~ *recuperarse de los desafíos*

Doing stretches can also help us cope with challenges!
*¡Los estiramientos también pueden ayudarnos a afrontar los retos!*
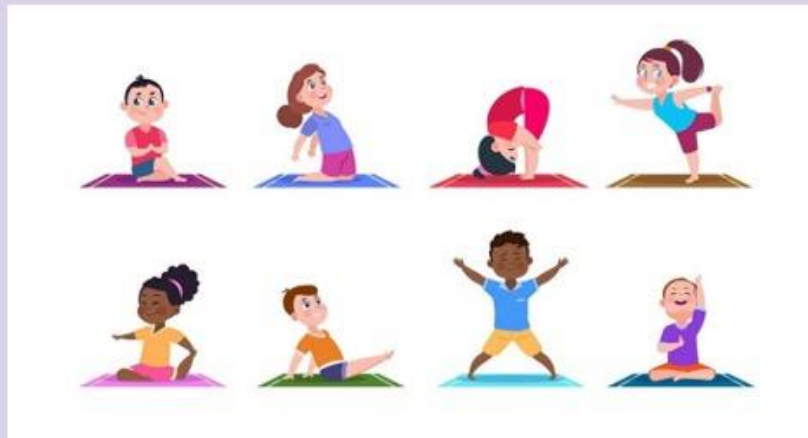
Neck stretches ~ *Estiramientos del cuello*

Be gentle and listen to your body!

*¡Mueve ligeramente y escucha a tu cuerpo!*

# Neck rotations ~ *Rotaciones de cuello*
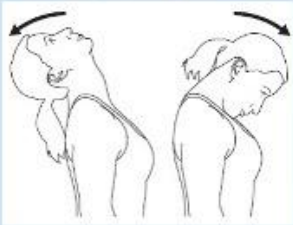
| UP and DOWN | EAR to EAR | SIDE to SIDE |
|:---:|:---:|:---:|
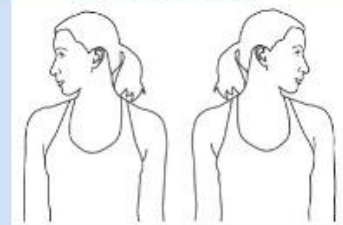
Hold for 10 seconds on each side

*Mantén la rotación por 10 segundos en cada lado*

# Stand tall and steady like a mountain

Machu Picchu (Perú) in the Andes mountain range

# Upward Tree Pose



**The Amazon rainforest in South America**



# Gently bend back and look at your hands





**The tallest known tree in the Amazon Rainforest (88 meters tall!)**

# Stretch your arms out like branches!
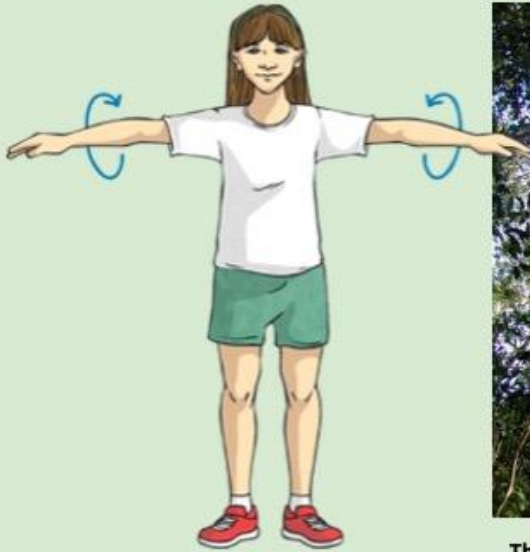


The tallest known tree in the Amazon Rainforest (88 meters tall!)

# Let's do some arm circles! ¡Hagamos algunos círculos con los brazos!
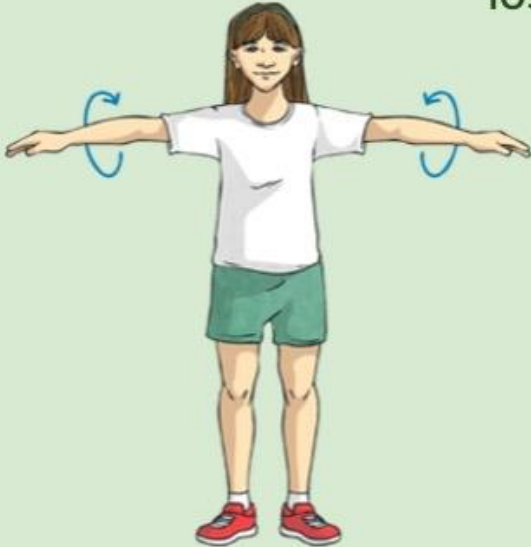


Can you do 10 forward circles?

Can you do 11 backward circles?

Big arm circles ~ *Grandes círculos de brazos*

Can you do 10 big arm circles forward?

How about 11 big arm circles backwards?



Wrist stretches - *Estiramientos de las muñecas*

# Downward Dog Pose
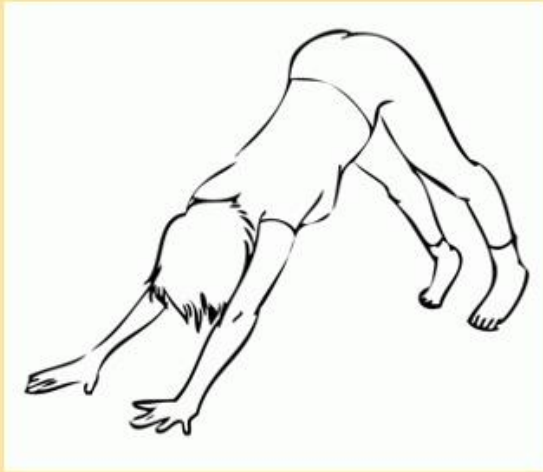


# Butterfly Pose ~ *La pose de la mariposa*

## Seated forward bend



## Wide-angle seated forward bend
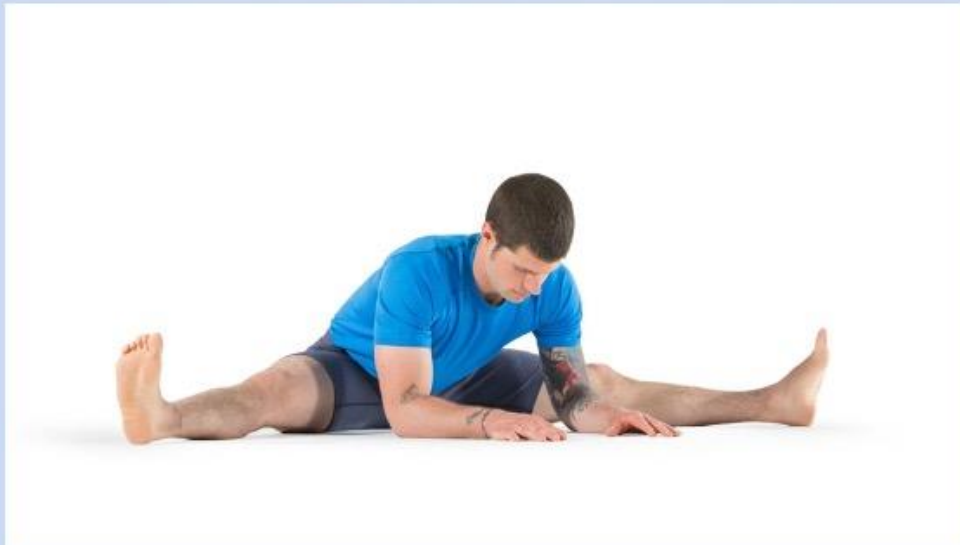
Child's pose



Prayer pose

Breathe in

# Swaying Palm Tree Pose



# Triceps stretches

## Seated /Standing Triceps Stretch

Right hand gently pulls left elbow back and to right
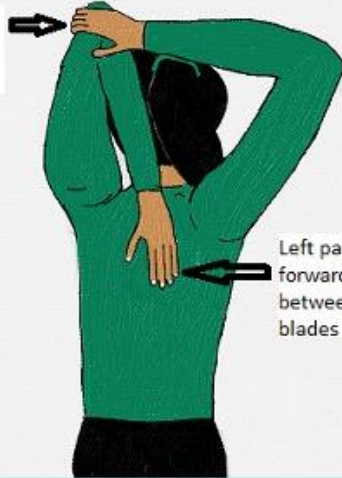
Left palm facing forward and resting between the shoulder blades

# Forward Bend

Avoid locking your knees

# Half Forward Bend
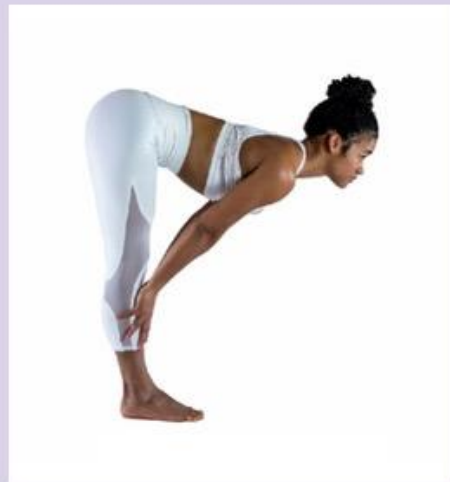
Chair pose

Physical challenge
Desafío físico

Can you hold your legs off off the ground for 10 seconds?
¿Puedes levantar tus piernas del suelo por 10 segundos?

Now flip over and try it again!
¡Ahora dale la vuelta e inténtalo de nuevo!

On that note, let's take a dance break!
Con esto último, ¡tomamos una pausa para bailar!

DANCE BREAK

# Stretch Break!



We're going to have a Show and Tell next week!

*La semana que viene vamos a hacer un "Show and Tell".*

Start brainstorming what you'll share this weekend!

*Este fin de semana empieza a hacer una lluvia de ideas de lo que compartirás.*

If you'd like to know how many days or months you've been alive, go to:

*Si quieres saber cuantos días o meses llevas vivo, ve a:*

https://tinyurl.com/agecalulator

Let's play some pictionary!

https://skribbl.io/?grrtxdAjctpD

By Victor Torres

# Animate/customize yourself into an avatar!

## https://powerpuffyourself.com/

Everyone will show their avatars at the end of the session, and we will use these for future presentations, so **make sure you represent yourself best!**

By Victor Torres



# How was your spring break?
## ¿Qué tal tus vacaciones de primavera?

Add a stamp next to the words that you'd use to describe your break:
*Añade una estampilla junto a las palabras que utilizarías para describir tus vacaciones:*

- ❏ Relaxing ~ *Relajantes*
- ❏ Fun ~ *Divertidas*
- ❏ Kind of boring ~ *Algo aburridas*
- ❏ Social ~ *Sociales*
- ❏ Restful ~ *Relajadas*
- ❏ Busy ~ *Ocupadas*

Or add your own answers here!
*¡O añade tus propias respuestas aquí!*

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Share a story about your spring break!
¡Comparte un relato sobre tus vacaciones de primavera!

BACK TO SCHOOL

How are you feeling about returning to classes?

¿Cómo te sientes al empezar las clases de nuevo?

VUELTA AL COLE

How are you feeling about starting classes again?

*¿Cómo te sientes al empezar las clases de nuevo?*

Add some stamps or more answers!

*¡Añade algunas estampillas o tus propias respuestas!*

❏ Excited ~ Emocionado/a

❏ Hopeful ~ Optimista

❏ Nervous ~ Nervioso/a

❏ Annoyed ~ Molesto/a

❏ Unsure ~ Inseguro

In what ways do you want to **care for your physical health** during the rest of the school year?

*¿De cuáles maneras quieres **cuidar tu salud física** durante el resto del año escolar?*

❏ Get enough sleep (at least 8 hours each night) ~ *Dormir lo suficiente (por lo menos 8 horas cada noche)*

❏ Drink enough water (about ½ gallon, or 2 liters, each day) ~ *Beber suficiente agua (mitad de galón, o 2 litros, cada día)*

❏ Stretch between my classes ~ *Estirar entre mis clases*

❏ Spend more time outdoors ~ *Pasar más tiempo al aire libre*

❏ Eat balanced meals (with lots of fruits and veggies!) ~ *Comer bien (¡con muchas frutas y verduras!)*

In what ways do you want to **care for your emotional health**
during the rest of the school year?
*¿De cuáles maneras quieres **cuidar tu salud emocional**
durante el resto del año escolar?*

❑ Take time to draw or journal ~ *Tomar tiempo para dibujar o escribir*

❑ Keep in touch with friends ~ *Mantener contacto con amigos*

❑ Appreciate the good parts about my life ~ *Dar las gracias por lo bueno de mi vida*

❑ Ask for help when I need it ~ *Pedir ayuda cuando la necesito*

❑ Observe and identify my feelings ~ *Observar e identificar mis emociones*

❑ Communicate how I'm feeling ~ *Comunicar cómo me siento*

❑ Forgive myself when I mess up ~ *Perdonarme cuando me equivoco*

What's coming up in TNP?! *¿Qué se avecina en nuestro programa?*



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# WHAT IS COMING UP IN TNP?

Only 3 more TNP sessions this spring! Last day: next Wednesday

Type a question you have related to health in the chat. If you don't have a question, think of one and ask it on Friday!

*Pon una pregunta acerca de la salud en el chat. Si no tienes una pregunta, piénsalo y cuéntanos el viernes.*

Environmental  Physical

Social  Health  Mental

Spiritual  Emotional

**Physical Health Module**

Slides accessible here:
https://docs.google.com/presentation/d/1tVk_QY15Db9dUpVNb53uF2c401g92Nvx1Oru1teZ7do/edit?usp=sharing

¿Cuándo te sientes mal físicamente?

When do you feel physically unwell?



The Neighborhood Place

La salud física: El cuerpo como un sistema que necesita cuidado y que tiene entradas y salidas

Physical Health: The Body As a System that needs care and has Inputs and Outputs
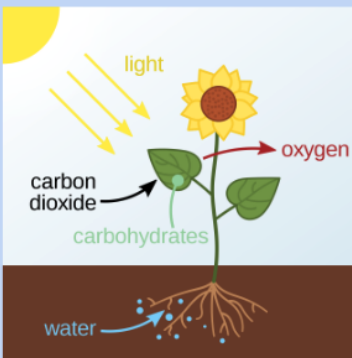


Entradas/Inputs

Salidas/Outputs

Con cuidado/With Care

## What does the body system need for physical health?
## ¿Qué necesita el sistema corporal para la salud física?

- Oxygen / oxígeno
- Nutrients (food & water) / nutrientes (comida y agua)
- Medicines / medicinas
- Immunizations / vacunas

**Inputs / Entradas** →

**Outputs / Salidas**

- Carbon dioxide / dióxido de carbono
- Growth / Crecimiento
- Movement / Moviemiento
- Brain activities / Actividades cerebrales
- Excrement / Excremento

**With Care / Con cuidado**

- Sleep & rest / Dormir y descansar
- Shelter / albergue
- Clothing / Ropa
- Personal hygiene / Higiene personal
- Vision care / Cuidado de la vista
- Skin care / Cuidado de la piel
- Prevention & treatment of illnesses & injuries / Prevención y tratamiento de enfermedades y heridas

---

## Cuidar de nosotros mismos
## Taking care of ourselves

❖ Se necesita práctica diaria ~ It takes daily practice.

❖ No es necesario que nos cuidemos solos.
We don't need to care for ourselves on our own.

❖ Siempre está bien pedir ayuda con tus objetivos de salud.
It's always okay to ask for help with your health goals.

**The Neighborhood Place**

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WHAT ARE SOME WAYS WE CAN PROMOTE OUR PHYSICAL HEALTH?
¿DE QUÉ MANERA PODEMOS PROMOVER NUESTRA SALUD FÍSICA?

Going outside

Eating healthy foods

Brushing our teeth

Washing our hands

Wearing a mask

Getting enough sleep

Drinking water

Taking a shower

Stretching



THE 3 PILLARS:
LOS TRES PILARES

La salud física
Physical Health

Nutrition

Sleep & Rest

Movement

Input

Care

Output

The Neighborhood Place
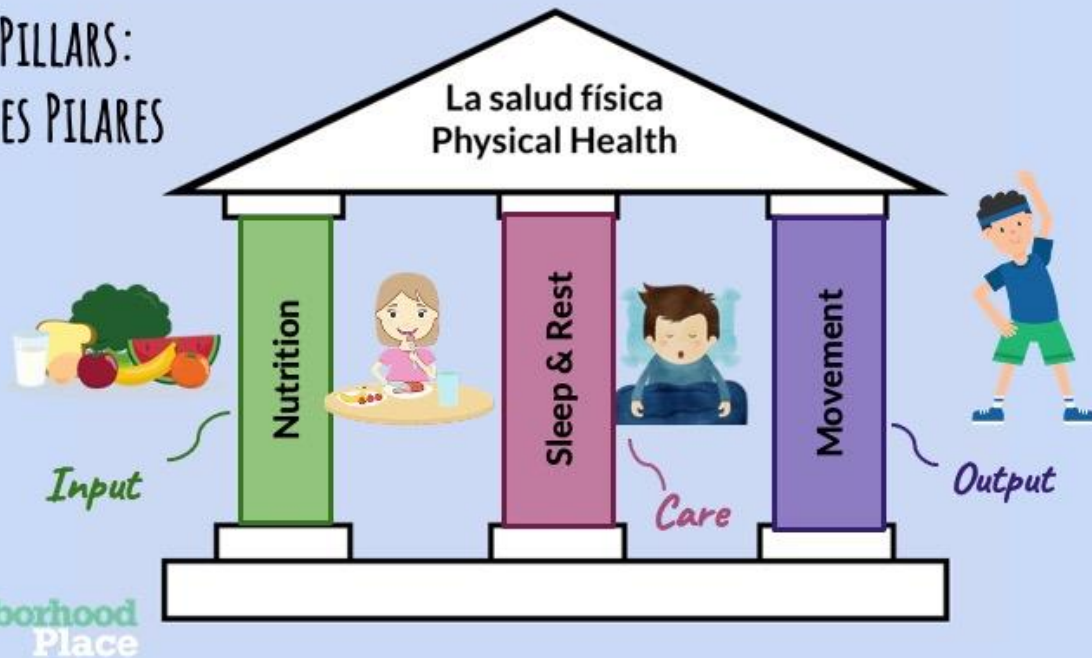
# Movement ~ Movimiento

Every day, our bodies need to move in ways that feel good for at least 60 minutes.

Stretching, walking, and dancing all count!

## Movement

### Why is it important to move?
### ¿Por qué es importante mover?

- ❖ Better quality sleep
- ❖ Stronger muscles → fewer injuries
- ❖ Stronger heart → protect against heart diseases
- ❖ Stronger immune system → don't get sick as much
- ❖ Better mood, more stable emotions
- ❖ Cravings for healthy foods

The
Neighborhood
Place

Junta
For Progressive
Action

## Exercising during a pandemic

How can we be active during a pandemic?
¿Cómo podemos ser activos durante una pandemia?

- Walking
- Biking
- Stretching
- Dancing
- Hula hooping
- Arm circles
- Jogging

- Yoga
- Jumping rope/jumping jacks
- Squats
- Leg raises
- Zumba
- Pilates
- Standing instead of sitting

The Neighborhood Place

## Hydration ~ Hidratación

Every day, our bodies need ½ gallon of water (same as 8 cups or 2 liters).

Signs we are dehydrated:

- Headache
- Tired
- Bright yellow urine

## We need a balance of carbohydrates, proteins, and fats.

**Carbohydrates ~**
**Hidratos de carbono:**
Immediate energy
- *Rice, pasta, potatoes, fruits, vegetables, bread*

**Fats ~ Grasas:**
Long-lasting energy
- *Avocados, cheese, nuts, oils*

**Proteins ~ Proteínas:**
Growth and repair
- *Nuts, lentils, tofu, beans, yogurt, eggs, meat, milk*

Protein  Carbs  Fat

30% PROTEIN
40% CARBS
30% FAT
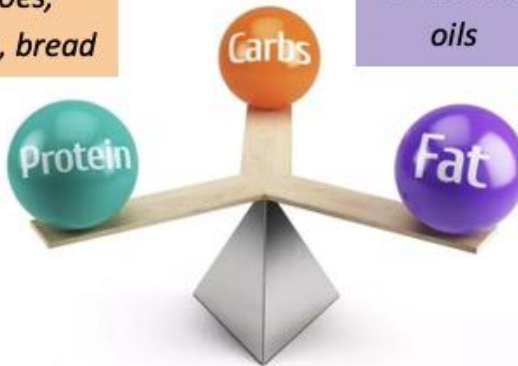
**Proteins and fats keep us full longer than carbohydrates.**

So it's a good idea to have some protein or healthy fat with every meal, especially breakfast.

## Nutrition Labels
### *Etiquetas de nutrición*

**Nutrition Facts**

11 servings per container

| Serving size | 2 slices (52g) |
|---|---|

Amount per serving

**Calories** 130

| | % Daily Value* |
|---|---|
| **Total Fat** 1.5g | 2% |
| Saturated Fat 0g | 0% |
| Trans Fat 0g | |
| Polyunsaturated Fat 1g | |
| Monounsaturated Fat 0g | |
| **Cholesterol** 0mg | 0% |
| **Sodium** 220mg | 10% |
| **Total Carbohydrate** 25g | 9% |
| Dietary Fiber 3g | 11% |
| Total Sugars 3g | |
| Includes 3g Added Sugars | 6% |
| **Protein** 6g | |
| Vitamin D 0mcg | 0% |
| Calcium 60mg | 4% |
| Iron 1.1mg | 6% |
| Potassium 110mg | 2% |

* The % Daily Value tells you how much a nutrient in a serving of food contributes to a daily diet. 2000 calories a day is used for general nutrition advice.

INGREDIENTS: WHOLE WHEAT FLOUR, WATER, SUGAR, WHEAT GLUTEN, YEAST, SOYBEAN OIL, SALT, CALCIUM PROPIONATE (PRESERVATIVE), MONOGLYCERIDES, DATEM, WHEAT BRAN, CALCIUM SULFATE, SOY LECITHIN, CITRIC ACID, POTASSIUM IODATE, GRAIN VINEGAR, MONOCALCIUM PHOSPHATE.

CONTAINS WHEAT, SOY.

**Tip:** On every nutrition label, the ingredients are listed in order of quantity. The food contains a lot of the first ingredient and very little of the last ingredient.

## Unprocessed foods are generally healthier than processed foods.

brown rice    white rice

VS

For example, whole grain bread and brown rice have more fiber and vitamins than white bread and white rice.

## Sleep ~ *Dormir*

Every day, our bodies need 8-12 hours of sleep (including naps). As you grow older, you might need a bit less sleep.

## Resilience ~ La resiliencia

Resilience is the ability to adjust to change and overcome challenges.

La resiliencia es la capacidad de ajustarse a los cambios y superar los retos.

## Physical Resilience
### *La resiliencia física*

Physical resilience involves recovering from physical challenges, like injuries, infections, or exercise.

*La resiliencia física implica la recuperación de desafíos físicos, como lesiones, infecciones o ejercicio.*

**Eating well, drinking water, sleeping, and exercising all increase physical resilience.**

*Comer bien, beber agua, dormir y hacer ejercicio aumentan la resistencia física.*

Getting all your vaccinations also boosts your physical resilience!

**Emotional Health Module**

Slides accessible here:
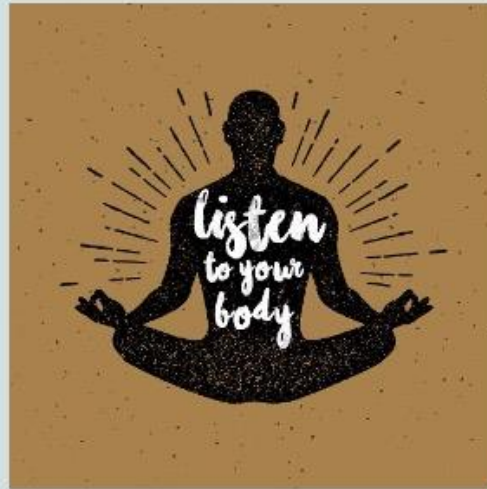
Let's breathe
together!

*Respiremos juntos*

INHALE

There are many ways of thinking about our feelings

Fear/Miedo

Joy/Alegría

Anger/Enojo

Sadness/Tristeza

Disgust/Asco

# Wheel of Emotions ~ Rueda de emociones





No matter how old you are, no matter what situation you're in, you'll always have emotions.

No importa la edad que tengas, ni la situación en la que te encuentres, siempre tendrás emociones.

**All emotions have a purpose.**
*Todas las emociones tienen un propósito.*

**Our emotions let us know what we need to do next.**

**Nuestras emociones nos avisan de nuestras necesidades.**

## How to Develop Emotional Resilience
## Cómo desarrollar la resiliencia emocional

OIR

**O**bserve how you're feeling

**I**dentify any emotions you notice

**R**espond with care

**O**bserva cómo te sientes

**I**dentifica las emociones que notas

**R**esponde con cariño

## The Mood Meter
## El medidor de emociones

We all feel emotions in each of these 4 regions.

There is a space for all emotions, and all emotions are okay.
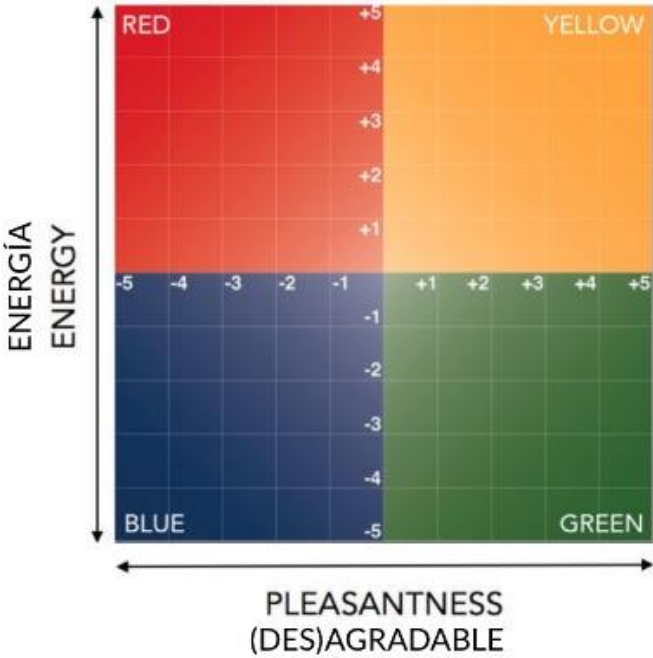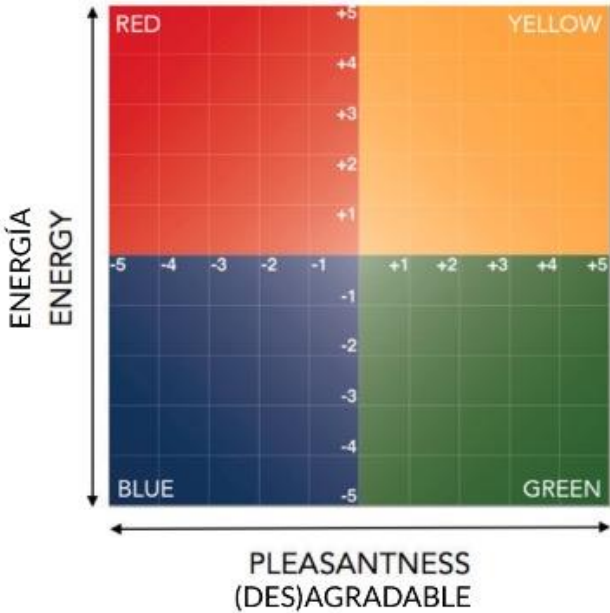
**Observe** how you're feeling emotionally with the Mood Meter.

*Observa* cómo te sientes emocionalmente con el Medidor de emociones.

How energetic do you feel?

Is it easy to sit still or is it difficult?

Put a stamp on the graph to represent how you feel right now.
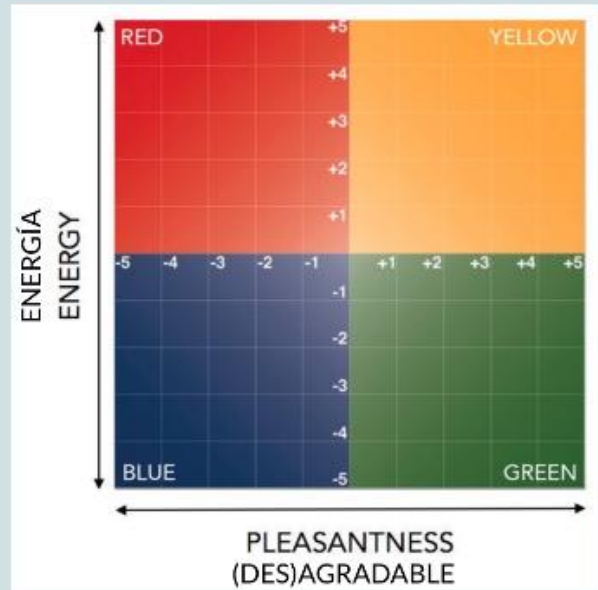


**Identify/Identifica:**
**What emotions do you notice?**
*¿Cuáles emociones notas?*

## Pleasant + low energy emotions
## Emociones agradables y de baja energía

| Peaceful | Content | Relaxed | Grounded | Balanced |
|---|---|---|---|---|
| Tranquilo | Contento | Relajado | Conectado a la tierra | Equilibrado |





## Unpleasant + low energy emotions
## Emociones desagradables y de baja energía

| Sadness | Disappointment | Grief | Loneliness |
|---|---|---|---|
| Tristeza | Decepción | Pena | Soledad |

Unpleasant + high energy emotions
Emociones desagradables y de alta energía

Anxiety       Anger        Frustration       Fear
Ansiedad      Enojo        Frustración       Miedo



Pleasant + high energy emotions
Emociones agradables y de alta energía

Joy        Excitement      Enthusiasm      Happiness      Pride
Alegría        Entusiasmo                  Felicidad      Orgullo

| | |
|---|---|
| Nervous ~ Nervios@ | Happy ~ Feliz |
| Worried ~ Preocupad@ | Excited ~ Entusiasmad@ |
| Frustrated ~ Frustrad@ | Optimistic ~ Optimista |
| Angry ~ Enojad@ | Proud ~ Orgullos@ |
| Scared ~ Asustad@ | In love ~ Enamorad@ |
| Exhausted ~ Agotad@ | Calm ~ Tranquil@ |
| Sad ~ Triste | Relaxed ~ Relajad@ |
| Disappointed ~ Decepcionad@ | Fulfilled ~ Satisfech@ |
| Lonely ~ Solitari@ | Grateful ~ Agradecid@ |
| Pessimistic ~ Pesimista | Loving ~ Amoros@ |

## How are you feeling today?
## ¿Cómo te sientes hoy?





ENERGÍA ENERGY

RED    YELLOW
+5
+4
+3
+2
+1
-5  -4  -3  -2  -1    +1  +2  +3  +4  +5
-1
-2
-3
-4
BLUE    GREEN
-5

PLEASANTNESS
(DES)AGRADABLE

How energetic do you feel?

Is it easy to sit still or is it difficult?

Put a stamp on the graph to represent how you feel right now.



It's okay to be irritated, frustrated, annoyed, upset, angry, or sad.
*Es aceptable estar irritado, frustrado, molesto, enfadado o triste.*

Your Feelings Are Valid

Tus emociones son válidas

nosotras

## How to Respond to Our Emotions With Care
*Cómo responder a nuestras emociones con cariño*

OIR

Once we have **Observed** and **Identified** how we're feeling, we are ready to **Respond.**

*Una vez que hemos **Observado** e **Identificado** cómo nos sentimos, estamos preparados para **Responder.***

## All emotions have a purpose
### Todas las emociones tienen un propósito

They let us know when we need to:
Nos avisan cuando necesitamos:

→Seek support ~ Buscar apoyo/ayuda

→Take time to ourselves ~ Dedicar tiempo a nosotros mismos

→Take action ~ Tomar acción

→Communicate how we're feeling ~ Comunicar cómo nos sentimos

→Celebrate the good ~ Celebrar lo bueno

## Responding to emotions with care
### Responder a las emociones cariñosamente

**FEELINGS CHECK-IN**

| I feel... | I need to... |
|---|---|
| Overwhelmed | Take a step back |
| Stressed | Focus on relaxing |
| Anxious | Practice coping skills |
| Sad | Be loving to myself |
| Angry | Find a positive outlet |
| Drained | Rest and recharge |
| Broken | Self-compassion |
| Upset | Take time for myself |
| Alone | Reach out for support |

Most often, responding with care involves **communicating** with others or taking some **time to yourself**.

*Muchas veces, responder con cariño significa **comunicar** con otros o tomarse un **tiempo para uno mismo**.*



Communicate          or          Be with yourself

## Pausing ~ Tomar una pausa

If your feelings are unpleasant and high energy (red zone), it can sometimes be helpful to **pause before communicating**.

*Si tus emociones son desagradables y de alta energía (zona roja), a veces puede ser útil hacer una pausa antes de comunicarte.*

Going on a walk, journaling, or drawing can help us find the right words.

*Salir a caminar, escribir un diario o dibujar puede ayudarnos a encontrar las palabras para comunicar efectivamente.*

**What method do you think you will try in the future?**

*¿Qué método cree que probará en el futuro?*

# Gratitude ~ La gratitud

Giving thanks has a powerful impact on our overall emotional and physical health.

Dar las gracias tiene un gran impacto en nuestra salud emocional y física.

Listing what we are grateful for leads to sleeping and exercising better and having fewer physical complaints!

Enumerar lo que agradecemos nos lleva a dormir mejor y a hacer ejercicio, y a tener menos molestias físicas.

# Practicing Gratitude
# Practicando la gratitud



### What are you grateful for today?
### ¿De qué estás agradecid@ hoy?



## How can we respond to unpleasant emotions with care?

## ¿Cómo podemos responder a emociones desagradables con cariño?



1. Take 5 slow, deep breaths ~ *Respira lenta y profundamente 5 veces*
2. Reach out to someone comforting and supportive ~ *Contacta a alguien que te reconforte y te apoye*
3. List 3 things you're grateful for ~ *Enumera 3 cosas por las que estás agradecido/a*
4. Remind yourself of your strengths ~ *Recuérdate de tus fortalezas*
5. **Go on a walk ~ *Sal a caminar***
6. **Journal or draw ~ *Escribe un diario o dibuja***

Our minds and bodies are closely connected.
Nuestras mentes y cuerpos están estrechamente conectados.



...So our emotions affect us from the *Inside Out*!



When we are emotionally well, we enjoy better physical health.

Cuando estamos bien emocionalmente, disfrutamos de mejor salud física.

Chronic stress, anger, and grief can harm our physical health.

El estrés crónico, la ira y el dolor pueden dañar nuestra salud física.

**But social and emotional support can protect our health!**
**¡Pero el apoyo social y emocional puede proteger nuestra salud!**

...And our physical health affects our emotions
...Y nuestra salud física afecta a nuestras emociones

Caring for ourselves involves caring for our bodies AND our minds.





Cuidar de nosotros mismos implica cuidar del cuerpo Y de la mente.

Learning how to care for our minds is the journey of a lifetime.



Aprender a cuidar nuestra mente es el viaje de nuestra vida.

# Resilience ~ La resiliencia

Resilience is the ability to adjust to change and overcome challenges.

La resiliencia es la capacidad de ajustarse a los cambios y superar los retos.



## When are we resilient? *¿Cuándo somos resilientes?*

We are resilient when we can effectively **cope with** and **recover from physical and emotional challenges.**

Somos resilientes cuando podemos **superar desafíos físicos y emocionales** y recuperarnos de ellos.

**Emotional Resilience** involves coping with emotional challenges, like fear, stress, sadness, and loneliness.

**La resiliencia emocional** implica sobrellevar los desafíos emocionales, como el miedo, el estrés, la tristeza y la soledad.
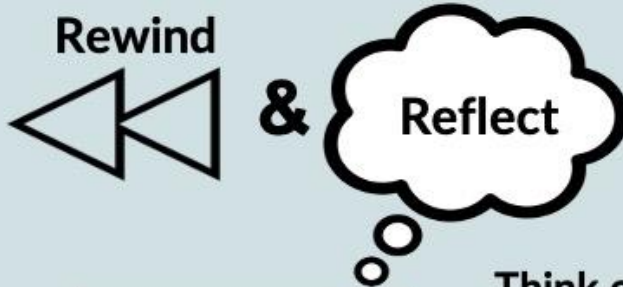


I'm upset. Can we talk?

**Rewind** **&** **Reflect**



**Think of a time when you were faced with a challenge and demonstrated resilience.**

*Piensa en un momento en el que enfrentaste un reto y demostraste tu resiliencia.*

## Possible Examples

Maybe you remember getting sick, deciding to rest, and then recovering.

Or getting injured, seeing a doctor, and healing.

Maybe you remember feeling nervous about an assignment, asking for help, and then completing it.

Or feeling lonely, calling a friend, and then feeling less alone.

Is your memory of a **physical** challenge or an **emotional** challenge?

*¿Tu recuerdo es de un reto **físico** o un reto **emocional**?*

What feelings do you remember having when things were hard?

*¿Cuáles emociones te acuerdas sintiendo cuando las cosas eran difíciles ?*
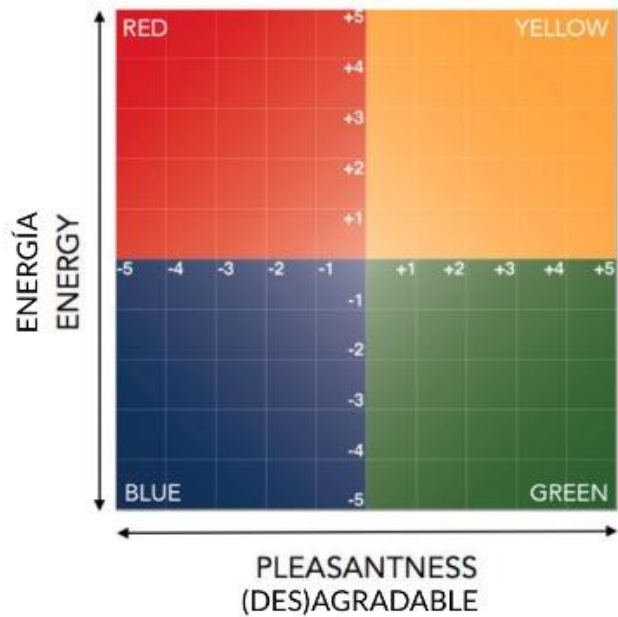


How did you feel after you conquered the challenge?

*¿Cómo te sentiste después de haber superado el desafío?*

Share your memory of resilience with the group if you'd like!
*¡Comparta su recuerdo de la resiliencia con el grupo si quieres!*



Our feelings matter and affect our emotional and physical wellbeing.

*Nuestros sentimientos son importantes y afectan a nuestro bienestar emocional y físico.*
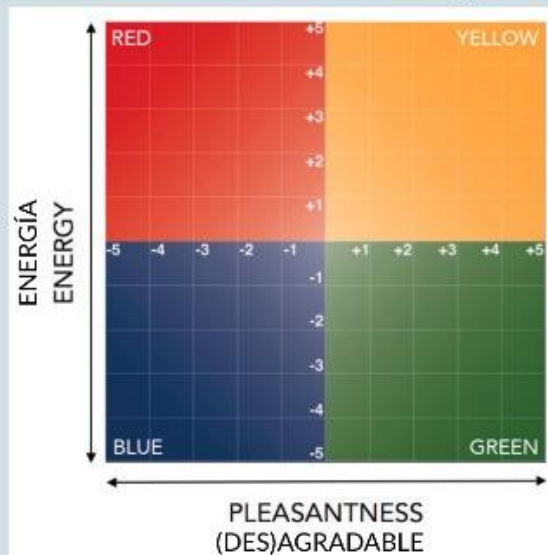
So we will:                 Entonces nosotros:

**OIRemos**

**O** bserve how we're feeling

**I** dentify any emotions we're experiencing

**R** espond with care

**O** bservar cómo sentimos

**I** dentificar nuestras emociones

**R** esponder con cariño

**Mental Health Module**

Slides accessible here:
https://docs.google.com/presentation/d/14gY0iyADfrCcCsjmM8rupZyHwtT9rSEb2hPQvj1R9M0/edit?usp=sharing
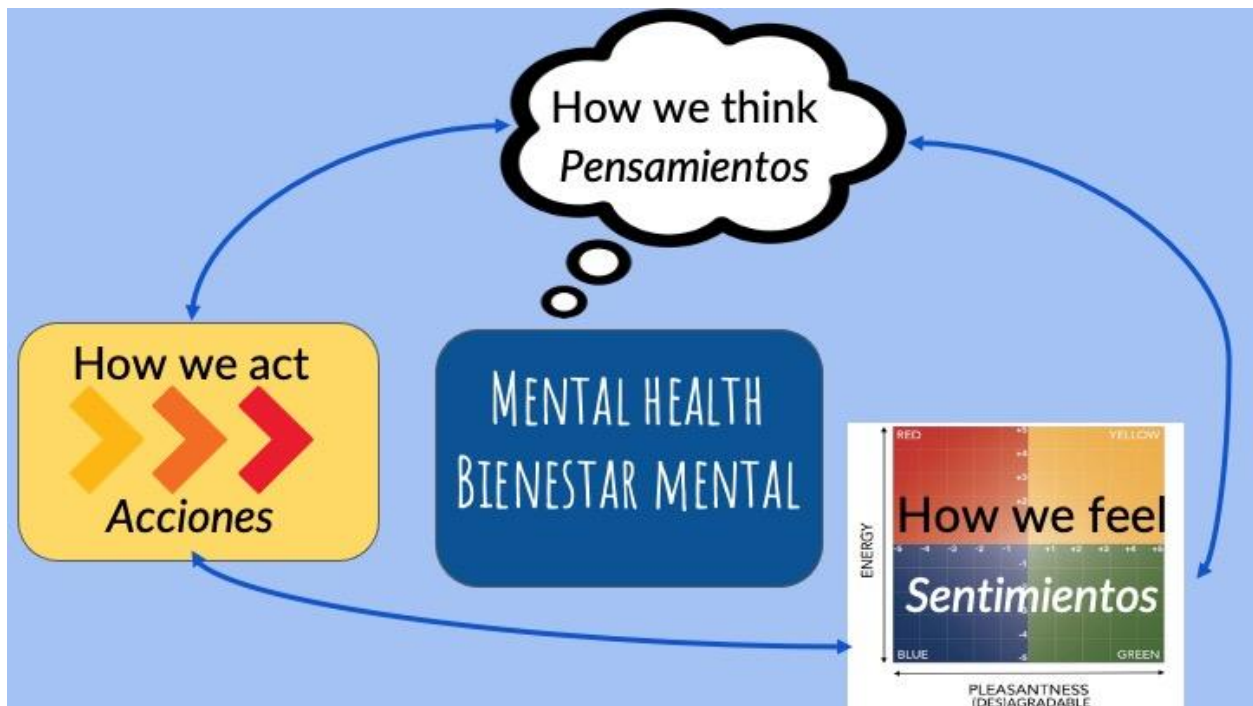
**Video:** You are not your thoughts

*No eres tus pensamientos*
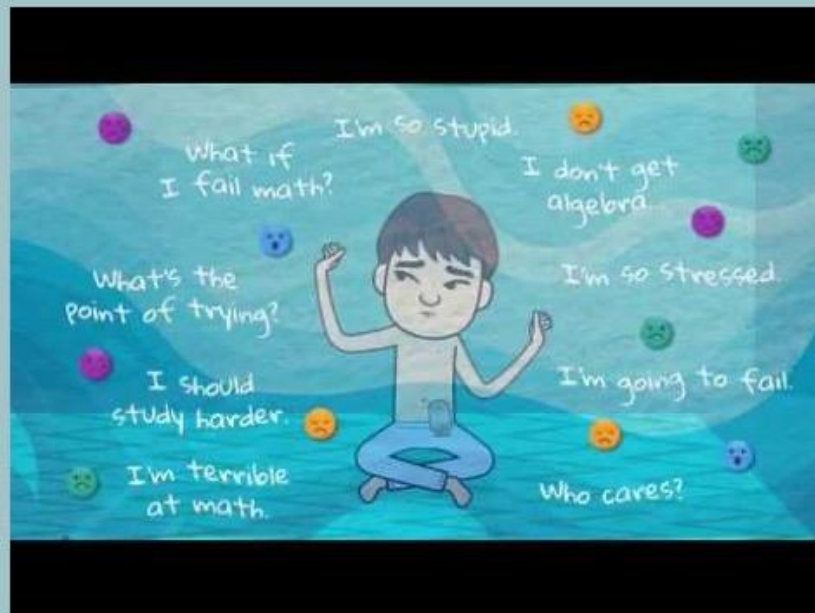


On Monday we talked about how we can **observe and identify our thoughts**, too.

*El lunes hablamos de cómo podemos **observar e identificar nuestros pensamientos** también.*



This is especially helpful when our thoughts are repetitive or unwanted.

*Esto es especialmente útil cuando nuestros pensamientos son repetitivos o no deseados.*

When we are struggling with hard emotions or thoughts, it can also be helpful to pay attention to our 5 senses.

*Cuando estamos lidiando con emociones o pensamientos difíciles, puede ser útil prestar atención a nuestros 5 sentidos.*
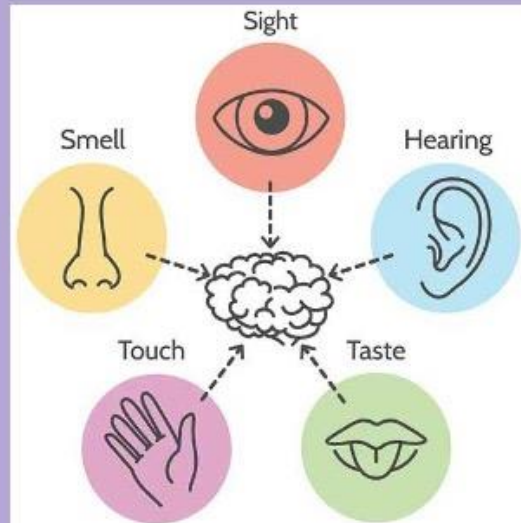
What is one thing you can see?

What is one thing you can hear?

What is one thing you can touch?

Can you smell or taste anything?
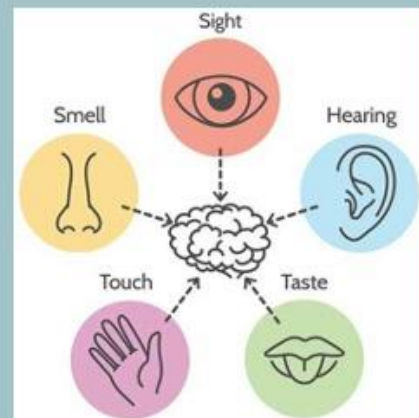
When you're struggling with hard emotions or thoughts, it can also be helpful to scan your whole body.



Short Video: Body Scan

## Affirmations ~ Afirmaciones

Calming and hopeful statements or mantras that remind us of our inherent worth and common humanity.

*Afirmaciones o mantras tranquilizadores y esperanzadores que nos recuerdan nuestro valor inherente y nuestra humanidad común.*

Place your hands on your heart.
*Pon tus manos sobre tu corazón.*

| | |
|---|---|
| **Close your eyes.** **And say out loud or in your head:** | **Cierra los ojos.** **Y di en voz alta o en tu cabeza:** |
| We all struggle in our lives. I am not alone. May I be kind to myself. May I learn to accept myself as I am. | Todos luchamos en nuestras vidas. No estoy solo/a. Ojalá que sea amable conmigo mismo. Ojalá que aprenda a aceptarme tal y como soy. |

## Self-esteem ~ Autoestima



Our self-esteem is how we view ourselves and how confident we feel in our self-worth.

It affects our health and wellbeing in many important ways.

Nuestra autoestima es la forma en que nos vemos a nosotros mismos y la confianza que tenemos en nuestro valor.

Afecta a nuestra salud y bienestar de muchas maneras importantes.

You have inherent worth simply because you are alive.

*Tienes valor inherente simplemente porque estás vivo/a.*



Your worth is not based on what you look like, where you live, or how good your grades are.

*Tu valor no está basado en tu apariencia, en donde vives o en tus notas.*



**Bogotá, Colombia**



**Lake Titicaca, Bolivia & Peru**

In the same way that you are worthy of kindness from others for being alive, you are worthy of kindness from yourself.

Del mismo modo que eres digno de la bondad de los demás por estar vivo/a, eres digno de la bondad de ti mismo.

Being kind towards ourselves when we are struggling can be hard, but try to talk to yourself the way you'd respond to a friend if they told you about their challenges.

Ser amable con nosotros mismos cuando estamos luchando puede ser difícil, pero intenta hablar contigo mismo de la forma en que responderías a un amigo si te contara sus desafíos.

Having strong self-esteem means trying our best without expecting perfection. It means viewing our mistakes and weaknesses as opportunities for learning and growing.

*Tener una fuerte autoestima significa intentar lo mejor que podemos sin esperar la perfección. Significa ver nuestros errores y debilidades como oportunidades para aprender y crecer.*

When we have strong self-esteem, we forgive ourselves when we mess up instead of punishing ourselves. Seeing others doing well doesn't cause us to criticize ourselves because we recognize our unique strengths and journey.

Why did I include this picture of the 2 fish?

*Cuando tenemos una autoestima fuerte, nos perdonamos cuando nos equivocamos en lugar de castigarnos. Ver que a los demás les va bien no nos hace criticarnos porque reconocemos nuestras fortalezas únicas y nuestra trayectoria individual.*

Developing strong self-esteem helps us adjust to changes and cope with challenges.

*Desarrollar una fuerte autoestima nos ayuda a adaptarnos a los cambios y a afrontar a los retos.*

**What is this called?**

*¿Cómo se llama esto?*

Resilience!          ¡La resiliencia!

---

Taking care of our mental health involves recognizing our worth as individuals, in our relationships, and in our communities

Cuidar de nuestro bienestar mental implica reconocer nuestro valor como individuos, en nuestras relaciones y en nuestras comunidades
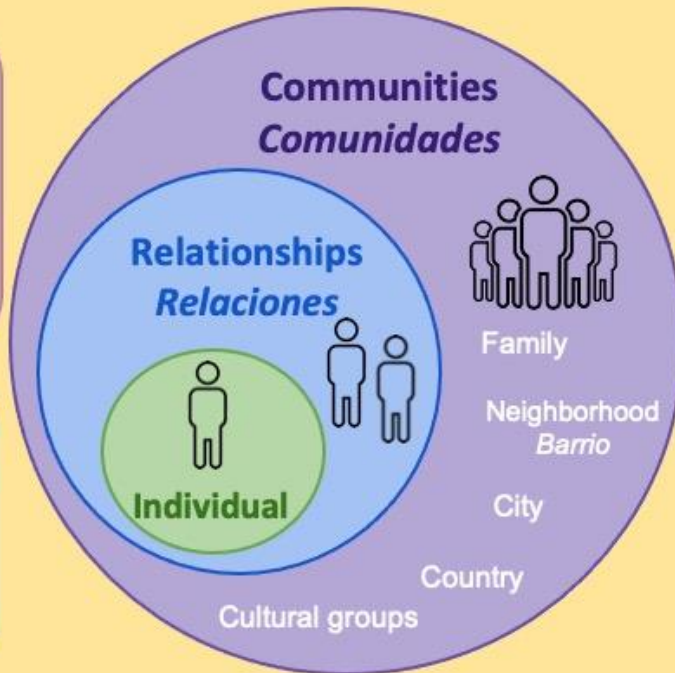
**Communities**
*Comunidades*

**Relationships**
*Relaciones*

Individual

Family

Neighborhood
*Barrio*

City

Country

Cultural groups

**When life is hard, try to remind yourself that:**
*Cuando la vida es difícil, trata recordarte que:*

You are an individual with unique strengths and experiences...
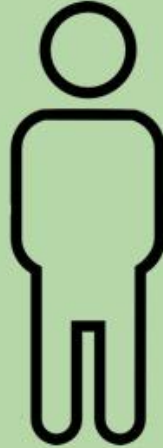
*Eres un individuo con fortalezas y experiencias únicas ...*

**When life is hard, try to remind yourself that:**
*Cuando la vida es difícil, trata recordarte que:*

...and have meaningful relationships...

*...y tienes relaciones significativas...*

When life is hard, try to remind yourself that:
*Cuando la vida es difícil, trata recordarte que:*

...And you are an important part of many communities!

...Y eres una parte importante de muchas comunidades!

Like this community!
¡Como esta comunidad!

Our mental health affects so many things!
La salud mental afecta a muchísimas cosas!

Including how we feel about ourselves

Incluyendo cómo nos sentimos con nosotros mismos

What is this called? ¿Cómo se llama
esto?

Self-esteem
Auto-estima

Our mental health affects our physical health

Including ~ Incluyendo:

- How much we sleep ~ Cuánto dormimos
- How much we eat ~ Cuánto comemos
- How much we exercise ~ Cuánto movemos

What are these 3 things called?
¿Cómo se llaman estas tres cosas?

## Our mental health also affects our emotional health

### Nuestra salud mental también afecta a nuestra salud emocional

Including ~ Incluyendo:

- Our emotions ~ *Nuestras emociones*
- Our ability to effectively respond to our emotions ~ *Nuestra capacidad para responder efectivamente a nuestras emociones*

- Our ability to adjust to changes and confront obstacles ~ *Nuestra capacidad para adaptarnos a los cambios y afrontar los obstáculos*

**What is this last one called?**
*¿Cómo se llama el último punto?*

**Resilience!**
**La resiliencia**

## Drawing activity

Where are you most happy and at peace?

*¿Dónde estás más contento/a y tranquilo/a?*

Can you draw it?

*¿Puedes dibujar el lugar?*

MAY IS MENTAL HEALTH AWARENESS MONTH

TAKE CARE
OF YOURSELF

**Think of one goal you have for your mental health this week.**

- *Discuss it with your student/mentor in your breakout rooms*
- *Keep each other accountable during the week (On Wednesday)*
- *Check in on Friday!*

Example: *"I will sleep for more than 8 hours", or "I will take a break from work after 8 P.M.", etc.*

By Victor Torres



People struggle with mental health in many different ways. Some ways are visible and other ways are not.

*Las personas tienen dificultades con la salud mental de muchas maneras diferentes. Algunas formas son visibles y otras no.*

What's really happening...

is not always obvious on the surface.

For example, sometimes people struggle to concentrate and it's noticeable to others.

Other times people struggle to concentrate and it's not noticeable at all. **Both are valid.**

*Por ejemplo, a veces la gente tiene dificultades para concentrarse y eso lo notan los demás. Otras veces, la gente tiene dificultades para concentrarse y no se nota en absoluto.*

**Ambas situaciones son válidas.**

## Signs of being mentally unwell
## *Signos de malestar mental*

When any of the following interfere with your daily life:

*Cuando alguna de las siguientes situaciones interfiere en la vida diaria:*

- Not feeling like yourself
  *No sentirse como uno mismo*

- Regularly having trouble concentrating or sitting still ~ *Tener frecuentes dificultades con concentrarse o quedarse quieto/a*

- Regularly feeling fatigued or having little energy ~ *Sentirse regularmente fatigado/a o con poca energía*

- Regularly sleeping a lot more or a lot less than 8 hours per night ~ *Dormir regularmente mucho más o mucho menos de 8 horas por noche*

- Changes in appetite ~ *Cambios en el apetito*

- Having little interest or pleasure in doing things that were once enjoyable ~ *Tener poco interés o placer en hacer cosas que antes eran agradables*

- Feeling hopeless or alone ~ Sentirse desesperado/a o solo/a

- Regularly having low self-esteem ~ *Frecuentemente tener baja autoestima*

## Other signs of being mentally unwell
*Otros signos de malestar mental*

- Regularly having unwanted thoughts ~ *Tener frecuentes pensamientos no deseados*

- Having unpredictable mood swings ~ *Tener cambios de humor imprevisibles*

- Feeling like a disappointment or a burden to others ~ *Sentirse como una decepción o una carga para otros*

- Coping with hard feelings by depending on substances not prescribed by a doctor, such as alcohol, cannabis, and cigarettes ~ *Usar sustancias no prescritas por un médico (como el alcohol, el cannabis o los cigarrillos) para enfrentar con emociones difíciles*

What contributes to mental health challenges?

¿Qué contribuye a dificultades con la salud mental?

- Being unwell in any of the other 5 areas of health

  *No estar bien en cualquiera de las otras áreas de salud*

Not getting enough time outdoors ~
*No tener suficiente tiempo al aire libre*

Loneliness ~ *soledad*

Environmental

Physical

Social

Health

Mental

Spiritual

Emotional

Not getting enough sleep ~
*No dormir suficiente*

Not responding to our emotions thoughtfully ~ *No responder a nuestras emociones de forma consciente*

- Stress ~ El estrés

- The chemicals in our brains contribute to our mental health.

*Las sustancias químicas en el cerebro contribuyen a la salud mental.*

dopamine   endorphin   oxytocin   serotonin
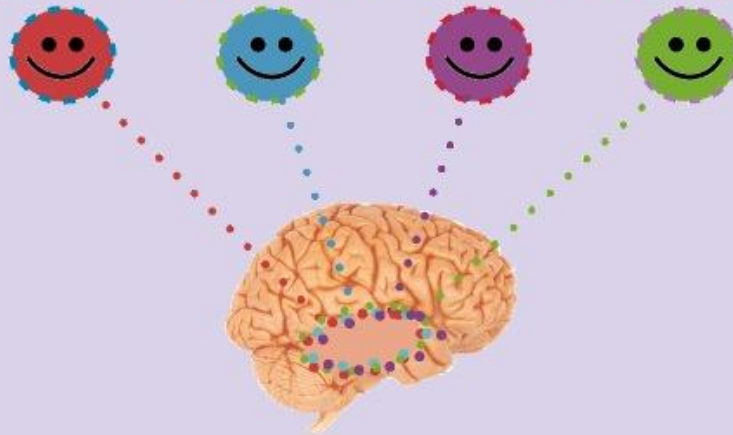
● Some mental health issues are genetic.
*Algunos problemas de salud mental son genéticos*



Male unaffected
Female unaffected
Male affected
Female affected
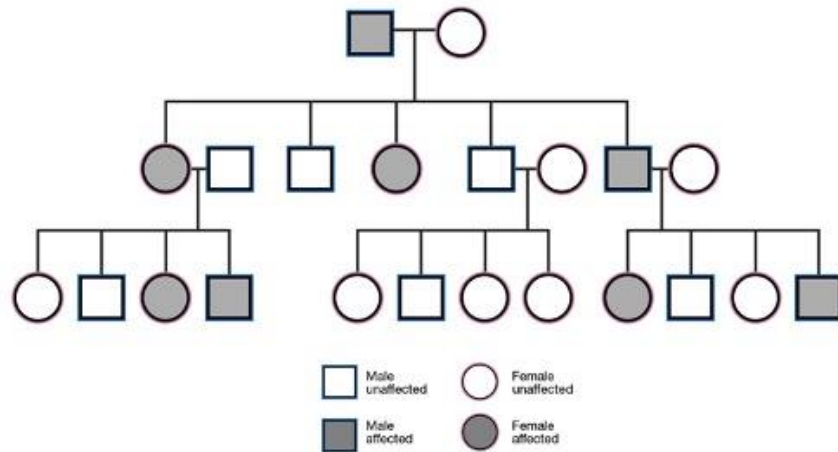
● Experiencing trauma also can contribute to mental health troubles.

*Tener una experiencia traumática también puede contribuir a dificultades de salud mental.*

We can't control the weather but we can pull out an umbrella when it starts to rain.

In the same way, we often can't control our emotions, but we *can* control our **reactions** to our emotions, including



No podemos controlar el tiempo, pero podemos sacar un paraguas cuando empieza a llover.

Del mismo modo, a menudo no podemos controlar nuestras emociones, pero sí podemos controlar nuestras **reacciones** a nuestras emociones, incluyendo si pedimos ayuda.

When we are traumatized, it's as if our umbrella has holes in it.

*Cuando estamos traumatizados, es como si nuestro paraguas tuviera agujeros.*

But it's possible to patch the holes! Therapy helps with this.
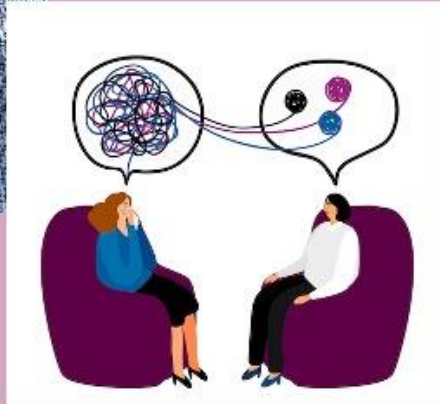
*Pero es posible parchear los agujeros. La terapia ayuda con esto.*

Exercise and creative expression (like drawing, dancing, and singing) are also incredibly useful ways to manage mental health challenges.

*El ejercicio y la expresión creativa (como dibujar, bailar y cantar) también son formas increíblemente útiles de gestionar los problemas de salud mental.*

## You are NOT ALONE

Millions of people are affected by mental illness each year. Across the country, many people just like you work, perform, create, compete, laugh, love and inspire every day.

**1 in 5** U.S. adults experience mental illness

**1 in 20**
1 in 20 U.S. adults experience serious mental illness

**17%**
of youth (6-17 years) experience a mental health disorder

## Mental health issues should not be stigmatized.
## *Los problemas de salud mental no deben ser estigmatizados.*

Stigma ~ El estigma

Support ~ El apoyo

## Stigma ~ El estigma

Stigmas are **cultural ideas** around what is acceptable and what is looked down upon.

*Los estigmas son **ideas culturales** sobre lo que es aceptable y lo que está mal visto.*



Stigma creates feelings of shame and stress because humans are social creatures.

*El estigma crea sentimientos de vergüenza y estrés porque los humanos son criaturas sociales.*
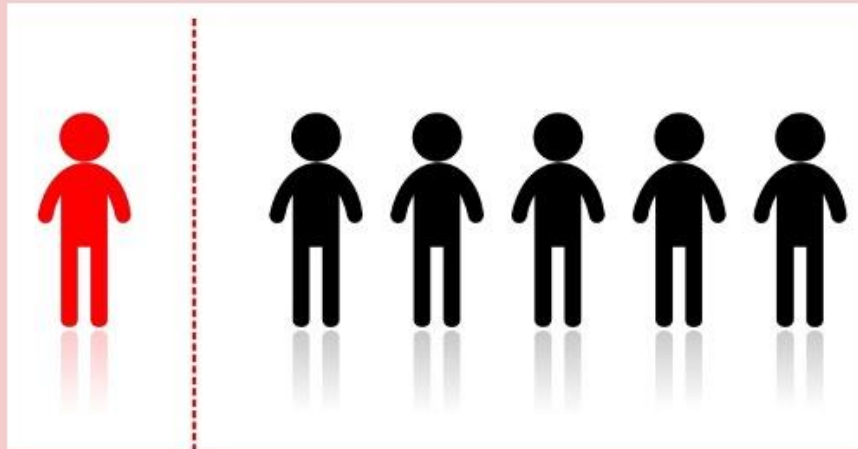
Some stigmas are useful (like the stigma around not wearing a mask indoors during Covid), but other stigmas are harmful and unjust.



Algunos estigmas son útiles (como el estigma hacia los que no llevan una máscara en el supermercado durante Covid), pero otros estigmas son perjudiciales e injustos.

Many different behaviors, conditions, and groups are stigmatized, including drunk driving, using a wheelchair, and being an immigrant.

*Se estigmatizan muchos comportamientos, condiciones y grupos diferentes, como conducir bajo los efectos del alcohol, utilizar una silla de ruedas y ser inmigrante.*

**Which of these 3 examples is a helpful stigma?**

*¿Cuál de estos 3 ejemplos es un estigma útil?*

**Which are harmful stigmas?** *¿Cuáles son estigmas dañinos?*

Harmful stigmas exist because of ignorance, fear, and silence.

*Existen estigmas perjudiciales debido a la ignorancia, el miedo y el silencio.*

BREAK THE CYCLE

Silence

Discrimination

Ignorance

Stigma

Fear

STAND UP TO STIGMA

Being unwell is nothing to be ashamed of.

No estar de buena salud no es nada vergonzoso.

**Vulnerability** is our most accurate measurement of **courage.**

-Brene Brown

There are many types of mental health treatments that work for different people!
*Hay muchos tipos de tratamientos de salud mental que funcionan para diferentes personas.*

1. Therapy ~ *Terapia*

2. Medications ~ *Medicamentos*

3. Practicing meditation and mindfulness ~ *Practicar la meditación y la atención plena*

Let's watch this video about therapy.

Veamos este video sobre la terapia.



The healthcare and insurance system in the US is very complicated. Combined with stigmas, it can be challenging to access care quickly and at an affordable price.

El sistema médico y de seguros en los Estados Unidos es muy complicado. Combinado con los estigmas, puede ser un reto acceder a la atención médica rápidamente y a un precio asequible.

But organizations like Junta can help people connect with appropriate medical providers.

*Pero organizaciones como Junta pueden ayudar a las personas a ponerse en contacto con proveedores médicos apropiados.*

On Friday we talked about stigma around talking about mental health, and how this stigma is harmful.
*El viernes hablamos del estigma que rodea a la salud mental y de cómo este estigma es dañino.*

Do any mentors want to share their experiences with overcoming fear and stigma around talking about mental health?

*¿Algún mentor quiere compartir sus experiencias sobre cómo superaron el miedo y el estigma al hablar de la salud mental?*

Last week you all set a mental health goal for yourselves. How did it go?

*La semana pasada cada uno de ustedes se fijó un objetivo de salud mental. ¿Cómo os fue?*

**Social Health Module**

Slides accessible here:
https://docs.google.com/presentation/d/1ihaFOpCOYTMAnr8TZWNQTr-6vm-QVmc4a_LVSxzGgZY/edit?usp=sharing

# Belonging ~ *La pertenencia*



Belonging is the human emotional need to be an accepted and valued member of a group. It is the satisfying feeling of being an important part of something larger than ourselves.



*La pertenencia es la necesidad emocional humana de ser un miembro aceptado y valorado de un grupo. Es el sentimiento satisfactorio de ser una parte importante de algo más grande que nosotros mismos.*

Does anyone want to share a time when they felt belonging?

*¿Alguien quiere compartir un momento en el que haya sentido pertenencia?*



Having healthy, positive friendships boosts our mental and emotional health, helping to combat feelings of loneliness or isolation.

*Tener amistades saludables y positivas mejora nuestra salud mental y emocional, ayudándonos a combatir sentimientos de soledad o aislamiento.*

By Abby Cohen and Margaret Kellogg

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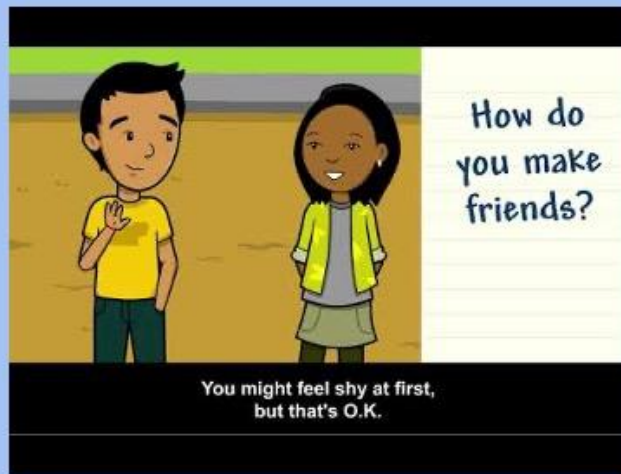
By Abby Cohen



By Abby Cohen

# Activity ~ A Good Friend… / Un buen amigx…

| | |
|---|---|
| Is…<br>*Es...* | Always…<br>*Siempre...* |
| Does…<br>*Hace...* | Doesn't…<br>*No hace...* |

By Abby Cohen

## Good Friends…
## *Amigxs...*

### *Buenos*

- Make you feel good
- Support each other
- Don't always have everything in common
- Listen
- Are trustworthy

- *Se hacen sentir bien*
- *Se apoyan*
- *No siempre tienen todo en común*
- *Escuchan*
- *Son confiables*

By Abby Cohen

I am a  good friend because...
*Soy un(a) buen(a) amigx porque...*

By Abby Cohen

DANCE BREAK

Friends help teach us things! Let's learn new dance moves!

*Nuestros amigxs nos ayudan a aprender cosas nuevas. Vamos a aprender nuevos pasos de baile.*

By Abby Cohen

# All About YOU! *Todo Sobre TÍ!*

AGE (*EDAD*):

FAVORITE COLOR (*COLOR PREFERIDO*):

FAVORITE FOOD (*COMIDA PREFERIDA*):

FAVORITE MOVIE (*PELÍCULA FAVORITA*):

FAVORITE SUBJECT IN SCHOOL (*MATERIA PREFERIDA*):

FAVORITE THING TO DO WITH A FRIEND *(LO QUE  MÁS TE  GUSTA HACER CON  UN(A)  AMIGX)*:

By Abby Cohen

# Do we have things in common?

Remember that you don't have to have everything in common with your friends. It is important to be friends with people with diverse backgrounds, experiences, and interests!

*Recuerda que no es necesario tener todo en común con tus amigxs. Es importante ser amigx de personas con antecedentes, experiencias e intereses diversos!*

By Abby Cohen

It's important to be a good friend to others, but remember to also be a good friend to yourself!

*Es importante ser un buen amigx para los demás, pero recuerde que también hay ser ser un buen amigx para ti mismo!*

By Abby Cohen

## Get excited for "Show and Tell" this Friday!

Sharing details about our lives with others is an important way to strengthen our social health!

*Compartir detalles de nuestra vida con los demás es una forma importante de fortalecer nuestra salud social.*

Social health, like all the other types of health, involves observing and listening to our needs and preferences.

*La salud social, como todos los demás tipos de salud, implica observar y escuchar nuestras necesidades y preferencias.*


LISTEN TO ME!
©www.ilovedoodle.com

Have you heard of the terms "introvert" and "extrovert?"

What do you think they mean?


extrovert    introvert

When we feel introverted, our energy expands when we spend time by ourselves.

People who feel more introverted than extroverted tend to enjoy reflective and solitary activities, like reading, drawing, writing, and meditating. They might find large gatherings overwhelming.

When we feel extroverted, our energy expands in the company of others. People who are more extroverted than introverted tend to enjoy social activities, like talking and dancing with others. They might find it boring to be alone.

Sometimes being around others and socializing helps us "re-charge" or feel energized, and at other times, taking time to be by ourselves is what we need to "re-charge."



Most people have both an extroverted side and an introverted side, but one may be more dominant.

## Do you think you're more of an introvert or an extrovert?

extrovert    introvert

## Do you tend to feel more energized or exhausted after socializing?

Most often, responding effectively to our emotions involves **communicating** with others or taking some **time to yourself**.

*Muchas veces, responder efectivamente a nuestras emociones significa **comunicar** con otros o tomarse un **tiempo para uno mismo**.*

Communicate          or          Be with yourself

What types of social activities do you enjoy most?

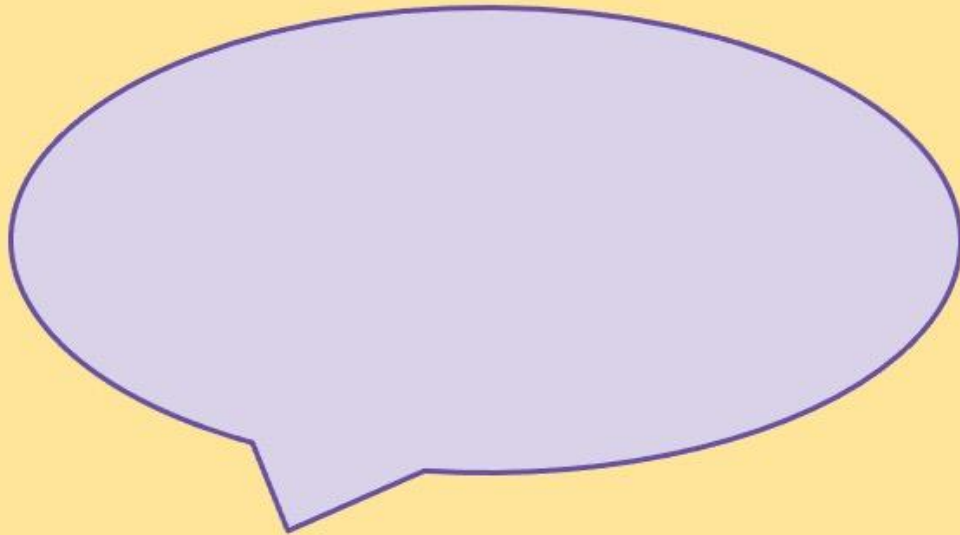What types of solitary activities do you enjoy most?

## Conflict

A conflict is a strong disagreement or argument between people.

Conflict can happen between strangers, teachers and students, and even between people who love each other, like family members, friends, and romantic partners.

How do you resolve conflicts?

# Resolving conflict: Step 1

Stop and recognize what you're feeling. Taking a few deep breaths helps.

Say to yourself: "I'm feeling _____ because _____."

Pausing to think before you act helps you say what you really mean.

You might want to take some time to calm down before moving on to Step 2.

## Resolving Conflict: Step 2

Share your feelings with the person you're in conflict with.

Try saying:

- "When you _____, I feel _____ because _____."

- "I don't like it when you _____ because _____. In the future please _____."

## Let's practice!

Think of a time someone made you feel:
- Frustrated,
- Upset,
- Hurt,
- Angry,
- Excluded, or
- Ignored

Imagine you're back in that situation and can share your feelings with them. What would you say?

## Resolving Conflict: Step 3

Listen to the other person. Try not to interrupt them when they're sharing their feelings.

Think about how the other person sees the problem.

This is called having empathy.



**Empathy:** imagining and trying to understand the other person's perspective

# Resolving Conflict: Step 4

Find a fair solution.

This might mean finding a compromise.

## What is a compromise? *¿Qué es un acuerdo mutuo?*

A solution to a conflict that balances the interests of both people. It's a middle ground where both people get some but not all of what they want.



## REMEMBER THE STEPS TO RESOLVING CONFLICTS:

1. Stop, take a few deep breaths, and recognize how you're feeling.

2. Share your feelings.

3. Listen to the other person. Empathize: think about how they see the problem.

4. Find a fair solution — maybe a compromise.

## Recuerda los pasos para resolver los conflictos:

1. Detente, respira profundamente y reconoce cómo te sientes.
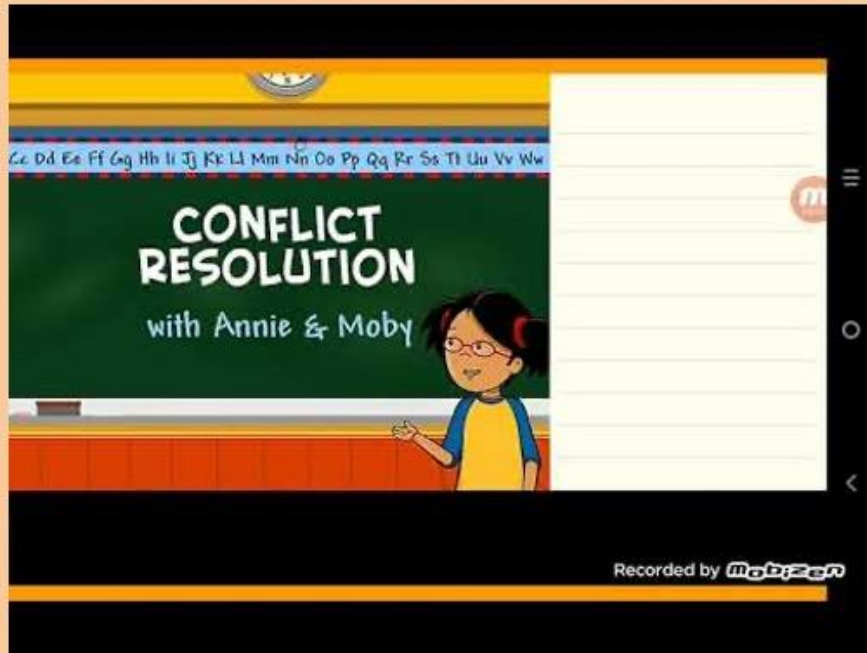
2. Comparte tus sentimientos.

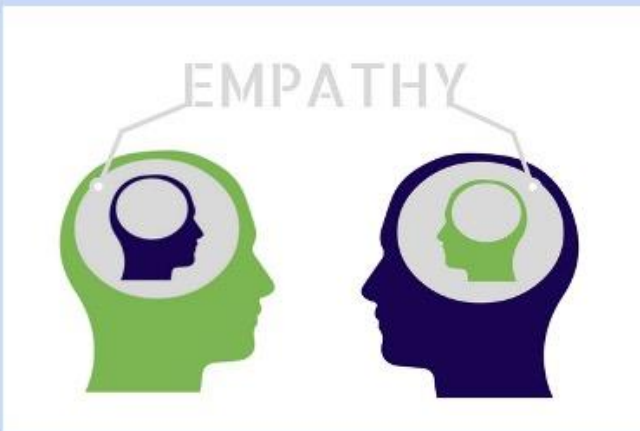3. Escucha a la otra persona. Empatiza: piensa en cómo ven el problema.

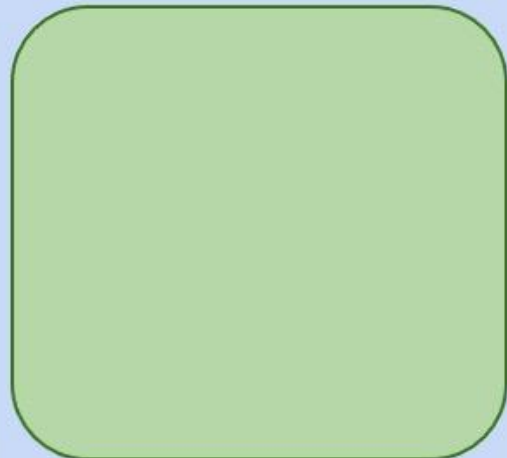4. Encuentra una solución justa, tal vez un acuerdo mutuo.

Empathy is the ability to imagine another person's experience or point of view.



La empatía es la capacidad de imaginar la experiencia o el punto de vista de otra persona.

HOW CAN YOU TELL WHEN YOU'RE UPSET OR AGITATED?

¿CÓMO PUEDES SABER CUÁNDO ESTÁS ALTERADO/A O AGITADO/A?

Some signs that many people experience when they are upset:

- Tension or pain in the body, especially in:
  a. Stomach
  b. Head
  c. Neck
  d. Shoulders
- Sweaty palms
- Fast breathing and heartbeat

If you notice one of these signs, think about whether it's because of a conflict with another person, or if there's something else going on.

*Si notas una de estas señales, piensa si se debe a un conflicto con otra persona o si hay otra explicación.*

## Mini-homework for Friday -- Choose 1:

1. Notice 1 moment when you practice empathy.
   *Observa 1 momento en el que practiques la empatía.*

1. Notice 1 moment when you are agitated. How does your body feel?
   *Observa 1 momento en el que estés agitado. ¿Cómo se siente tu cuerpo?*

Which are you choosing to do between now and Friday?

## Boundaries are like bubbles ~ Los límites son como burbujas

We each have our own bubble that keeps us safe and protected. There are many things that we might want to keep out of our bubble in order to stay safe.

*Cada uno de nosotros tiene su propia burbuja que nos mantiene seguros y protegidos. Hay muchas cosas que queremos mantener fuera de nuestra burbuja para estar* seguros.

## Boundaries are like bubbles ~ Los límites son como burbujas

*Estas cosas pueden ser físicas (como los gérmenes o el tacto de alguien) o pueden ser emocionales (como palabras hirientes o o la falta de respeto).*

These things can be physical
(like germs or someone's touch)
or they can be emotional
 (like hurtful words or disrespect).

## PERSONAL BOUNDARIES ~ LÍMITES PERSONALES

You have the right to set personal boundaries with others.

Tienes derecho a establecer límites personales con los demás.

**Saying "No" when you want to say no is a form of self-respect and self-care.**

*Decir "no" cuando quieres decir no es una forma de respetar y cuidar a ti mismo.*

**Personal boundaries can be:**

- **Physical,** such as:
  - "Please don't touch my hair."
  - "Please knock before coming into my room."
- **Social,** such as:
  - "I don't like that nickname. Please call me by my name."
  - "My pronouns are she/her."
  - "I would like to try to do this on my own."
- **Emotional,** such as:
  - "I am feeling overwhelmed today. Can we talk tomorrow?"
  - "I'd rather not talk about that."

**Bubbles for Covid-19 Physical Distancing**

Understanding and respecting your own limitations helps you protect your energy.



Some people in our lives serve us better from a **distance**. With *less* frequency and *less* intimacy.

That does not mean its a "bad" thing. Some friendships or relationships with family members reach their <u>full potential</u> with **more space**.

Not saying what you want can leave you confused about who you are, and can confuse other people about what you want.



BOUNDARIES MIGHT FEEL YUCKY, HARD, UNCOMFORTABLE, GUILTY, CONFUSING, TIRING, SCARY.

———— BUT ————

WITH TIME & PRACTICE YOU WILL HAVE:
- MORE PEACE
- IMPROVED SELF ESTEEM
- IMPROVED MENTAL/EMOTIONAL HEALTH

Remember: you are not responsible for others' happiness.

YOU
ARE
RESPONSIBLE
FOR
YOUR OWN
HAPPINESS

Learning how to listen to what you need and want can take a long time, but it's so worth it.

Please don't give up!

That inward voice is you so listen closely

Whiteboard Wednesday

How can we tell when someone or something has crossed one of our boundaries or invaded our bubble?
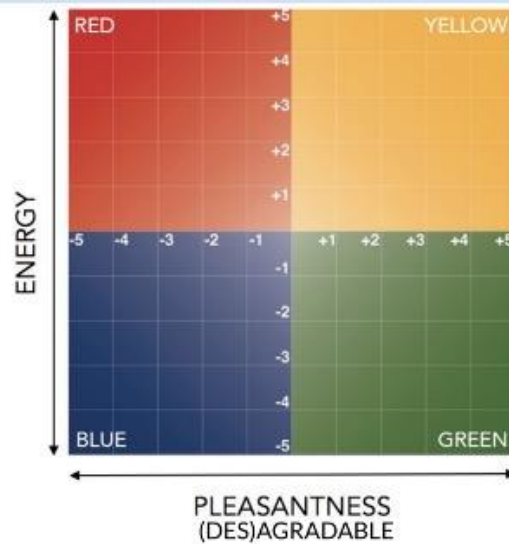
## Some physical signs you might experience:

- Tension or pain in the body, especially in:
  - Stomach
  - Head
  - Neck
  - Shoulders
- Sweaty palms
- Fast breathing and heartbeat

## Other signs that a personal boundary has been crossed:

- Panic or anxiety
- Anger
- Shame
- Shock
- Inability to concentrate on other things

If you notice one of these signs, think about whether it's because someone has crossed your personal boundary, or if there's something else going on.

Have you tried to set personal boundaries in the past?
*¿Has intentado establecer límites personales en el pasado?*

How did it go?  *¿Cómo te fue?*

Communicating our preferences and boundaries related to our identity helps to promote respect and social health.

*Comunicar nuestras preferencias y límites relacionados con nuestra identidad ayuda a promover el respeto y la salud social.*

## Boundaries related to identity

We all have preferences and boundaries related to how we want others to talk to us and talk about us.

For example, **what names or nicknames do you like to go by?**

In the end, we all want to be treated with respect.

Each person's identity is worthy of respect.



## Pronouns

Like our names, the pronouns we want others to use when talking about us are a part of our identity. Letting others know what your pronouns are is a form of respecting yourself and helping others res

Assuming things about someone's identity, such as their gender, sexuality, or pronouns can lead to mistakes and hurt feelings.

It's okay to ask someone, "What are your pronouns?"

Let's all go around and share our pronouns.

Being open about your needs and preferences empowers others to express their needs and preferences!

# When boundaries are crossed

That was not okay.

It's important to speak up as soon as possible when a physical boundary has been crossed.
*Es importante hablar lo antes posible cuando se ha cruzado un límite físico.*

Anytime someone touches you in a way that makes you uncomfortable, it's a good idea to tell someone you trust as well.
*Cada vez que alguien te toque de una manera que te haga sentir incómodo, es una buena idea decírselo también a alguien de confianza.*

Have you ever been teased or called hurtful names? How did that feel?

When someone crosses a social or emotional boundary of yours, speaking up is also important.

- "When you _____, I feel _____ because _____."

- "I don't like it when you _____."

- "In the future, please _____."

## Labels ~ *Etiquetas*

- Putting labels on other people without their permission can be disrespectful and harmful.
- Labels are only useful if they serve a purpose to the person being labeled.

**Comfort Zone**
Safe place to reflect.

**Learning Zone**
Where you grow and learn.

**Panic Zone**
Learning is beyond what you are familiar with and becomes very difficult.

Panic Zone

Learning Zone

Comfort Zone

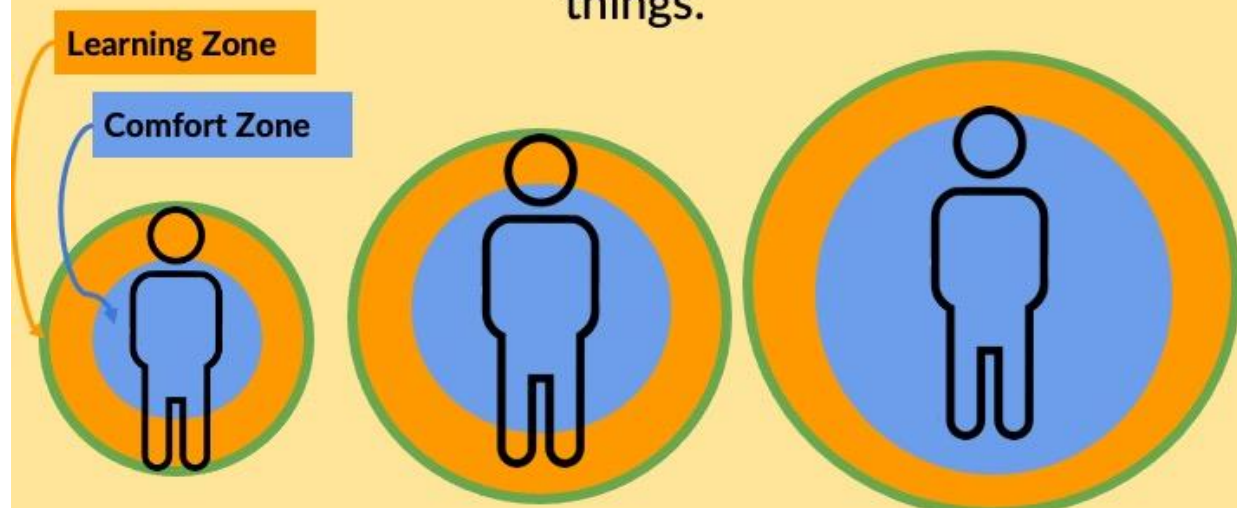Your bubble = your comfort zone + your learning zone

Were Marlin and Dory's boundaries the same?
*¿Los límites de Marlin y Dory eran iguales?*

How did they handle conflict?
*¿Cómo manejaron los conflictos?*

Our personal boundaries might change over time as we grow and become comfortable with different things.

Learning Zone

Comfort Zone

Did today's session make you think of some personal boundaries of yours that you want to communicate in the future?

YOU ARE
HERE

WHAT YOU
CAN'T CHANGE

WHAT YOU
CAN CHANGE

THE PAST

THE FUTURE
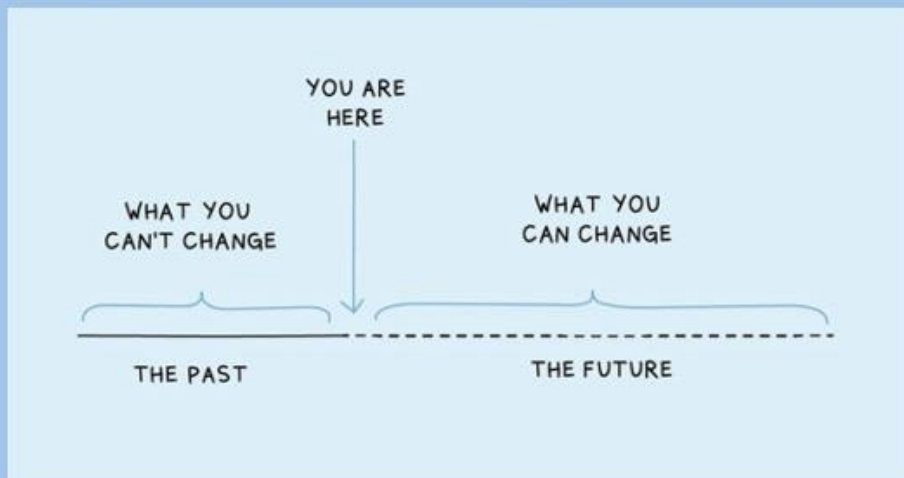
Have you heard of the "Golden Rule"?

Treat others the way you want to be treated.

Trata a los demás como quieres que te traten a ti.

The inverse is important too!!

Treat yourself the way you treat your others.
Trátate a ti mismo como tratas a los demás.

**Community Health Module**

Slides accessible here:
https://docs.google.com/presentation/d/1UJPGsAl4JXmoLgmpLUnjpVPArXbXgO_3Mi3bIwTvj6M/edit?usp=sharing

When we **observe** what we like about our communities, we improve our social and community health!

Cuando **observamos** lo que nos gusta de nuestras comunidades, estamos mejorando nuestra salud social y comunitaria.

What do you like about your communities?
¿Qué te gusta de tus comunidades?

What are your favorite places in your neighborhood?

*¿Cuales son tus lugares favoritos en tu vecindario?*

# Making Change
# *Efectuar los cambios*

What do you **observe** in your communities that you would like to change?

*¿Qué **observas** en tus comunidades que te gustaría cambiar?*

Most change requires **collective action** — many people contributing according to their strengths and capacities.

*La mayoría de los cambios requieren una **acción colectiva**: que muchas personas contribuyan según sus fuerzas y capacidades.*

**Group brainstorm:** How can Junta can support you in making the changes you would like to see?

*Lluvia de ideas en grupo:* ¿Cómo puede apoyarte la Junta en la realización de los cambios que te gustaría ver?



We all have individual agency: you have the power to make a real difference in your communities.

*Todos tenemos voluntad individual: cada uno de nosotros tiene el poder de marcar una diferencia real en nuestras comunidades.*

Let's stand up and say it together:
*Pongámonos de pie y digámoslo juntos:*

I AM POWERFUL!
¡SOY PODEROSO/A!

WE ARE POWERFUL!
¡SOMOS PODEROSOS!

For example, by taking care of yourself, you're taking care of your communities!

*Por ejemplo, ¡al cuidar de ti mismo estás cuidando a tus comunidades!*

...Because each of us is an important part of many communities.

...Porque cada uno de nosotros es una parte importante de muchas comunidades.

**Communities**
*Comunidades*

**Relationships**
*Relaciones*

**Individual**

Family

Neighborhood
*Barrio*

City

Country

Cultural groups

For example, when your parents take care of their health, they are also taking care of your family because your family depends on them.

Por ejemplo, cuando tus padres cuidan de su salud, también están cuidando de tu familia porque tu familia depende de ellos.

Your communities depend on you too!

*¡Tus comunidades también dependen de ti!*



**Hoy es el Día Internacional de la Mujer**

**Today is International Women's Day**

Share with the group 2 women you are grateful for.

Comparte con el grupo 2 mujeres por las que estás agradecida.

The movement to end gender-based discrimination and violence requires everyone's help.

El movimiento para acabar con la discriminación y violencia de género requiere la ayuda de todos.

# HAPPY FRIDAY TNP!

*Opening Question:*
**If you could be anywhere in the world, where would you go?**

By Victor Torres

All of the places you listed have their own unique **culture.**
Todos los lugares que escogieron tiene su propia **cultura** única.

*What is culture? Qué es cultura?*

Culture is a set of **shared** customs and practices of group of people in a region country.

- Cultura es el **conjunto** de costumbres y prácticas comunes de grupos de personas en un región o país.

By Victor Torres

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Food

Music

Language

**Customs & Practices**

Clothing

Dances

Religion + Beliefs

& many more!

By Victor Torres

We all have unique cultures that are **passed down** from our families and communities. These are **traditions!**

*Does your family have any traditions?*

By Victor Torres

Our conversations in perspective

*Nuestras conversaciones en perspectiva*

**Communities**
*Comunidades*

**Relationships**
*Relaciones*

Individual

Family

Neighborhood
*Barrio*

City

Country

Cultural groups

*Last Friday's lesson was about culture!*
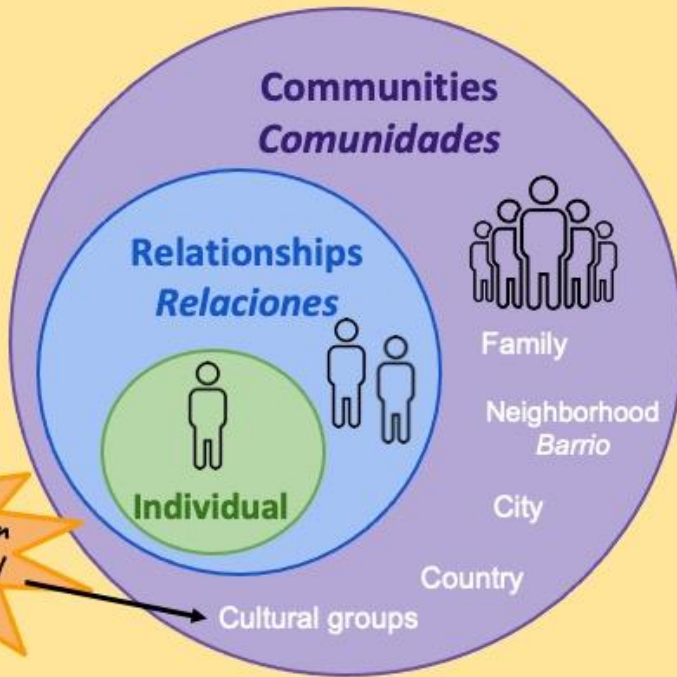
How did your mini-homework go? *¿Cómo les fue la minitarea?*

What moment did you notice when you practiced empathy?
*¿En qué momento notaste que estabas practicando empatía?*



¡Bienvenida Cheila!

Cheila Serrano is Junta's Director of Social Services.

She's here to talk with us about **community health**!

*Está aquí para hablar con nosotros sobre la **salud comunitaria.***

What do Cheila and her team do? *¿Qué hacen Cheila y su equipo?*



Junta's referral process ~ *El proceso de derivación de Junta*

# History of TNP ~ *La historia de TNP*



## The Neighborhood Place

Youth programs are important for Junta!

*¡Los programas para jóvenes son importantes para Junta!*

How do Cheila and Junta contribute to community health?
*¿Cómo contribuyen Cheila y Junta a la salud comunitaria?*

Thank you, Cheila, for joining us!!
*¡Gracias, Cheila, por acompañarnos!*

And thank you all so much for participating today!
*¡Gracias a todos por su participación hoy!*

**Whiteboard Wednesday**

## Which of your communities did you interact with this weekend?

*¿Con cuáles comunidades tuyos has interactuado este fin de semana?*



Your family ~ *Tu familia*

# Your friends ~ *Tus amigos*



# Your neighborhood ~ *Tu vecindario*



Do you recognize this place on Grand Avenue?

Your city ~ *Tu ciudad*
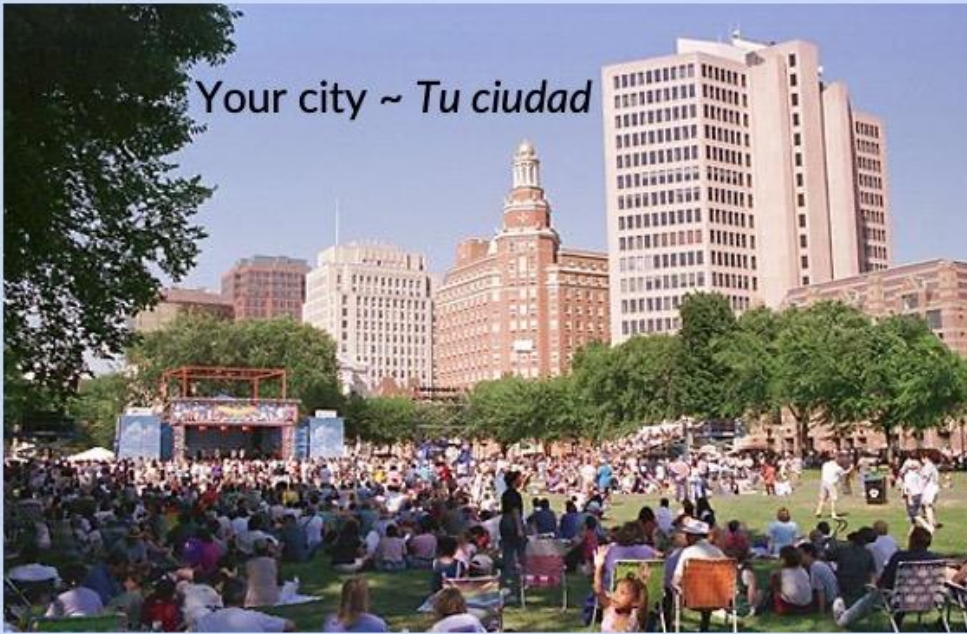

New Haven

Does New Haven look a bit like a kangaroo (*canguro*) to you?

## Cultural or religious groups

## Grupos culturales o religiosos

**Foto: Iglesia Pentecostal Unida Hispana de New Haven**



## Community gatherings ~ Reuniones comunitarias



Vigil (*vigilia*) for Guatemalan refugee (*refugiada*) Nury Chavarria in Fair Haven in 2017

When we **observe** what we like about our communities and what we want to change about them, we improve our social and community health!

*Cuando **observamos** lo que nos gusta de nuestras comunidades y lo que queremos cambiar, estamos mejorando nuestra salud social y comunitaria.*

Happy Brother's Day! *¡Feliz día del hermano!*

## Activity: How would you complete these sentences?

- I am proud of the way I treat my siblings/family when _____.
*Estoy orgulloso/a de cómo trato a mis hermanos/familiares cuando _____.*

- My siblings/family make me frustrated when _____.
*Mis hermanos/familiares me hacen sentir frustrado/a cuando _____.*

- I am grateful for my siblings/family when _____.
*Estoy agradecido/a por mis hermanos/familia cuando _____.*

Our family members know us so well — maybe better than anyone else!
*¡Los miembros de nuestra familia nos conocen muy bien, ¡quizá mejor que nadie!*

They know what are our strengths are, as well as our weaknesses.

**Conflicts are likely to happen between siblings/family members. These conflicts are often very challenging!**



*Es probable que se produzcan conflictos entre familiares. ¡Estos conflictos suelen ser muy difíciles!*

## Celebrating Earth Day!

Tomorrow is a day to celebrate our connection to the Earth and talk about how we can protect it better.

*Mañana es un día para celebrar nuestra conexión con la Tierra y hablar de cómo podemos protegerla mejor.*

Why is it important that we protect our planet?
*¿Por qué es importante que protejamos nuestro planeta?*

## What is climate change? *¿Qué es el cambio climático?*

- Long-term changes to the Earth's temperature and weather patterns.
  *Cambios a largo plazo en la temperatura de la Tierra y en los patrones climáticos.*

- Global average temperatures have been rising in the past 100 years due to humans polluting, which traps heat close to Earth.
  *La temperatura media mundial ha aumentado en los últimos 100 años debido a la contaminación humana, que atrapa el calor cerca de la Tierra.*

- Has gotten a lot worse recently, affecting the whole world.
  *Ha empeorado mucho recientemente, afectando a todo el mundo.*

**III. Recommended Updates to Curriculum**

- Add nuance to the presented definition of "resilience": We can only recover from challenges if the environment (healthcare system, political system, social structures) is conducive to recovery.
  - Sometimes resilience looks like resting, crying, asking for help.
  - Consider replacing "resilience" content with "resiliency": the strength and confidence that grows in us when we successfully handle any circumstance (https://www.creativeintegrationretreats.com/approaches)
- Introduce modules and new terms with a story or activity that leads into a definition-brainstorming exercise. Ask participants how they would define different types/elements of wellbeing instead of providing a definition to them. This approach would be a more engaging and participatory alternative to what we did in 2021.
- In future iterations of the program, the curriculum/program could incorporate:
  - more opportunities for participants to practice skills and set goals for themselves
  - more SEL games to strengthen social skills and friendships, including role-playing activities
  - more activities about participants' goals, hopes, and dreams, including carrying out a project that addresses a participant-identified need in the community
  - more story-telling
  - Activities from SEL workbooks, such as the one we sent the participants at the end, *Mission Me*
    - Alternatives: https://thespedguru.com/5-best-social-emotional-learning-workbooks-for-kids/
  - more videos and guided meditations, including loving-kindness meditations
    - eg: https://teens.aboutkidshealth.ca/mentalhealth?topic=mentalhealthAZ
  - Listening Deeply, empathy practice activities: https://static1.squarespace.com/static/5b7c56e255b02c683659fe43/t/5f2afe834450e97f1c74fcb2/1596653206496/Virtual+Listening+Deeply.pdf
  - Daniel Tiger songs for younger participants
  - greater integration of user-friendly health-promoting apps, such as Daylio, Bambú, Calm, Headspace, The Mood Meter
    - Rationale: https://link-springer-com.yale.idm.oclc.org/article/10.1007/s12671-018-1050-9
  - more guest speakers during Friday sessions who could teach supplemental lessons or lead different activities and foster more community togetherness and build upon the ideas of collective action and community resilience.
    - combine the Camp Folklórico with the wellbeing curriculum
    - teach participants how to cook something, or learn a song
  - image of two plants growing, one with deep roots and the other with big leaves to convey that each person's growth looks different, and that growth is not always

visible to others.

Add more review activities, such as:
- Activity at the end where we revisit the desert island packing list activity but also write down what we need for our emotional, mental, social, and community wellbeing.
- Ask participants to write down ways to boost each dimension of wellbeing.
  - Emphasize that there can be overlap; for example, taking a walk in your community could boost one's physical and community health
- Ask participants to give an example of how each element of wellbeing is related to another.

In the Physical Wellbeing module:
- Replace *The Three Pillars of Wellbeing* with *The Triangle of Physical Wellbeing*, where nutrition, sleep, and exercise are represented by the three sides.
  - Consider leading an activity where participants and mentors draw their own triangles, with the length of each side representing the strength of their recent nutrition, sleep, and exercise habits (e.g., an equilateral triangle would symbolize equal strength across all three components). To facilitate positive, attainable goal-setting, participants could then draw a second triangle representing where they'd like their habits to be a week from now (e.g., if they'd like to strengthen all of their habits equally, they'd draw a triangle of the same shape as the first, but bigger).
- Lead a discussion about the addictiveness and health implications of foods high in sugar and salt using a harm reduction approach. Emphasize the individual, community, and environmental health benefits to plant-based diets.
- Discuss substance use and distracted driving. Could talk about how second-hand smoke causes asthma and we can encourage our parents not to use their phones when driving.

In the Emotional Wellbeing module:
- When discussing the book *My Inside Weather*, add that our emotions are like the weather and who we are is like the sky – always there.
- Add activity where participants draw their emotions as if they were weather.
  - Rationale: will give participants opportunity to comfortably apply concepts from book to how they are currently feeling, since people find it easy to talk about the weather and a lot harder to talk about their feelings
- When discussing distress tolerance strategies/methods to respond with care to challenging emotions, mention the benefits of taking a shower/bath.
- Add that chronic anger, stress, and grief can lead to and/or worsen substance misuse.
- Add more somatic experiencing content, such as:
  - Where in your body can you feel your emotions?

○ Breathe into the part of your body that feels anxious/tense

In the Mental Wellbeing module:
- Mention that gardening has been shown to benefit mental wellbeing.
- Add an activity where participants practice reframing cognitive distortions activity, in line with Cognitive Behavioral Therapy exercises.
- Play and discuss the video *Two Wings to Fly* (https://www.youtube.com/watch?time_continue=1&v=cFCiUlFKuO4&feature=emb_logo)
  ○ Use this to lead into balance exercises: airplane/bird pose
- When defining mental wellbeing, add that it involves our ability to empathize with other people and the stability of our moods.
- Add the Serenity Prayer when discussing affirmations: May I have the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference.
- Consider replacing the self-esteem activity that asked participants to think of their strengths with an activity that promotes self-compassion.
  ○ "Whereas self-esteem entails evaluating oneself positively and often involves the need to be special and above average, self-compassion does not entail self-evaluation or comparisons with others. Rather, it is a kind, connected, and clear-sighted way of relating to ourselves even in instances of failure, perceived inadequacy, and imperfection." (Neff, 2011)
- Consider watching and discussing the 4 R's of Suicide Prevention video: https://m.yale.edu/y7r

In the Social Wellbeing module:
- Add a drawing activity where participants imagine and draw a place where they feel most supported and safe. This activity would be more accessible to participants who might struggle to think of a place where they feel happy and at peace.[45]
- Prompt participants to practice empathy and conflict resolution using clips from the movies *Coco, Vivo*, *and Encanto*.

In the Community Wellbeing module:
- Consider replacing César Chávez with a different Latinx changemaker in the Community Wellbeing module due to Chávez's controversial legacy.

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[45] This suggestion was provided by Yale School of Public Health student Caroline Helsen.

**IV. Health-Related Questions from Baseline, Midpoint, and Culminating Surveys**

<u>Baseline Survey Questions</u>
*Muchas gracias por responder a las siguientes preguntas. Tus respuestas ayudarán a los coordinadores de TNP a estructurar mejor el programa para que atienda a tus intereses y necesidades. Tus respuestas sólo pueden ser vistas por los coordinadores de TNP (Victor Torres, José Garcia, Abby Cohen y Margaret Kellogg). Si tienes alguna duda, por favor pregúntanos a través de Zoom, manda un mensaje a Victor al (760) 532-5112, o escríbela al final del sondeo. ¡Gracias!*

Thank you for answering the following questions. Your responses to the following survey questions will help us better structure this year's TNP program to suit your interests and needs. Your responses can only be viewed by TNP staff (Victor Torres, José Garcia, Abby Cohen, and Margaret Kellogg). If you have any questions, please ask us over Zoom, text Victor at (760) 532-5112, or write them in the box at the end of the survey. Thanks!

1. Además de recibir ayuda con tus tareas, ¿qué te gustaría sacar de las sesiones de TNP? (marca todas las que quieras) // In addition to homework help, what would you like to get out of TNP? (check as many as you'd like) *
   - Hablar de cómo el covid me ha afectado a mí/mi comunidad // Talking about how Covid-19 has affected me/my community
   - Aprender a mejorar mi salud y bienestar // Learning about how to improve my health and wellbeing
   - Socializar y hacer nuevos amigos // Socializing and making new friends
   - Other:

2. ¿Te sientes más cómod@ en conversaciones y actividades de grupo o en situaciones individuales? // Do you feel more comfortable in group conversations and activities or in one-on-one situations? *
   - Grupo // Group
   - Individual
   - Me siento igual de cómod@ en ambas situaciones // I feel equally comfortable in both

3. ¿Te sientes más cómod@ en conversaciones y actividades en inglés o en español? // Would you feel more comfortable with conversations and activities in English or Spanish? *
   - English
   - español
   - Me siento igual de cómod@ en ambos idiomas // I feel equally comfortable in both

4. En la última semana, ¿cuánto has podido concentrarte en tus clases y en tus tareas? // In the past week, how well have you been able to concentrate in your classes and on your homework? *
   - Para nada // Not at all
   - Un poco // A little bit
   - La mitad del tiempo // About half of the time

- La mayor parte del tiempo // Most of the time
- Casi todo el tiempo // Almost all the time

5. ¿Crees que tienes suficientes oportunidades para socializar y hacer nuevos amigos? // Do you feel that you have enough opportunities to socialize and make new friends? *
   - Para nada // Not at all
   - Un poco // Somewhat
   - Generalmente // Mostly
   - Definitivamente // Definitely

6. ¿Cuáles de los siguientes temas te interesan? (marca todos los que quieras) // Which of the following topics interest you? (check as many as you'd like) *
   - Entender mis emociones y salud mental // Understanding my emotions and mental health
   - Aprender cómo lidiar con los desafíos que el Covid ha creado o empeorado // Learning how to cope with the challenges that Covid has created or worsened
   - Esperanza, motivación y resiliencia // Hope, motivation, and resilience
   - Mis metas y sueños // My goals and dreams
   - Mejorar mis relaciones (con familia, amigos, los demás) // Improving my relationships (with family, friends, others)
   - Información sobre recursos médicos locales (de salud mental o salud física) // Information about local healthcare resources (mental or physical health)
   - La salud de mi comunidad o barrio // The health of my community or neighborhood
   - Other:

Health-related survey questions asked at baseline, midpoint, and program culmination
1. En la última semana, ¿sentiste que tenías suficiente energía a lo largo del día? // In the past week, did you feel like you had enough energy throughout your day? *
   - No, estaba agotad@ todos los días // No, I was exhausted every day
   - Realmente no - estaba cansad@ la mayor parte del tiempo // Not really - I was tired a lot of the time
   - Algunos días tenía energía y otros estaba cansad@ // Some days I had energy, some days I was tired
   - Sí, me sentía con energía casi todos los días // Yes, I felt energized almost every day

2. En la última semana, ¿aproximadamente cuántas horas dormiste cada noche? // In the past week, about how many hours of sleep have you gotten each night? *
   - Menos de 6 horas // Less than 6 hours
   - 6-7 horas // hours
   - 7-8 horas // hours
   - 8-9 horas // hours
   - 9-10 horas // hours
   - Más de 10 horas // More than 10 hours

3. ¿Cuántos días de la semana pasada hiciste ejercicio (moviste tu cuerpo lo suficiente para empezar a sudar) por al menos media hora? // On how many days in the past week did

you exercise (move your body enough to start sweating) for at least 30 minutes? *
- Ningún día // No days
- Algunos días // A few days
- La mayoría de los días // Most days
- Todos los días // Every day

4. ¿Cuántos días de la semana pasada sentiste dolor físico? // On how many days in the past week were you in physical pain? *
   - Ningún día // No days
   - Algunos días // A few days
   - La mayoría de los días // Most days
   - Todos los días // Every day

5. ¿Cuántos días de la semana pasada te sentiste estresad@, triste o deprimid@? // On how many days in the past week did you feel stressed, sad, or down? *
   - Ningún día // No days
   - Algunos días // A few days
   - La mayoría de los días // Most days
   - Todos los días // Every day

6. ¿Cuántos días de la semana pasada te sentiste optimista o esperanzad@? // On how many days in the past week did you feel optimistic or hopeful? *
   - Ningún día // No days
   - Algunos días // A few days
   - La mayoría de los días // Most days
   - Todos los días // Every day

7. En la última semana, ¿en qué medida fuiste capaz de expresar tus necesidades (académicas, de salud u otras)? // In the past week, how well were you able to express your needs (academic, health, or other)? *
   - Nada bien // Not well at all
   - Algo bien // Somewhat well
   - Muy bien // Very well
   - Other:

8. En la última semana, ¿cómo de segur@ te sentiste de tu autoestima? // In the past week, how confident did you feel in your self-worth? *
   - Rara vez confío en mi autoestima // Rarely confident in my self-worth
   - Ocasionalmente confiad@ // Occasionally confident
   - Generalmente confiad@ // Mostly confident
   - Muy confiad@ // Very confident

9. Si tienes algún comentario o pregunta sobre este sondeo o el programa de TNP, por favor háznoslo saber aquí. ¡Gracias! // If you have any comments or questions about this survey or the TNP program, please let us know here. Thanks!

These questions are optional. Any responses you provide will help us better understand how TNP participants have been affected by the pandemic.

1. ¿Te has enfermado con covid? // Have you gotten sick with Covid?
   ● Sí // yes
   ● No
   ● No estoy segur@ // Not sure

2. ¿Alguien en tu familia se ha enfermado con covid? // Has someone in your family gotten sick with Covid?
   ● Sí // yes
   ● No
   ● No estoy segur@ // Not sure

3. ¿Algún amigo tuyo se ha enfermado con covid? // Have any of your friends gotten sick with Covid?
   ● Sí // yes
   ● No
   ● No estoy segur@ // Not sure

4. ¿Se ha muerto algún familiar o amigo tuyo a causa del covid? // Have any of your friends or family died from Covid?
   ● Sí // yes
   ● No

Final Survey Questions (in addition to the health-related questions)

Thank you for answering the following questions. Your responses will help us better structure future versions of the TNP program to suit your interests and needs. Your responses can only be viewed by TNP staff. If you have any questions, please ask us over Zoom, text Victor at (760) 532-5112, or write them in the box at the end of the survey. Thanks!

Muchas gracias por responder a las siguientes preguntas. Tus respuestas ayudarán a los coordinadores de TNP a estructurar mejor el programa para que atienda a tus intereses y necesidades en el futuro. Tus respuestas sólo pueden ser vistas por los coordinadores y mentores de TNP. Si tienes alguna duda, por favor pregúntanos a través de Zoom, manda un mensaje a Victor al (760) 532-5112, o escríbela al final del sondeo. ¡Gracias!

1. Did TNP help you manage stress, loneliness, or boredom? // ¿TNP te ayudó a gestionar el estrés, la soledad o el aburrimiento? *
   ● It helped a lot. // Me ayudó mucho.
   ● It helped somewhat. // Me ayudó algo bien.
   ● It did not help. // No me ayudó.

2. Were you able to make new relationships with people through TNP? // ¿Conseguiste

empezar nuevas relaciones como resultado de TNP? *
- Yes // Sí
- Kind of // Más o menos
- No

3. Did TNP make you feel more comfortable with yourself and your life? // ¿TNP te hico sentir más cómod@ con ti mism@ y con tu vida? *
- Yes // Sí
- Kind of // Más o menos
- No

4. What were your main takeaways from TNP related to wellbeing, identity, or community? // ¿Qué es lo que más has aprendido de TNP en relación con el bienestar, la identidad o la comunidad? *

5. What was your favorite thing about TNP? // ¿Qué fue lo que más te gustó de TNP? *

6. What would you change about TNP? // ¿Que cosa cambiarías de TNP?