

# Mind, Body, Basketball

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#### Introduction

Financial assets or lack thereof, directly affect the degree of healthiness. Studies show that living in poverty and dealing with poverty-related stressors increase the risk of mental health disorders and related illnesses.<sup>1,2</sup> In addition, distrust, stereotypical behaviors and racism is associated with adverse psychological outcomes.3,4The Presidential Scholar's Community Group worked in conjunction with the Charleston Promise Neighborhood (CPN). The (16) neighborhoods involved with CPN represent areas subject to geographic isolation from community resources in Charleston and North Charleston. According to the US Census Bureau, the racial demographics of the target area with zip code 29405 in the year 2014 show that African Americans are the majority in this neighborhood, representing 67% of the total population and that 36.6% of the total population are living below the poverty line.<sup>5</sup> Given these statistics, we wanted to focus on the disparities that plague this racial group. The aim of this project was to measure the community's sense of trust toward health care providers as well as measure the residents' willingness to seek help for a mental illness.

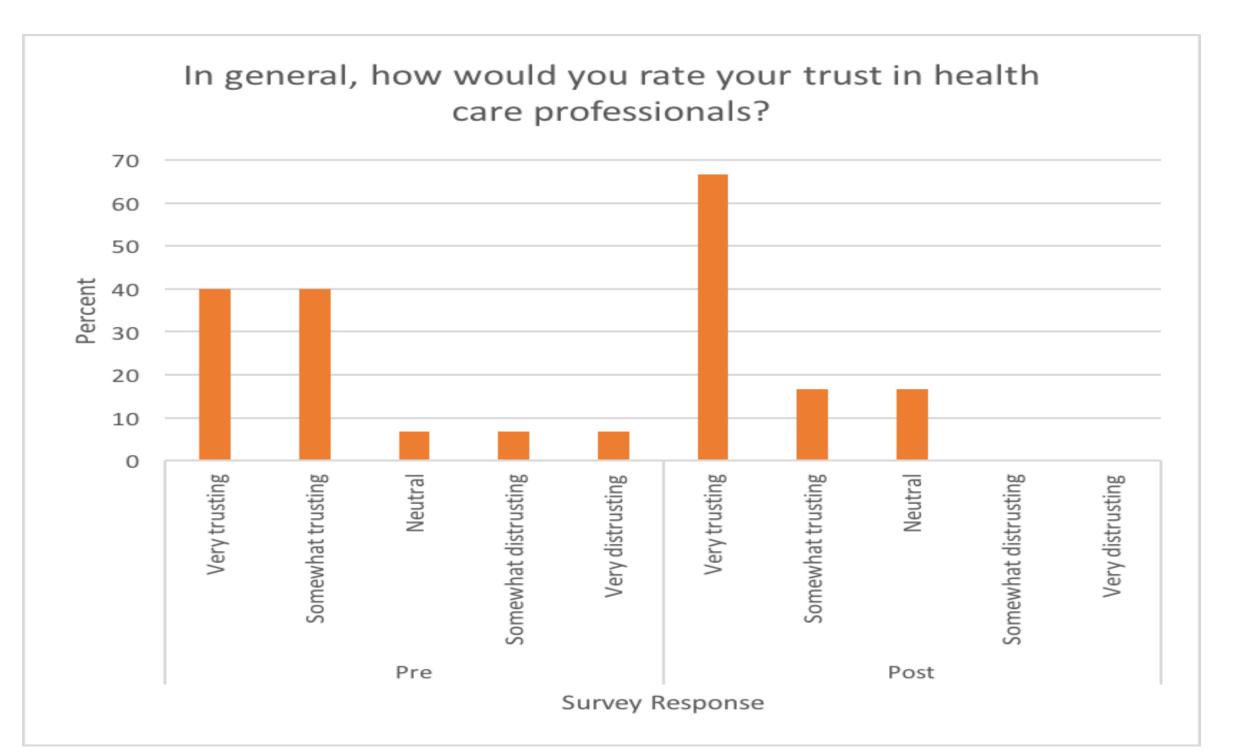
## Purpose

The purpose of our research is to assess attitudes surrounding mental health stigma prior to and following a health fair sponsored by Charleston Promise Neighborhood. The event will help to foster healthy behaviors through bringing awareness to mental and behavioral supports and provide individuals with the ability to access resources. As future healthcare professionals, we would like to foster a trusting relationship with participants.

### Methods

In partnering with Charleston Promise Neighborhoods, we provided education on mental illnesses and overall health and support for those struggling with the stigma associated with these illnesses through a health fair. We assessed the attendees' attitudes surrounding mental illnesses before and after the health fair. We administered an identical questionnaire before and after the event to determine our influence. We took averages of all answers and seeing if on average the trust for providers and comfort with the conversation of mental health increases.

#### Results



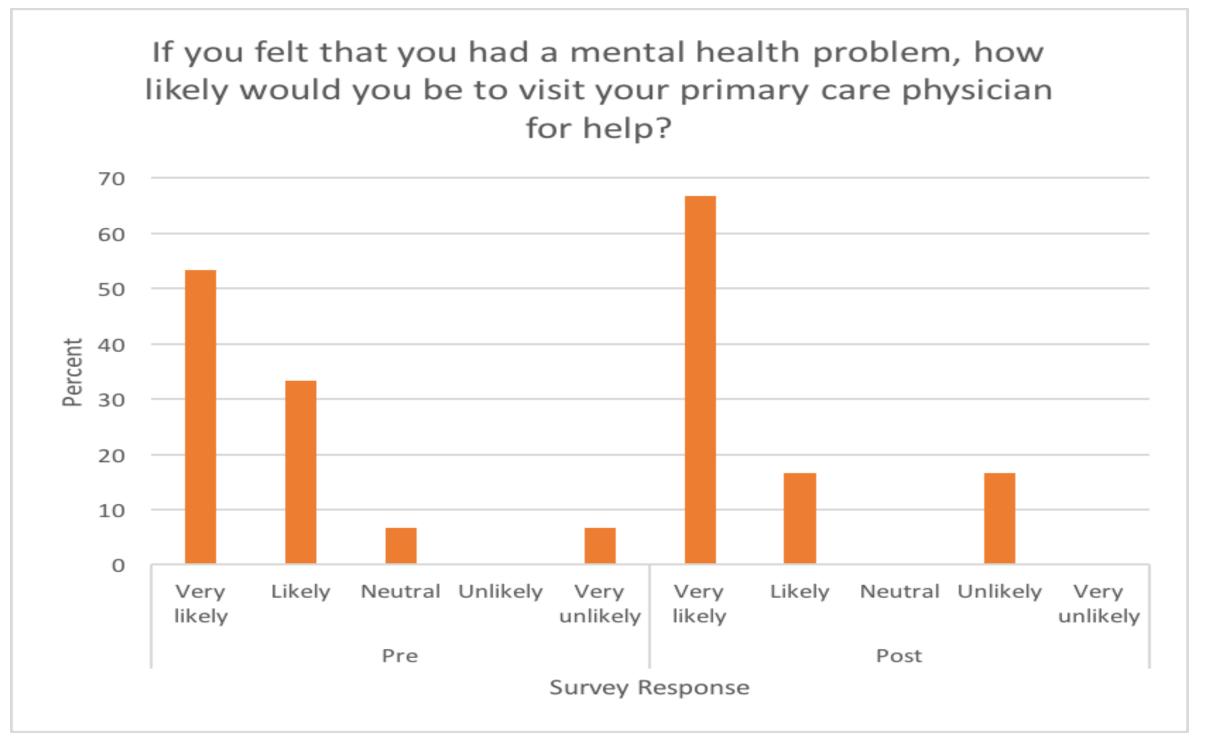


Figure 2: Pre-survey and post-survey data displayed as percent of responses regarding the likelihood participants feel they would confront their primary care physician about mental health issues before and after our event

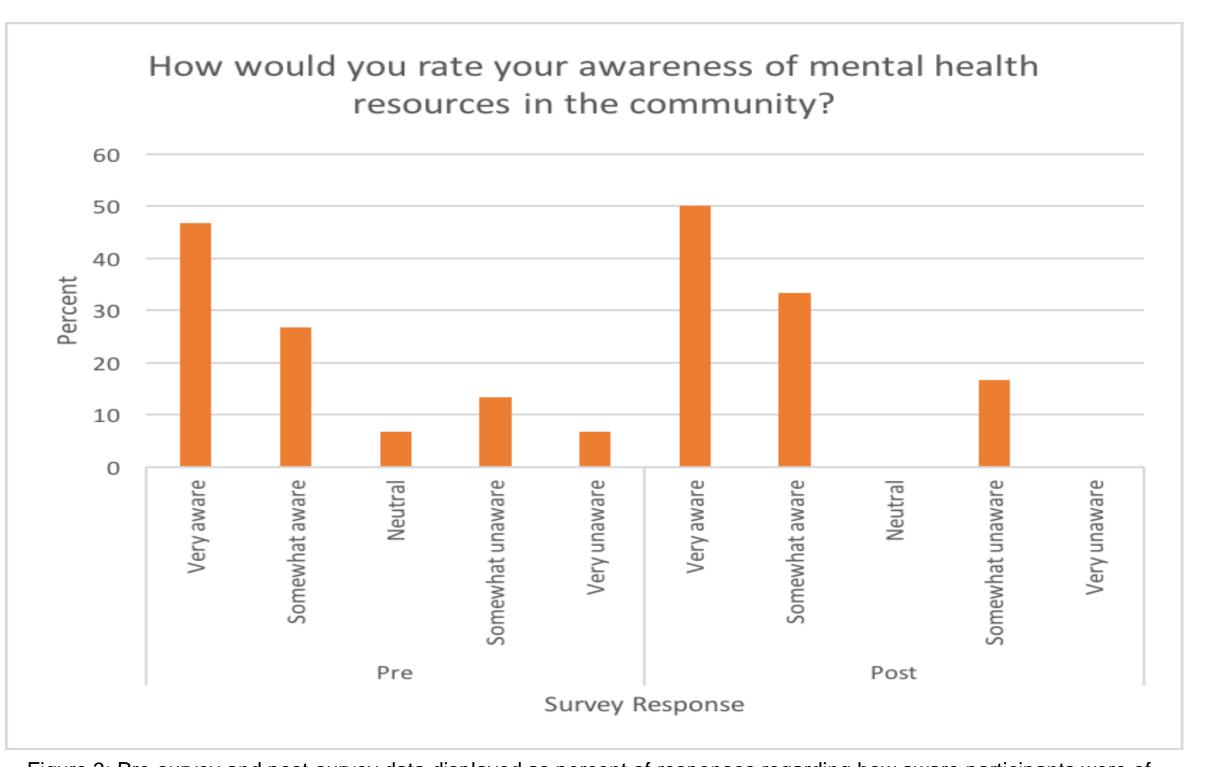


Figure 3: Pre-survey and post-survey data displayed as percent of responses regarding how aware participants were of mental health resources in the community before and after our event.

#### Results

The pre-survey was completed by 15 people. The post-survey was completed by 6 people. A paired, two-tailed, t-test analysis was done on the data presented in Figures 1, 2, and 3 yielding a p-value of 0.9999, 0.867, and 0.3632 respectively.

#### Discussion

The post-survey data was hampered by a sample size much smaller than the pre-survey size. This limited our ability to measure an outcome of change in perceptions before and after our awareness event. While we rate the event a success in many facets, the data collected is not significant (p < 0.005) on any of the questions we asked in our surveys. A larger sample size may reveal the true impact of our event, but, at this time, we cannot accurately assess the event based on our survey alone.

## Acknowledgements

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