Positive Youth Development: Successful Public Health Strategy to Address Adolescent and Young Adult Well-Being

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Building the Strengths and Assets of Adolescents and Young Adults Statewide Summit
Ohio State University—Ohio Union
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What is Health?

“Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.”

W.H.O. Constitution 1948
Learning Objectives

● Identify key components of a successful statewide Positive Youth Development (PYD) initiative focused on improving adolescent and young adult health

● Describe how academic and clinical partners can assist their state local, state, and regional partner to implement PYD activities and policies

● Describe how PYD can serve as a powerful public health framework for policy, planning and funding
Overview

- Resilience as a modifiable human trait
- Protective factors > Risk factors
- Positive Youth Development (PYD)
- Outcomes from different models of PYD
- Real world lessons learned in New York State
Do You Bend or Break?

RESILIENCE

http://rayhiltz.com/resilience-does-failure-bend-or-break-you/
“Overcoming the Odds”: Resilience

- Odds against youth are increased by
  - Poverty
  - Single parent
  - Low maternal education
  - Family instability
  - Health problems

- Resilience (positive outcomes despite adversity)
  - Close relationship with adult role model/caregiver
  - Easy temperament
  - Friends and interests
  - Good language and reasoning skills

Lessons Learned from Resilience Studies

- Protective factors make a more profound impact on the life course than specific risk factors.
- Protective factors transcend ethnic, social, geographical and historical boundaries.
- Resilience is a dynamic, innate capacity that can be learned and developed—with the help of others.
Ways For Adults To Increase Resilience

- Increase bonding or connectedness
- Set clear and consistent boundaries
- Teach life skills
- Provide caring and support
- Set and communicate high and realistic expectations
- Provide opportunities for meaningful participation
Protective Factors in Adolescent Health

- Moderate, buffer, insulate against and thereby reduce the impact of risk, thus decreasing the likelihood of negative behaviors.

- Are evident across multiple...
  - High-risk behaviors
  - Threats to health and well-being
  - Social groups of youth
  - Cultures and countries

Key Protective Factors for Adolescents

- Connectedness to parents and family
- Connectedness to other adults, organizations
- Connectedness to school
- Spirituality
- Optimism, a sense of possibilities

Protective Factors: Internal and External

Internal (intrinsic)
✓ Social Competence
✓ Problem Solving Skills
✓ Autonomy
✓ Sense of purpose, belief in a bright future

External (environmental)
✓ Caring Relationships
✓ High Expectations
✓ Opportunities for participation
Positive Youth Development

- An intentional, deliberate process of providing support, relationships, experiences, resources and opportunities that promote positive outcomes for young people.

- The Five Cs
  - Competence
  - Confidence
  - Character
  - Connection
  - Contribution
Youth Development: Beyond Reduction of Risks and Problems

- Universal goal: developing competent, confident, capable young people by the use of evidence-based approaches
- Promotion of healthy youth development is a deliberate, evidence-based process
- Dual strategy of risk reduction and promotion of protective factors through an intentional Youth Development approach holds the greatest promise as a public health policy
Problem-free is not fully-prepared.

Shift the focus away from helping individual children and youth “beat the odds” toward a full-fledged commitment to change those odds.

Thinking differently is hard, acting differently is harder, acting together is harder still.

Strategy of risk reduction and promotion of protective factors holds the greatest promise.
Models of Youth Development

Communities That Care (CTC)
www.communitiesthatcare.net/

www.search-institute.org/
Effects of Social Development Intervention [CRC®] in Childhood 15 Years Later

**Objective:** To examine the long-term effects of a universal intervention in elementary schools in promoting positive functioning in school, work, and community, and preventing mental health problems, risky sexual behavior, substance misuse, and crime at ages 24 and 27 years.

**Design:** Nonrandomized controlled trial.

**Setting:** Fifteen public elementary schools serving diverse neighborhoods including high-crime neighborhoods in Seattle, Washington.

**Participants:** Sex-balanced and multiracial/multi-ethnic sample of 598 participants at ages 24 and 27 years (93% of the original sample in these conditions).

**Interventions:** Teacher training in classroom instruction and management, child social and emotional skill development, and parent workshops.

**Main Outcome Measures:** Self-reports of functioning in school, work, and community and of mental health, sexual behavior, substance use, and crime, and court records.

**Results:** A significant multivariate intervention effect across all 16 primary outcome indices was found. Specific effects included significantly better educational and economic attainment, mental health, and sexual health by age 27 years (all \( P < .05 \)). Hypothesized effects on substance use and crime were not found at ages 24 or 27 years.

**Conclusions:** A universal intervention for urban elementary schoolchildren, which focused on classroom management and instruction, children’s social competence, and parenting practices, positively affected mental health, sexual health, and educational and economic achievement 15 years after the intervention ended.

*Arch Pediatr Adolesc Med.* 2008;162(12):1133-1141
40 Developmental Assets™: External Domain Themes and 
(Examples)

- Support (experiences having caring neighbors)
- Empowerment (given useful roles in the community)
- Boundaries and Expectations (best friends model responsible behavior)
- Constructive use of time (≥3 hr/wk in lessons or practice in music, theater, or other arts)

www.search-institute.org/research/developmental-assets
40 Developmental Assets: Internal Domain Themes and (Examples)

- Commitment to learning (cares about school)
- Positive values (takes personal responsibility)
- Social competencies (can resist negative peer pressure and dangerous situations)
- Positive identity (feels control over "things that happen to me")

www.search-institute.org/research/developmental-assets
### Number of Assets Reported (N=150K)

<table>
<thead>
<tr>
<th>Health Risk</th>
<th>0-10</th>
<th>11-20</th>
<th>21-30</th>
<th>31-40</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Problem Alcohol Use</strong></td>
<td>45%</td>
<td>26%</td>
<td>11%</td>
<td>3%</td>
</tr>
<tr>
<td><strong>Violence</strong></td>
<td>62%</td>
<td>38%</td>
<td>18%</td>
<td>6%</td>
</tr>
<tr>
<td><strong>Illicit Drug Use</strong></td>
<td>38%</td>
<td>18%</td>
<td>6%</td>
<td>1%</td>
</tr>
<tr>
<td><strong>Sexual Activity</strong></td>
<td>34%</td>
<td>23%</td>
<td>11%</td>
<td>3%</td>
</tr>
</tbody>
</table>

More Assets ⇒ Fewer Health Behavior Problems
## Number of Assets Reported (N=150K)

<table>
<thead>
<tr>
<th>Positive Behavior</th>
<th>0-10</th>
<th>11-20</th>
<th>21-30</th>
<th>31-40</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exhibits Leadership</td>
<td>48%</td>
<td>66%</td>
<td>78%</td>
<td>87%</td>
</tr>
<tr>
<td>Maintains Good Health</td>
<td>27%</td>
<td>48%</td>
<td>69%</td>
<td>88%</td>
</tr>
<tr>
<td>Values Diversity</td>
<td>39%</td>
<td>60%</td>
<td>76%</td>
<td>89%</td>
</tr>
<tr>
<td>Succeeds in School</td>
<td>9%</td>
<td>19%</td>
<td>34%</td>
<td>54%</td>
</tr>
</tbody>
</table>

More Assets $\Rightarrow$ More Positive Behaviors
Key Principles of Youth Development

- Positive outcomes
- Youth engagement and “voice”
- Strategies to involve ALL youth
- Long-term involvement
- Community involvement
- Focus on collaboration

(National Research Council & IOM. Community Programs to Promote YD. National Academy of Sciences, Washington, DC. 2002)
<table>
<thead>
<tr>
<th>Features of Positive YD Settings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical and psychological safety</td>
</tr>
<tr>
<td>Appropriate structures</td>
</tr>
<tr>
<td>Supportive relationships</td>
</tr>
<tr>
<td>Opportunities to belong</td>
</tr>
<tr>
<td>Positive social norms</td>
</tr>
<tr>
<td>Support for efficacy and mattering</td>
</tr>
<tr>
<td>Opportunities for skill building</td>
</tr>
<tr>
<td>Integration of family, school &amp; community efforts</td>
</tr>
</tbody>
</table>

(National Research Council & IOM. Community Programs to Promote YD. National Academy of Sciences, Washington, DC. 2002)
Improving Public Health Through Youth Development

www.health.state.ny.us/community/youth/development/journal_supplement.htm
ACT for Youth: A Statewide Approach Can Effect Community Change

- Community sectors to create community change
- Leadership (“champions”) must be respected within the community and committed to the initiative.
- Access for all youth, not only “at-risk” or “high-risk”.
- Youth-adult partnerships to plan and implement
- Partnerships require ongoing attention and purpose
- Vocal cadre of youth active in community policy change
- Sustainable community policy change requires time.

(Riser, et al. J Public Health Mgmt Pract 2006; Nov S41-S47)
ACT Communities: Youth Development Strategies at Work

- Youth advisory councils
- Youth leadership institute
- Youth-adult partnerships to plan, implement, and evaluate (action teams, community councils)
- Youth involved and valued at all levels of ACTivity in meaningful roles

(Riser, et al. J Public Health Mgmt Pract 2006; Nov S41-S47)
Guidelines for Integrating PYD into State Health Department Programs (1 of 2)

- Incorporate the principles of PYD into program philosophy and design.
- Assure that all staff have a common language and understanding of PYD.
- Provide assistance regarding the integration and implementation of PYD principles in programming.
- Challenge applicants to design programs to deliver effective PYD prevention interventions.

(Riser, et al. J Public Health Mgmt Pract 2006; Nov S41-S47)
Guidelines for Integrating PYD into State Health Department Programs (2 of 2)

- Encourage programs to offer meaningful opportunities and roles for young people.
- Facilitate opportunities for programs to share successful strategies.
- Integrate PYD into prevention programming, with the support of academic/research institutions.
- Include PYD outcomes in program evaluation.

(Riser, et al. J Public Health Mgmt Pract 2006; Nov S41-S47)
Comprehensive Statewide Approach to Improve Youth Outcomes: Why Does It Work?

- Shared leadership and common goals
- Sustained commitment
- Adaptable approaches
- YDT members are both stakeholders and decision makers
- Organizational relevance
- Non-exclusive membership

Comprehensive Statewide Approach to Improve Youth Outcomes: Lessons Learned

- Partner strategically
- Define YD
- Obtain buy-in
- Connect and leverage
- Institutionalize YD
- Plan and evaluate
- Persevere

Terms of Engagement in PYD

- **Participation (time and energy)**
  - Youth voice
  - “With”, rather than “To” or “For” youth
  - Potential for tokenism

- **Partnership (reciprocity)**
  - Consistent, mutual youth-adult relationships
  - Values and power are shared

- **Engagement (full realization of potential for PYD)**
  - Partnerships possess passion, excitement and focus
  - Belief in, and commitment to, collective action.

(Schulman S. J Public Health Management Practice 2006; Nov S26-31)
Roles to Engage Youth and Give Them Voice

- Governance (not token involvement)
- Design, development and planning
- Assessment and evaluation mapping
- Communication and Public relations
- Education
- Service
- Advocacy
- Consulting

Ladder of Youth Participation

 Degrees of Participation

 Youth-initiated, shared decisions with adults
 Youth-initiated and directed
 Adult-initiated, shared decisions with youth
 Consulted and informed
 Assigned but informed

 Non-Participation

 Tokenism
 Decoration
 Manipulation

Recruiting Youth

- Word of mouth
- Referrals
- Publications and media
- Schools
- Mini-grants
- Nominations
- Collaborate with existing groups

Recruiting “Hard-to-Reach” Youth

- Alternative settings ("Sutton’s Rule")
- Multiple attempts may be needed
- Model diversity
- Identify peer group leaders, establish relationships and build trust

Sustaining Youth Engagement: Internal Incentives

- Making a difference in community
- Hanging out in a safe, nurturing environment
- Opportunity to have fun
- Learning new skills
- Support from peers and caring adults
- Feeling connected and belonging
- Being valued by others and by self
- Making decision, running an event, ownership
- Experiencing success, accomplishment and recognition

Logistics of Engaging Youth

- Select a safe, accessible, and convenient location
- Keep the building open in the afternoons and evenings till 8PM
- Schedule activities in the late afternoon, evening, and/or weekends
- Provide a van for transporting youth
- Rent a limo for transporting kids to special events
- Give a “metro card” to enable them to use city transportation
- Ask adult volunteers to drive youth to meetings

Summary of PYD as Public Health Strategy

- Health is a community affair
- Focus on resilience and protective factors, rather than on problems and risk factors
- Problem-free ≠ Fully-prepared as young adults
- Mutual partnerships with meaningful activities
- Nothing about us without us

“Praise youth and it will prosper.” — Irish Proverb

DecentQuotes.Com