

## AMCHP Pulse – April 18, 2008 Focus on Positive Youth Development

### From the CEO

One of the things I most enjoy about my work with AMCHP is visiting MCH programs. Through these visits I get a first hand look at how MCH works across the country, and obtain an “on the ground” perspective about work that can seem very abstract at the national level. It is amazing to me how different MCH programs look at the state level, and the different ways that state agencies engage local health departments in the work of MCH. Despite these variations there are commonalities in the issues and challenges that MCH program face. One issue that has been mentioned in all my visits is adolescent health and understanding the opportunities and problems in integrating youth into state and local MCH programs.

Many of our guidelines, interventions and recommendations are aimed at moms, infants, toddlers and children age 0 to 5. When we look at how adolescents fit into the MCH framework it can be difficult to define exactly where they belong. A member I spoke with recently said it is “time to put the A in MCH – adolescents!” Unfortunately, it is often the case that adolescents are noticeably absent from child health goals and strategic plans of government agencies, state and local programs and other partners we work with at AMCHP. Thinking about how to integrate adolescent populations into MCH programs often ends up in a discussion of comprehensive sex education, abstinence-only programs or other reproductive health issues. But in my visits with local and state health MCH programs, reproductive health is just one of many issues adolescent health programs are dealing with. Indeed, state and local MCH programs often note that suicide prevention and unintentional injury control, not reproductive health, are the most pressing adolescent health issues in many areas.

This issue of *AMCHP Pulse* focuses on positive youth development (PYD). While I am a newcomer to MCH issues, the idea of positive youth development makes a great deal of sense to me from a public health practice perspective. When we can get to adolescents early and often with messages putting them in charge of their health and their lives, we enable young people to make healthy choices, understand the impact of healthy behaviors, and support positive decision-making. What is really exciting about PYD are programs that show PYD interventions crosscut a number of different health issues including reproductive health, mental health and substance use. That is to say PYD gives a lot of “bang for the buck” – the PYD approach can improve health outcomes across the gamut of adolescent health issues. Few interventions have efficacy in multiple domains. The promise of PYD is a great opportunity to use limited resources effectively to address the myriad issues that effect adolescents in our states and communities nationwide.

As we look to the future of MCH, let’s think about the “A” in MCH – our adolescents. Working together with partners, MCH programs can have even more impact on the health of young people. Positive youth development and associated programs at the state and local level are making a difference in communities nationwide. AMCHP will continue to explore how PYD can be shared more broadly at the state and local level and is committed to sharing these and other models that work with members and partners.

### From an AMCHP Member

**Positive Youth Development - Snake Oil or Good Science for your MCH Program?** – How do you know when something new has arrived is just a “feel good” idea versus a public health best practice built on science and a programmatic evidence-base? The ability to distinguish the two in order to responsibly direct policy and program is even more important as maternal and child health (MCH) resources for the adolescent population are often severely limited, and for middle childhood, largely non-existent. The collective literature related to the philosophy, principles and practices of positive youth development (PYD) would suggest MCH programs should be working towards active integration of PYD into their policies and programmatic designs.

The reframing of adolescent health from youth as “problems” to youth as “assets” in our communities combined with emergent knowledge of the role of brain development in our

## AMCHP Pulse – April 18, 2008 Focus on Positive Youth Development

understanding of how “adolescence” unfolds represent the most significant shift in my public health career that I have witnessed to date. Building on a rich history of research (e.g. resilience, protective factors, school-social connectedness, brain development) it has allowed educators, public health professionals and others to shift from a deficit-based model to a strength-based model to better address the social-emotional and health status needs of young people.

This change is not to dismiss the value of describing the health burden of unprotected sex, suicide or alcohol use by young people at strategic points in time to assure proper recognition (and at times funding) directed towards these or other critical health objectives for adolescents. What it does mean is that we begin to institutionalize our approach to population-based work with adolescents by designing and implementing interventions and programs that promote the core principles of PYD - meaningful youth engagement, social skills development, service-learning opportunity and health/mental health supports. The change in practice is what is most important regardless of your definition of PYD or whether you adopt a National Research Council or a 5-C's framework to define your work. A shift of this nature should not come as a surprise to us as the Children with Special Health Care Needs (CSHCN) community has long understood the value of family engagement in defining the treatment experience. Those working on cultural competent health care know that incorporating cultural context and strengths increases likelihood of positive outcomes and health status improvements.

What is so promising about PYD is that it appears to have a near ubiquitous impact on a variety of health issues for young people – as a single strategy it appears to both mitigate risk and promote healthy behaviors. For us in Oregon, it became even clearer that it was “more than a good idea” when we developed and established our Oregon PYD State Benchmark that attempts to measure PYD using the Oregon Healthy Teens Survey. When we looked at the relationship between our PYD measure and a number of health and social objectives for young people we found many significant relationships. Among 8<sup>th</sup> and 11<sup>th</sup> graders, high levels of PYD were significantly associated with: eating more fruits and veggies; getting recent physical activity; getting better grades; not using alcohol or drugs; less school suspension/physical fighting; less suicidal ideation; and, decreased sexual activity.

How often does a public health intervention that has such broad potential to improve health outcomes for youth come along...feels a little like snake oil doesn't it?

I recommend a strong dose.

*AMCHP Member Bob Nystrom is adolescent health and genetics section manager in the Oregon Department of Human Services, Public Health Division, Office of Family Health.*

### Ask an Expert

**Q:** The collective evidence base and enthusiasm for positive youth development (PYD) has increased remarkably over the last several years. What has been done in your state to evaluate or measure positive youth development at the individual program level?

**A:** Florida's Obesity Prevention Program encourages healthy behaviors for persons of all ages, however, adolescents and youth are showing greater risk for chronic diseases now more than ever before, thus the Youth Empowered Ambassadors for Health (YEAH!) initiative was created. The underlying principles for this initiative are that lack of physical activity and poor/over nutrition are Florida's leading indicators for poor health outcomes. These indicators have a significant impact on physical health, mental health, school and job performance, family stability, and economic growth. Involving youth in established organizations promotes early adoption of behaviors during the adolescent years and empowers youth to become adults who lead by example and action.

## AMCHP Pulse – April 18, 2008

### Focus on Positive Youth Development

The purpose of YEAH! is to involve youth from Florida's youth based organizations (YBOs) in promoting awareness of and advocacy for healthy behaviors, specifically focusing on healthy eating, increased physical activity and decreased screen time. Youth focus on awareness and education of its members and partnerships with the local county health departments, as well as move toward integration of physical activity, healthy nutrition and decreased screen time into curricula, club activities and policies in ensuing years, as well as in the peer, family, school, faith-based and community setting as allowable.

In May 2006, a one and a half day youth summit in Orlando was convened to present information and provide a leadership opportunity for youth from various established youth organizations (such as 4-H, Boys/Girls Clubs, Health Occupations Service Association, etc.). Information and resources were provided to the youth leaders to enable them to be advocates for healthy lifestyles and to showcase youth ambassador models and programs on obesity, physical activity, healthy nutrition and screen time.

Evaluation methods for YEAH! focus on process (number of actions that occur) and impact measures (such as number of projects/programs implemented, people impacted) and link to long-term health outcomes (physical activity increases, etc.). Surveillance data through the use of the Behavioral Risk Factor Surveillance Summary (BRFSS), Youth Physical Activity and Nutrition Survey (YPANS), Youth Risk Behavior Survey (YRBS), and Florida Youth Tobacco Survey (FYTS) are also used to assess and evaluate positive youth development.

### Features

#### States in Action: Applying Positive Youth Development

##### *Alabama*

Positive youth development provided a framework for discussion at two recent meetings in Alabama. The state convened a town hall meeting with school, community and youth leaders to discuss adolescent risk behaviors. Sandy Powell, Alabama's state adolescent health coordinator, made the case for a comprehensive approach to impact risk behaviors. Alabama also convened a statewide adolescent health conference "Live Life." During the conference Alabama's 2007 Youth Risk Behavior Survey results were released and the state health officer, Donald E. Williamson, discussed the risk behavior categories and the need for integrating efforts into a more comprehensive endeavor.

Powell uses a number of tools to present the positive youth development message to both general audiences who work with youth and to stakeholders who work on specific adolescent health issues to build understanding that youth risk behaviors are interrelated and prevention/treatment programming needs to be integrated and comprehensive. Check out the tools she uses: a [chart](#) outlining adolescent developmental stages and a [PowerPoint](#) outlining the concept of positive youth development.

##### *Alaska*

The state recorded and distributed public service announcements to Bethel and Nome radio stations for a year long campaign to encourage healthy relationships by offering warning signs and encouragement/tools for the general public. Additionally, the adolescent health coordinator along with the WCFH Family Planning Team researched and reviewed reproductive health educational curricula that address topics such as healthy relationships, self-esteem issues, refusal skills to resist sexual coercion, healthy families/babies, the importance of postponing sexual involvement and/or family planning (including abstinence and contraception education), and male responsibility in pregnancy prevention. Communities, parents and other interested persons were offered the curricula, as well as any training or assistance necessary for adaptation and implementation.

In addition to these campaigns, the adolescent health coordinator coordinated and implemented "Healthy Relationships" Train-the-Trainer Workshops in Bethel and Nome in Nov. 2007. The

## AMCHP Pulse – April 18, 2008

### Focus on Positive Youth Development

special guest speaker at each training was Bill Taverner, the director of The Center for Family Life Education in Northern New Jersey, a nationally-renowned speaker on the topic of “unequal partners.” He shared his knowledge in three community style settings. In each community, service providers – including health care professionals, daycare workers, psychologists/counselors, and parents/guardians – received a three-hour class on his “Healthy Relationships” curriculum that was distributed as well. Taverner also met with youth from each community that were peer leaders and youth convicted of minor and major crimes. Again, he utilized his curriculum and made them available to staff at each youth facility. Lastly, he spoke to each community at large at a local school and again, offered his curriculum to the participants for future use. In each community, leaders were identified and relationships have been forged to continue changing the social norms and encourage healthy relationships.

Future endeavors include a summer institute for youth leaders in a train-the-trainer style setting at some of the Alaska Native youth summer conferences. These trainers will then present and teach at Alaska’s Federation of Natives, Youth and Elder’s Conference in Oct. 2008. Planning for these events will include the active participation of key members of the community to ensure the trainings are structured to meet the unique educational needs of the community itself.

#### *Colorado*

The Colorado Youth Development Team is a private-public partnership of youth and professionals who have come together to infuse positive youth development strategies into state policies and infrastructure. Some examples include infusing youth development language into state-issued requests for proposals/applications, job descriptions and memorandums of agreement/understanding. In addition, the team is working on developing a white paper that includes a call to action for state-level leaders and policymakers to embrace a youth development approach when developing policies.

#### *Indiana*

The Indiana Coalition to Improve Adolescent Health is currently working on the state’s first strategic adolescent health plan. In addition to 10 health priorities facing the adolescent population in the state, the plan will introduce the concept of positive youth development and integrate the importance of youth development skills that are pertinent to improving outcomes linked to each priority.

#### *Iowa*

Today’s youth deserve access to the services, opportunities and supports necessary to become healthy and productive adults. Likewise, state agencies have a vested interest in ensuring funded programs meet high standards of quality. As a member of the Iowa Collaboration for Youth Development, the Iowa Dep’t of Public Health was pleased to offer the Youth Program Quality Assessment tool as a mechanism in which programs can identify strengths and weaknesses and set forth improvement goals. By attending workshops tailored to the program needs, Iowa programs are ensuring staff has access to training that meets their needs in an effort to improve program quality. Click [here](#) for more information on the Youth Program Quality Assessment tool, and [here](#) for more information on the Iowa Collaboration for Youth Development.

#### *Minnesota*

Youth development is integral to [Minnesota’s Adolescent Health Action Plan](#). Minnesota Department of Health (MDH) in partnership with the Departments of Education, Public Safety and Human Services, and the University of Minnesota Extension office recently hosted a conference for professionals that serve youth on youth engagement entitled “From My Space to Our Space: Creating Connected Communities.” It coincided with the release of Minnesota Student Survey data (a statewide Minnesota-specific survey of students similar to YRBS), but the state’s adolescent health champions wanted to go beyond data and “risk behaviors” and really talk about ways adults can engage youth. The conference featured several real world examples of youth engagement happening in local communities, including Phillips Public Television, a program that

## AMCHP Pulse – April 18, 2008 Focus on Positive Youth Development

empowers young people to engage with their communities through learning, teaching and making media. Not only were youth panelists, but also saw their work in action. They interviewed conference participants, youth in their communities prior to the conference, and the speakers on the theme of youth engagement. Their films were shown throughout the conference. It brought a youth voice into a conference geared towards adults.

### *Missouri*

The Missouri Department of Health and Senior Services (DHSS) contracts with several local public health agencies to continue successful Teen Outreach Programs (TOP) with school and community partners. TOP is a comprehensive youth development approach that has proven effective in increasing school success and protecting youth from risk factors that contribute to teen pregnancy and other negative behaviors. As one TOP youth said, "We learn about life in TOP." In Missouri, TOP sites are after school clubs with community service learning opportunities to demonstrate that youth are assets and not problems to be fixed. The DHSS also contracts with the Wyman Institute for Youth Development (the national TOP center) to provide training and technical assistance for local TOP sites. Because of the positive experience in participating communities, Missouri plans to expand TOP in additional communities with higher than state average teen pregnancy rates. For more information, contact [Patti Van Tuinen](#), Missouri State Adolescent Health Coordinator or visit the [Wyman website](#).

### *New Mexico*

The first-ever New Mexico Department of Health (NMDOH) Adolescent Health Strategic Plan includes youth development as one of the seven capacity areas covered in addition to:

- commitment to adolescent health;
- partnerships;
- planning and evaluation;
- policy and advocacy;
- education and technical assistance; and,
- surveillance and data systems.

The goal for youth development is to enhance adolescent health by promoting youth development strategies and activities, youth leadership and youth involvement. The NMDOH promotes youth programs such as Teen Outreach Program (TOPS), Natural Helpers and Native HOPE (Helping Our People Endure) that promote youth development and peer to peer health education through youth-adult partnership.

New Mexico will also be conducting their 12<sup>th</sup> Annual Head to Toe Conference which will feature the first Youth Development/Leadership Track with 10 teams from schools across the state (70-80 youth) who will focus on bonding, leadership and team building the first day. The conference will also feature a Youth Radio Town Hall where adults from the conference have the opportunity to go and listen to what youth have to say. The town hall is lead by youth hosts who speak with youth panelists about the issues that affect them and share solutions to these issues regarding youth involvement and youth-adult partnership. Conference attendees will also be given the opportunity to express themselves through words, poems or song. A attendees can also attend interactive train-the-trainer workshops on suicide prevention, teen dating violence, healthier weight and teen pregnancy prevention, and a workshop on Next Steps which helps conference attendees think through the process of brainstorming ideas on how to share conference information with their peers, school and community and walks them through a strategic plan to do this. School teams have signed a youth-adult agreement stating that they will do a minimum of 4 workshops in their community and send the evaluation forms back to NMDOH Office of School and Adolescent Health.

### *Puerto Rico*

The Maternal, Child and Adolescent Health Division of the Puerto Rico Department of Health integrates teen health promotion and teen risk behavior prevention through the Comprehensive Adolescent Health Program ("Programa de Servicios Integrales de Salud al Adolescente" – SISA, Spanish acronym). Positive Youth Development (PYD) was adopted as the conceptual base of

## AMCHP Pulse – April 18, 2008 Focus on Positive Youth Development

the SISA Program in 2002 and integrated into all its projects. One of SISA's projects, the Youth Health Promoters (Promotores Juveniles de Salud SISA) changed its approach and curriculum action guide to incorporate PYD. This year, 696 volunteer middle school students are working with their peers as youth health promoters to develop positive youth development health promotion activities in their communities.

In 2004, the Puerto Rico Department of Health, in collaboration with the Department of Education, the Department of Family Affairs, the Office of Women's Affairs and the Office of Youth Affairs chose positive youth development as the core strategy of the public policy to reduce unintended adolescent pregnancy in Puerto Rico. However, the program lacked the capacity to effect this system change alone and requested technical assistance and training from Rochester Leadership Education in Adolescent Health (LEAH) training program. *Reto y Esperanza: Healthy Puerto Rican Youth Development* is the title of the CE grant program awarded to Rochester LEAH for this purpose. During the past three years, the Rochester LEAH, Act for Youth and Konopka Institute have assisted the Puerto Rican *Reto y Esperanza* Steering Committee to create a culturally appropriate Action Guide and Train-the-Trainer Guide for positive youth development in Puerto Rico. These guides are the creation of committed young persons and adults from government agencies and community based organizations that trained and worked together while using the positive youth development approach. The Action Guide's six modules are in the final revision, and they will be piloted and evaluated in the near future. Eventually a cadre of adults and young Puerto Ricans participating in this initiative will have the knowledge and skills to perpetuate positive youth development philosophy and activities island-wide. For more information, contact [Gloria Montalvo Ortega](#) MD, Puerto Rico's Adolescent Health Coordinator and SISA Program Associate Director.

### *Rhode Island*

Men2B is a training program for any man 18 years of age and older, who wants to be a better role model to young men and boys. Men2B teaches men how to help adolescent boys make good decisions and become healthy adults. It equips men with the information, skills and support they need preparing men to be confident, effective and positive role models.

Youth Action Research is a method of youth-adult engagement, which enables young people to be part of policy making and program development around health issues related to youth from the very beginning to the very end. It gives youth legitimacy and an opportunity to have an evidence-based conversation and strategy to improve their lives. The Rhode Island Department of Health worked with a group of Providence youth to explore the language, attitudes and media consumption of Providence youth, related to sex.

[www.parentlinkri.org](http://www.parentlinkri.org) is website for parent of teens and pre-teens providing information on parenting classes and workshops, activities and services for youth and families, and monthly parenting tips on raising teens and pre-teens.

### *Washington*

The Washington State Department of Health, Office of Maternal and Child Health is a member of the Washington State Partnership for Youth (WSPY). WSPY includes representatives of state and local organizations, groups, and individuals that serve adolescents across the state. Their goals include: improving the health and well being of Washington's youth; promoting a commitment to adolescent health and well-being evidenced in policies and fiscal priorities that support youth development; and, creating social, educational, recreational and other opportunities that support youth development and the communities in which youth live.

**AMCHP Partner Fosters, Promotes Positive Youth Development** – Building Partnerships for Youth (BPY), an organization funded by CDC's Division of Adolescent and School Health like AMCHP, marked the kickoff of a unique and exciting opportunity for individuals interested in putting Positive Youth Development concepts to work at the state level through interdisciplinary collaborations in late February. State teams include 4-6 youth and adults from a variety of state

## AMCHP Pulse – April 18, 2008 Focus on Positive Youth Development

level health, education, faith-based, and voluntary youth serving organizations. Teams from Illinois, Indiana, Maine, Maryland, Oregon and Texas met in Chevy Chase, Md. at the National 4-H Conference Center. Teams will participate in web-based discussion and learning sessions for the next year. For more information contact [Karen Hoffman Tepper](#).

BPY also offers a [Program Assessment Tool](#) that allows program administrators to assess their program's ability to address each of the 21 elements of youth development through a short online assessment that provides an immediate feedback report. Resource pages with tips for incorporating the 21 elements are currently linked to the report. Each resource page includes:

- Sample lesson plans
- Helpful web links
- Relevant research
- Suggested curricula

This summer BPY will be sharing a new resource to encourage collaboration between Extension professionals and others in their states and communities: a database of Extension professionals with an interest or expertise in youth development as it related to prevention and health. This tool will allow for professionals outside of the Extension system to identify those youth development experts in their communities with an interest in collaborating to promote the health, well-being and successful development of the youth they serve. This database will be available in June of 2008 at <http://bpy.n4h.org>.

### Legislative Corner

**Push Continues for Full Title V Funding** – AMCHP staff continue to meet with key staff on the House and Senate Appropriations Labor HHS Subcommittees to spread the message of why fully funding the Title V MCH Block Grant at \$850 million for is needed in FY 2009. For more information, check out our April 1 [Legislative Alert](#).

**Momentum Building to Block Medicaid Regulations** – At press time, both the House and Senate were moving forward in their efforts to pass legislation placing a moratorium on several Medicaid regulations. The House Bill, H.R. 5613 “Protecting the Medicaid Safety Net Act of 2008” was passed by the full Energy and Commerce Committee on Wed., April 16, and moves now to be considered by the full House. The bill has 181 co-sponsors in the House (152 Democrats, 29 Republicans). A companion Senate bill, S. 2819 “Economic Recovery in Health Care Act of 2008,” includes state fiscal relief in addition to moratoria on several Medicaid regulations and has 15 co-sponsors. A hearing or markup on S. 2819 has yet to be scheduled.

**AMCHP Participates in Cover the Uninsured Week 2008** – Forty-seven million Americans, including 9 million kids, are living without health insurance – forced to gamble every day that they won't get sick or injured. That's a risk no one should have to take. Accordingly, support for universal coverage and access is one of the top priorities of AMCHP's [Legislative Agenda](#), and our Health Care Finance Committee is working now to outline AMCHP's principles for health reform and possible roles for Title V in a reformed system.

*Cover the Uninsured Week 2008* (April 27–May 3) is the largest mobilization on behalf of the 47 million uninsured Americans. Thousands of events and activities will take place across the country to raise awareness and demonstrate support for covering America's uninsured. AMCHP proudly supports *Cover the Uninsured Week* and encourages you to take part in this important effort. It's easy to get involved. Here are a few ideas:

- Highlight the issue in your community by [planning an event](#) such as a community forum, health fair, campus seminar or interfaith gathering.
- Distribute [information](#) about available low-cost and free health coverage programs to uninsured individuals and families.

AMCHP Pulse – April 18, 2008  
Focus on Positive Youth Development

- Stay informed and help spread the word! [Write](#) a letter to the editor of your local newspaper or share your views with family, friends and neighbors. To stay up to date on the issue, [sign up](#) for the *Cover the Uninsured* weekly news digest.
- Post a [Web button](#) on your local Web site to show your support and promote activities in your community.

Visit [www.CoverTheUninsured.org](http://www.CoverTheUninsured.org) today to learn more about how you can get involved, order free promotional materials and access tools to help you plan an event in your area.

### Resource Bank

- National Association of City and County Health Officials – [Foundation Funding Guide on Positive Youth Development](#)
- [Positive Youth Development Resource Manual](#)
- [Putting Positive Youth Development into Practice: A Resource Guide](#)
- [Journal of Youth Development and 4H](#)

### Other Resources and Reminders

**CDC HIV/AIDS Web Series** – The CDC will be hosting a six-part web series titled "A Call to Action for Leaders: The Crisis of HIV/AIDS among African Americans" beginning on June 30 (parts 1-3) and Nov. 30 (parts 4-6). The web series was developed in concert with the CDC Heightened National Response to the HIV/AIDS Crisis among African Americans initiative. The goals of this series are to increase awareness and sustainable, collaborative action by African American leaders regarding the HIV/AIDS crisis among African American communities and families. Examples of innovative strategies by leaders and available resources will be highlighted. Click [here](#) to access the web series or order a free DVD of by calling 1-800-458-5231.

**Adolescent Reproductive/Sexual Health Disparities Survey** – The deadline for AMCHP's Adolescent Reproductive/Sexual Health Disparities Survey is April 21! This survey is gathering information on state-level efforts planned or underway by its members that focus on adolescent reproductive/sexual health disparities. Of particular interest is the priority or attention given to disparities in each state and ways to build members' capacity around this issue. Please contact [Sharron Corle](#) via email for more information.