

MCHB/ DCAFH Webcast

Eliminating Health Disparities and Achieving Equity: Empowering Youth

April 29, 2009

CLAIR BRINDIS: Welcome on behalf of the Maternal and Child Bureau of Adolescent Health, Health Resources and Services administration to a third in a series of web casts dealing with the topic of eliminating health disparities and achieving equity. I'm Clair Brindis, the Executive Director of the National Adolescent Health Information Center and also Professor of Pediatrics at UCSF and I'll be the moderator today. We're very pleased that we will have two outstanding speakers joining us to discuss the topic of framework for -- excuse me, for adolescence health disparities and strategies that can be done to respond to the needs of different adolescents. Our first speaker is Mark Zimmerman who is the professor and chair of the Department of health Behavior School of Public Health at the University of Michigan in Ann Arbor. His topic today will be on the topic of Empowerment Theory and Adolescent Resilience, the Applications for Prevention. Our second speaker is Erica Monasterio, who is a Clinical Professor in a position of Adolescent Medicine at the University of California, San Francisco and her topic is Youth Involvement and the System of Care, Successes and Challenges.

Just to remind our audience that we will be welcoming your questions throughout the webcast and after both Mark and Erica have an opportunity to share with you their wisdom, you'll have an opportunity to hear their answers to a variety of questions coming from you.

We also encourage to you do two more things. One is there will be an evaluation at the end of this and we hope that you will fill it out because your feedback is extremely important. And secondly this web cast will be available at the mchcom.com. And it will be available for hearing and viewing in about 10 days. You will also note that on the mchcom.com, the first two of the series have already been archived. The first one, which was held on march 11, which was Presenting a Framework for Advancing the Health, Safety and Well-being of Adolescents and the second one on Capacity Building, Interventions for Community. And these two are part of -- and the one today are all part of efforts by the National Initiative to Improve Adolescent Health as a First Step to Begin to Address the Topic of Eliminating Health Disparities and Achieving Equity.

Now it's my great pleasure to introduce to you Mark Zimmerman who is department and chair of health. He's also in the department of psychology and he's a research scientist in the center for human growth and development. Among his many other activities, Mark is also the Director of the Centers for Disease Control, Prevention Research Center, Michigan which incorporates computer based recent to a diverse set of projects and if that wouldn't be enough, he's also principle investigator of the Flint Adolescent Study by the National Study of Drug Abuse and Following a Cohort of Ninth Graders for 12 years. Among many of his published works are the topics having to do with adolescent mental health, school outcomes, social relationships, racial identity and empowerment theory. Welcome.

MARK ZIMMERMAN: Thank you for the nice introduction and for inviting me to present these ideas. If we could go to slide two, basically I have three goals to go through today and let me say I'm going to probably talk fast. Some of you out there must be from the east coast where I'm from originally. I'm from New Jersey. And I often speak very fast so

especially when it gets to the end so just bear with me. We'll follow through the slides and then I'm going to talk about theory, research and practice. I'm going to spend some time talking about empowerment theory and then resilience theory and I'm going to go through examples of research that bring the two ideas, the two theories together and then I'm going to give you an example of an intervention that we created that both applies a theory and builds from the research that we did. I'm going to start with Empowerment Theory. I'm going to cover three basic areas underlying assumptions, the value system, the perspective that underlies that empowerment theory is all about, the processes which is the idea of how we create settings to help people being empowered and then I'm going to talk about outcomes and that's basically addressing the issue knowing what empowerment is when we see it. So it's basically the issues of measurement. I'm going to start with underlying assumptions.

Empowerment Theory, next set of slides are about some specific assumptions. One is that empowerment theory focuses on assets versus risks so that basically is the idea that an underlying assumption of Empowerment Theory is it helps us what is right rather than what's wrong with people's lives. As I talk about these things, hopefully you'll see how when you start looking at the world in a different way, you start thinking about solving problems also in a different way.

So the next slide, slide seven, the idea of enhancing strengths, that lead us to the idea of enhancing strengths and fixing problems so that we try to discover the positive aspects in people's lives. And again, most of our research usually focuses on deficits, problems, prevention rather than promotion. Program our efforts would be the idea of advancing behaviors, resources and relationships to improve healthy outcome versus an approach to prevent disease and I would argue and I think empowerment theory is the idea that we

actually think about what it is that we're going to do to make people's lives better rather than what are we going to do to make them not so bad. I think that, again, paints an absolutely different picture about how we go about what we're going to do. Another underlying assumption is this idea of an ecological context versus victim blaming. This is basically the idea that we consider the factors around someone's lives that sometimes it's not just their fault that they might be engaging in a negative behavior or being engaging in a violent behavior and we're speaking about kids in particular and you can imagine in a world where there is so much violence just about everywhere you turn, whether it's newspapers, TV shows, C.I.S. that's all about violence. Violence is everywhere and to blame the kids ignores the facts there's other social influences on the idea of the ecological context is that we need to consider how those factors outside of individuals also influence their own behavior. So it's basically assistance perspective.

Slide 10 -- I don't know if I said slide nine. Now slide 10, the idea then in terms of empowerment theory and that we work with people rather than for people. We certainly don't want to do things to people. I don't think that's our business. But the idea of doing things for people is the idea that you give a person a fish and the idea of doing with people is you teach a person how to fish. What we need to do in terms of working with kids according to some of the underlying assumptions of the empowerment theory is that we work with them. We understand or we value or we can see that they have some assets and some strengths to bring to the table to help us help them grow into healthy adults.

So if I could go to slide 11, from these assumptions we can talk a little bit about what the processes are for implementing some of these ideas.

Slide 12, one of the things we would do in a program would be creating opportunities to develop and extra skills so we create opportunities for kids, for adolescents to create opportunities where we're trying to help them gain the experience by learning and actually practicing those skills.

Slide 13, we can do this by creating settings for kids to get involved in the process for programming implementation, program development and have them be around the table and be there to give us ideas and give us insights. Empowering process is essentially one where we create opportunities, create participatory events for the kids to tell us how best to serve them in some ways.

So this leads us to slide 14 which is the idea of empowerment outcomes and empowerment outcomes refers to the idea of, again, how do we know when we see it, how do we measure it, how do we assess it. There are three components to psychological empowerment. And the idea there is it's intrapersonal, interactional behavioral and we need to think of those three things. The intrapersonal component is what goes on in somebody's head. It's what they believe about themselves, their skills, their abilities, their sense of making things happen and do -- make things the world the way they want them to be.

The interaction component, slide 17, refers to environment or person interaction. Somebody has the cognitive wherewithal to figure out how a system may work. It refers to the support they receive and how they operate in their social context. It's also understanding how factors that influence their lives might be influencing their lives. You'll see a lot of examples and all sorts of interventions which I will get to eventually. The

behavioral component is the idea that kids need to take action which is why we need to create opportunities for them to do that.

Slide 19 is the three c's, the control, thinking you can -- believing you can, critical thinking is the idea and the collective action is working with other people. Resiliency theory, it grows out of community psychology and the other is developmental psychology. I'm going to talk about underlying assumptions for this theory and then some specific models.

Slide 22, kids overcome risk for negative outcomes so they're exposed to risks but don't necessarily have the negative outcome. They might be on a slippery slope and somehow they get off the slippery slope and don't fall further back and coping in the face of adversity. In the end it's not necessarily that they achieve stardom but they do not fall into the bad outcomes associated with the risks. Researchers noticed about half of the kids don't necessarily fall into the negative effects of a risk. So the idea is then what are some of those factors that operate to do that?

If I can go slow slide 23, the idea is that resiliency is relative, not absolute. You don't achieve it and then you're there. Resiliency may come and go which is slight 24, the notion that it's developmental. It may change over time. You may be resilient at one age and not another. A kid might be resilient at the transition to high school but not resilient in the transition to college for example. You may be resilient against the risks your friends may pose but not resilient against the risks your families may impose.

Slide 26 is the idea that resiliency is not being born with it but taking action. If I'm not talking too fast, I hope people are starting to see some connections they're. The idea of taking action, the idea that resiliency is that somebody is taking advantage of resources,

understanding some adults that may be important in their lives, they're taking action to help them avoid getting involved in a gang, involved in a violent act, getting involved in drugs or getting involved in skipping school and those sorts of things. They have some other kinds of research that they're taking action so it's not necessarily a personality trait and I think that's an important distinction. Looking at assets and resources, similar to the empowerment theory. The idea of assets are those things within a child so there might be intelligence, it might be socialability, the belief in themselves, personal skills and resources refer to things external to the child so that might be things like social support, community programs that give them an opportunity to go somewhere else other than hanging in the street. Those sorts of things are external to the adolescent.

If I can have slide -- I might be offer there. That was 27. Slide 28, I'll quickly go through some models of resiliency. Just quickly the idea is that there's a risk factor and it creates an outcome, a negative outcome and a compensatory model is where there's a third model, usually an asset or resource that has a direct negative effect on the outcome that is the opposite effect of the risk factor. So if your family fights and that increases the chance that you're going to be violent, you may have a coach or an adult mentor who has an opposite effect of what your family is to help you reduce the fact that you may -- that the child might be violent. The idea of risk protective factors is the idea that a risk, again, is the same thing, more risk, more negative outcome, more family violence perhaps or more peer violence, more violence of the adolescent but if they have support from their father, that may reduce the effects that their other friends may have and that's the idea of a risk protective factor model. And so the idea there is that the protective factor or the asset or resource actually moderates, mitigates or somehow reduces the effects of a risk on a negative outcome. There's a challenge model. There's much, much research on this one but the idea is that low levels of a risk and very high levels of a risk are bad for a child

but that actually some moderate level of risk might not be so bad because it helps inoculate them for future, more serious risks. And a quick example of that would be an adolescent is hanging out with their friends and their friends say, hey, try a cigarette. And the kid decides not to try a cigarette and the friend still stays his friend. Three months later the kids say hey, here's a beer. The kid has been exposed to the risk of peer pressure already, realizes that nothing bad really happened to him. He was still able to hang out with his friends. He still kept friends so with the alcohol, he says no again and he survives and he's resilient and so the idea is the smoking, the experience of being exposed to smoking risks, peer pressure, helps prepare him to help avoid the risk of peer pressure for the next higher level.

Slide 32, I'm going to just really quickly -- and I'll just breeze through this and on to slide 33. Just a quick comparison of where these two theories kind of connect and diverge slightly. Empowerment is the idea of -- well, I think this is self explanatory slide. Just like have you focus on where they overlap and the idea of control and that's the idea that you have a sense of control in your life. The idea that there's skill that crosses both resilience and empowerment theory, participation and taking involved, both are process oriented so thinking about how do we create the structures for the process to occur and then both ecological and contextually relevant.

If I can have slide 34, I will breeze through the empirical evidence.

Slide 35, there's a study in Baltimore that I did and you can see on this slide this sample and some of the characteristics of the sample.

Slide 36, we looked at kids' sense that they can have control in the world and looked at helplessness and how that's an effect on their mental distress. 37 is an intrapersonal example because sociopolitical control is in their head, a perceived control. The more they felt like they had some control in their social environment, the less their feelings of helplessness was related to mental distress.

Slide 38 is another study, the Flint adolescent study. Next three examples I have are related to this study and this study, again, you can look at the characteristics there and a longitudinal study. We were looking at high school dropouts so it was a grade point that was low. We found if kids identify someone over 25 years old who was -- who they could go to to talk to who was not a family member, who they can go to talk to and get cognitive guidance and share some feelings and get emotional support from, then the negative peer influences on their negative school attitude was reduced.

Slide 40, that's what that is depicting. Natural mentors are a resource external to the kid and it's about their personal interaction, the interactional component and also risk component because more mentors, the less effect the peers had on them. We looked at suicide ideation. Kids who drank alcohol considered suicide and basic what will we looked at there is father support.

And if I could have slide 42, we found that kids reported more father support, their substance use did not lead to suicide ideation. We looked at extracurricular activities and this is a behavioral component because kids are getting involved and then what we did is we looked at how longitudinally being involved in activities, how that was related to the violent behavior and slide 44 just quickly depicts that. There were no effects for girls but

for boys, the kids who were involved in activities had the lowest levels of violence over time. That's an example of a compensatory model.

Slide 45, I want to give you one example. We have others but I'll give you an example of these ideas. The idea of this empowerment solution came out of the Flint adolescent study that adults matter and activities matter.

If I could have slide 47, what we did there is we basically created an intergenerational collaboration where kids and adults would work together, and develop community projects and I'll tell you what some of those are called. They were middle school kids.

In slide 48, the idea here is that kids would get involved in community improvement projects like gardens, murals, events. One year they decided to make a calendar. They did a photo voice project where they took pictures and used the pictures as the photo for each one of the months and then they created -- identified quotes and did all sorts of things and we sold them as a fundraiser to kids' organizations that the kids identified where they would want to give the money to. They did some neighborhood cleanup as well so these are some of the community team projects that the kids worked on and murals and I'll talk about that at the very end.

Adult training, we learned that adults were not prepared to give kids control over projects so we basically had to help adults learn to give up control and I think that was a very important lesson. You'll hear more about that in the next presentation. So we have basically some adult training, help them realize by giving up control, they gain more control and the kids will be more engaged.

If I could have slide 50, we mentioned this, that we wanted to create projects that would improve the community in some way and at some level you would wonder how did the calendar improve the community? Well, it got people involved and engaged and also was a fundraiser. So broadly speaking, how it would improve the community, we originally thought more physical kinds of changes like community gardens, lot cleanups and parks cleanups and that sort of thing and the kids kind of took it a step further.

If I can have slide -- let's say, 51 so what specifically did we do? We created an after school program, a summer program to help kids plan and implement projects and develop leadership skills.

Slide 55, we had them develop some speaking and leadership activities. They learned about how to plan a program and develop a budget for the program. Community projects, social and physical related projects.

57, we included some activities that basically helped kids also develop a sense of almost all of the kids, actually all of the kids in the study were African-American middle schoolers so we worked with some community partners who helped the kids understand the role of blacks in history and all the way back to African history and the middle passage and basically learned about the role that African-Americans have played in American history. Sort of a history that they have not necessarily heard and developing a sense of pride.

If I can go to slide 58, so then we also had basically developed intergenerational activities so adults worked with the kids on all of the projects. So the idea there was also to break down the barriers and to potentially create opportunities where the kids would become mentors for the kids. We didn't have that as an explicit goal but that was an underlying

goal. I'm coming to the end. We met twice a week, January through April with the kids in after school programs and May and July they did the implementation and we live up in Michigan so we had to time it that way. You can't plant a garden in Michigan in February as you might all imagine. For those of you in the south that can't imagine it, trust me. You can't do it.

If I can just end with this picture, if I could have slide 60, I want to say thank you for your attention and I'll look forward to any questions you might have and the papers that I went through, I can send you some of those if there's anybody who is interested and we can give you all of the information about this project. But I want to go through this slide real quickly. I know I'm running out of time but this slide is just too cool to not go through. The kids actually designed this slide, this mural. If you look at this picture quickly, you'll see a tree in the left-hand side. This is the back of a strip mall that's in the community, up in Flint. It's about 100 feet long, maybe 80 feet long and about 15 or 20 feet high so it's quite large. They basically designed it. We worked with a local artist who then they helped do some translation but the kids not only designed it, they also painted it. The artist really just helped tweak it here and there and gave them other ideas but it's really all the kids. Here is what is so cool about it. There's a bridge that doesn't connect. The left side of the bridge are buildings. Those represent old people. The right side are the flowers, representing young people and they're talking about how the two bridges don't always connect but they put a boat there with a heart because the love across people will help finish the bridge off. And so it will allow the two sides to be connected. Two other things I just want to bring your attention. They also intentionally made water because they wanted to show all of the negative things that were sinking to the bottom and becoming less relevant. Everything from the shackles of slavery and the middle passage ship, if that's what you're seeing in the middle, to alcohol. If you look closely you'll see a gun and you'll see other factors and

the whole idea is those things are sinking to the bottom and love is making the bridge between generations. Lastly, if you look carefully, you'll see words all the way through it. That was a poem that one of the students had written and the poem is about what I just talked about.

So again, thank you very much for your attention and I'll look forward to any questions you have. Thank you so much. You covered so much ground and you did it in such a pictorial way. Thank you so much and we're looking forward to getting a variety of questions from our audience. Let me encourage you to please send your questions in during our session, our question and answer session, you'll have an opportunity to have your question represented. Now it's my great pleasure to do a bridge and hopefully it will be a complete bridge between Mark and Erica in terms taking a practical framework to what Erica has had. She is in the Department of Family Health Care Nursing at the School of Nursing. I treasure here as a colleague within the Division of Adolescent Medicine and her expertise and what she brings to our conversation today is all of her experience in working with very high risk youth in community based settings and developing and monitoring prime AirCare programs to serve the very marginalized youth. Her special interests are in the area of resilience, risk and change. As a trainer she's focused on training health care and social service professionals to increase their knowledge and capacity as well as their sensitivity and skills in working with adolescents in the community. So welcome, Erica. And again, let me encourage people to submit questions as they're hearing your talk as well.

ERICA MONASTERIO: Thank you very much. And thank you for the opportunity to present in this web cast today. I just want to start with the disclaimer, what isn't outlined there is that prior to coming to the university where I've been for the last 12 years now, I spent 14 years in the public health department and one of the programs that I'm going to

discuss at the end is a program that has evolved from a public private partnership that I was the cofounder of and that's the coal street youth clinic. It's not exactly a dispassionate observer there but proud about the progress they've made.

What I'm going to try to do today is take some of the information that mark has so beautifully presented and talk about it in terms of applications and we particularly chose to look at youth involvement in the system of care because it's a model in terms of peer educators and counselors that is pretty familiar to the folks who are providing services to adolescents in the community.

So if we can go to slide two, I wanted to start by sort of reframing what we're trying to do here. Why is it that we involve youth in the system of care? And this is both from the perspective of the youth who might receive services as well as those youth who are providing services. And from my perspective, what we're really trying to do is create alternatives for young people. Alternative environments, places for them to hang out, receive services, be involved in the provision of those services. Giving them the opportunity, providing them with access to leadership roles, roles of helpers rather than helpees, alternative social activities, creating and supporting the creation of a social network of youth and adults that is supportive of progress and forward movement. Alternative activities in terms of what they do during the day, if they're out of school and what they do after school if they're in school and again, facilitating their ability to be involved in pro social activities and alternative futures. I will hit on this again toward the end. I think we're just beginning to conceptualize which steps to do next. Slide through, what is youth involvement about? It's being perceived as part of the problem, the bad kids who cause problems and strife in the community to solution. It provides young people with a meaningful role. The young people who are involved in these programs have the

legitimacy of having been there and so are really credible sources of information for their peers. It gives them the opportunity to both be mentored, to be mentees as well as mentor others so there's the opportunity to move into a leadership role, a mentor role, to not only be the recipient of services but the driver of services. There's also the opportunity to build adult skills and to attain the adult skills they'll need as they move into adult roles. What we hope we'll be able to do, are starting to do and looking for in the future is setting the groundwork for professional and vocational training for young people. What I've identified as one of the biggest challenges in my experience of working in youth providing environments where youth are providers is that when you recruit from the target population, those young people who are going to be your providers, who you're going to be involved in training and supporting to move into that provider role have all the issues and challenges that the target population has. They don't magically turn into well supported young people who haven't -- you know, who have eliminated risk in their lives. They are the same young people we're trying to reach with services. They do have the credibility, that you're not recruiting the *crème de la crème*. You're recruiting challenged young people to provide service for themselves and for their peers. But those young people need a lot of support to move into those roles. I'm going to spend some time going through the adult role because my assumption is that generally the people who are sitting here in the middle of the day listening to a web cast from MCH are adults and that we need to really think very carefully about our role, that we don't automatically fall into the patterns and practices that might be the most useful and that from really smart and hard thinking people, they've looked at this, thought about this and worked on this and I want to share some of their findings. First and foremost is that peer providers, programs that are engaged in youth empowerment and youth development need to provide a lot of adult support. There's a need for young people to have intensive training and for the adults to have intensive training to provide the support to the young people. So first of all, we have

to have developmentally appropriate expectations. If we're targeting early adolescents, we're going to have different expectations than for late adolescents. If we're targeting an age group that's going to stay in the program and mature in the program, we need to have different expectations for them as they move along their trajectory. We need to anticipate and help them anticipate their loss of peer status because once you're a peer educator or a counselor, you're not just one of the gang anymore. You have a different status. You are presented with problems and issues that you might not be presented with if you weren't a peer educator. You're seen as a resource at your school, in your program. You're seen as someone who can be turned to and that has a lot of benefits but there's also a loss of just being able to hang out and be one of the crowd. Your crowd changes and your crowd becomes the crowd of our peer counselors and educators. Adults need to really make sure that we're building tiered opportunities within the program, that you just don't just come in at one level and stay at that level. They're growing and maturing and changing and we need to focus on the future, what happens next, and realize that early and middle adolescents generally don't focus too much on the future and we need to be helping them to think about next steps. So what are some of these roles? Well, first and foremost is putting youth first. This may sound like an obvious statement but often where the rubber meets the road, we don't apply that concept. You have to prioritize youth participation and engagement which means you have to make it possible. Think about timing, transportation, you have to think about food, you have to think about our pressures. We need to validate, respect and acknowledge youth and that doesn't mean this becomes a dictatorship of youth instead of the dictatorship of adults but that it becomes a partnership between young people and their adult support. And we need to recognize that all of us adults and young people don't just learn from what goes perfectly well. We also learn from our failures. And we need to leave that space for youth to experience, try things out, not always think we know better and if it fails, it fails and there's a lesson there as well.

I haven't been giving you any slide cues. We're on slide seven and I apologize. We need to really think about where is the bar for youth performance and be willing to raise the bar. We need to have high expectations and we need to communicate those and we need to make sure that young people are having the opportunity to develop and practice leadership skills which is, again, a trajectory continuum. They don't generally start out. They may be natural leaders. That doesn't mean they have leadership skills and these are things they can learn and develop but they need the opportunity to do that.

Slide eight, adults are basically responsible for creating the space to make -- and make things happen. The administrative and logistical support and structure and our responsibility and then we need to make it fun and realize that sometimes we have no concept of what young people might think of as fun so sometimes it's allowing it to be fun rather than making it fun. Leaving the space, giving the space to young people to determine what the space should look like, what the activity should look like, what's fun to them. As adults helpers, we need to be available in relationships, we need to be listening to young people. We want to be role models but need to accept we don't always understand young people and youth culture the way they do. In fact, we probably never understand youth culture the way young people do even if we're not far from it. I'm getting real far from it but some of our 20-something mentors are still pretty far from the experience that a 16-year-old is having in 2009. And we always need to prioritize nurturing, protecting and defending youth because they do operate in a society that puts them in a one down position and we need to be aware of that at all times. Slide nine, we also have some responsibilities regarding control, authority and influence this means that we need to set realistic boundaries and monitor behaviors. As you recruit from the target population, you bring the problems, challenges and issues to the target population and

some young people in the program may need additional support, may need some check-ins, may need some feedback. We need to help them stay on task, remember what the goal is, keep their eye on the prize. And we need to make sure that it's a fair and equitable situation for all young people who are involved in the program and accessing the program. So making sure there's no exclusion, bullying, that youth are interacting with each other, that there's a diverse pool of young people who are involved in the program and that the diversity doesn't fall out as the program progresses, that there's support for all of the young people who are recruited in to be successful in the program. Because what we're trying to do is really increase their leadership potential.

Slide 10, we also as adults have the responsibility to communicate and connect with the broader adult community and as we're very well aware, youth are masters at communicating and connecting with their own communities but adult communities provide often the moneys, the support, the access, the resources, the venues, et cetera. So those networks of support and that reaching out to the community remains a role. Again, doing it with the young person, supporting a young person as they take on this role are all part of the adult role.

Slide 10 in looking at these roles, there are some dilemmas for us as adult helpers. The first dilemma is sort of whose line is it and where do you set the line? What are your boundaries? How flexible are you? This on some level is a personal choice. I hope that we all have our own lives and priorities and are not devoting every moment of every day to the young people that we're working with. There are people who are really available 24/7 but generally it isn't the helping professional's role so really being clear about our boundaries, deciding when to be flexible with them, helping young people to identify adults in their own context and their own community and their own lives who can be there, you

know, at midnight when the buses stopped running and they can't get home but also being aware if you have an event that runs over and the youth are responsible for cleaning up afterwards that maybe the buses aren't riding and they need a ride home and you need to provide it. We need to think about not only supporting the youth goals but challenging the goals. Are they realistic goals? Do they have the resources and potential to reach the goal they've made for them? Not predetermining that they can't but helping them be realistic about the time frames that it will take, the work it might take, the commitment it might take. So helping them to reevaluate their goals and make sure they're realistic so they can be successful. The dilemma of making sure that young people have choice and are functioning autonomously versus having an adult responsibility to protect them from risk. And again, you know, where do the adults helpers step in and voice an opinion? This is a very personal decision. Each of us have to think about it individually and think about it with the youth that we're working with but we do have our dual role there of supporting their autonomy but being the voice of reason when maybe the reason isn't there. We need to be good listeners. We need to be empathic but we also need to be willing to share our own opinions and our experiences. One of the primary differences between young people and adults is the adults have more years of experience. That doesn't mean that young people can learn from mistakes but it's useful for us to share our experiences of our mistakes and also of our successes. And again, that question of when do you let youth learn from their mistakes? You can see the writing on the wall. You know it's going to fall flat on its face. You don't want them to fail and yet sometimes, they learn more from the experience of trying to mount an event or pull together a program that doesn't work as they do learn from when it does work. So that balance between input and letting go, not so different from the role of parenting adolescents.

Moving on to slide 12, I want to look at a couple of programs with you that utilize peer providers and I've chosen this particular program I'm going to talk about because it's representative of many peer provider programs and it's one that actually the doctor Clair was involved in evaluating so it's been evaluated that was standardized, replicated and evaluated which is pretty unique. These programs which were organized through California wellness centers were designed in three components. This is the peer delivery system where that the peer providers engaged in an intake session with clients. This was in a reproductive health care clinics prior to the client's visit with the clinician. They were meeting with the youth before the clinician. They were then involved in the initiated phone follow-up shortly after the visit and on a quarterly basis with those young people that they had -- those young clients they had interacted with and finally they were involved in group outreach in schools and these were in both mainstream high schools and in alternative high schools.

Going on to slide 13, some of the important things about these programs that were evaluated was the training and support that were provided to the youth providers. So these young people went through basic health workers training certification. They had three months of training that was on the job and they received content on clinic operations, reproductive health, counseling skills, clinic procedures and there was a special emphasis on issues of confidentiality because they were interacting with youth in their community, in their schools and needed to really understand something that's hard for adults to understand, the concepts of confidentiality and conditional confidentiality. An essential -- two essential pieces of the training, in addition to the fact it wasn't like a quick minute, one week of training and then you're out there but it was the same training as adults staffed in the same position received. It was the same title and compensation. A

health worker was a health worker was a health worker, whether it was a youth health worker or adult health worker and I think those are essential pieces of this program.

Going on to slide 14, there was also really important component of support so there was close, ongoing supervision by a caring adult who had as part of their role and job to provide support to the peer providers. This adult provided personal and career counseling to the youth and was trained to recognize when the youth provider might need some additional counseling or support and could make the referrals for the young person. As we look at evaluation of peer programs, most have focused on the results for the clients. The youth utilizing the services rather than the providers, the youth providing the services. And when they have looked at programs that -- I'm sorry. When they have looked at the impact on the peer educators and youth providers, the focus has remained on the behaviors that the peers are trying to intervene with rather than to impact in other domains of the peers' lives. So going back to this program I was describing, what they looked at were outcomes in terms of contraceptive adherence, keeping appointments and the peer providers were found to be quite effective, particularly with the specific youth population. A program looking at slide 16 that has looked at the impact on peer educators on peers themselves is the teen pep program in New Jersey. As you can see, what they looked at is the outcome that these peers were trying to impact upon with the youth that were involved in the educational interaction with the peer providers. So communication about sexual health with peers, friends and partners. Stopping sexual activity, reducing the number of sex partners, all they looked at. The outcome looked good for the young people involved as educators as well as the recipients of the services. But it doesn't really look at what I'm most interested in looking at which is what is the impact on the trajectory of young people who are involved as peer educators, the impact in other domains of their lives. To date that I'm aware of, I haven't really seen any research that's looked at this.

Going on to slide 17, I want to -- we've looked at some great benefits of peer providers and peer programs but peer programs also create a problem because they focus on a specific age group which is youth and by definition, you're not youth forever. You're going to get older and sort of age out of that peer role. And most programs haven't really developed a clear trajectory for that -- for people who are successful as peer educators to move into the adult world of work. And I'll just give a brief example. I was involved in providing H.I.V. care for young people with H.I.V. infection primarily young men when I was at coal street youth clinic. And there was another program that was -- not at our clinic but another program that many of the young people who were involved in health care with me were involved in which was this sort of consciousness raising and educating providers and the community about the fact that young people got H.I.V. disease. And I had a client who for many years was involved in the program and when he was about 22, he came one day and said, you know, I'm leaving, moving to the east coast. I'm ready to move on and I said, OK. So what's going on? He said, you know, I can't make a life out of being a young person with H.I.V. disease. I'm more than that. And I think that was a really key message to me and I hope speaks to you about the importance of having some trajectory that goes on into the future. They're not going to be troubled young people, successful young people or young people at all forever and that we need to be thinking about what happens next. When you look at the typical trajectory that most adults would expect for young people, it is the idea that they will go on to higher education with the goal of training in the health profession. This is really not for everybody. Even if they have the resources, even if they have the access, not everyone wants or can be a physician, a nurse, a social worker, a psychologist. They may not have the academic skills, the commitment or the interest in putting in that kind of time in their education. They may have children, they may have other obligations.

Slide 19, some other possibilities are sometimes what can be perceived as less than. They can be lay providers, case managers, et cetera, but those positions are often underpaid, they lack status, lack respect and sometimes job security because of the reality of working in the nonprofit work. Community outreach workers face similar obstacles and programs in general have not tapped into the broader world of work in the health care delivery system.

And so I want to kind of wrap up here by talking about a program and we'll go to slide 20. The Huckleberry Wellness Academy. This is a public/private nonprofit partnership. It's based in a well established community based free standing youth clinic that has a variety of support services that are delivered on site. There's primary care provided by the public health department, there's counseling, case management and peer based health education provided by the nonprofit.

Slide 21, it has characteristics that look like any other peer educator program. They train youth from low income families and youth of color so targeting their population. They've consciously recruited youth with families that have no previous access to post secondary education. What is too different about this program is that the peer educator role is consciously and explicitly framed as a step in pursuing a step in the health care profession. This isn't forever. This is a step and that these young people are going to move on. The photo you see here is actually the first cohorts of the Huckle berry Academy. It's a happy and diverse group of young people. These are all juniors in high school.

Slide 23, what makes this program work. I should say what we hope supports the program in working because they're now to move into year three. It builds on the agencies, intense self experience training peer health educators and they've been in the business for probably close to 30 years now so that's a lot of experience. It's designed as an intensive, three-year health career pipeline program rather than peer education program as a be all and end all. So it fosters interest and engagement in health related professionals and primarily funded by work force development which is San Francisco City and County government for work force development through the department of children youth and families in the County of San Francisco.

Slide 24, the program components include training in health education, internship placements in health care settings and these are based on adult supported youth self assessment of what they think they would like to do and then a series of opportunities to meet with providers in small groups, the providers of -- at different levels of health care delivery come and present about, you know, what they do, what does their work look like, what kind of money did they make, how did they get there, et cetera. They all receive academic counseling, peer group support that is consciously supporting them in moving forward in the health care professions or health care delivery. They get exposure to many different aspects of the health care delivery system. They receive case management as sort of case management clients. This is part of and built into so the program it's not just when a young person is identified as having a problem but it's from the beginning an acknowledgement that they'll need this support and they also receive college and transitional applications so they're not left on their own to trying to through the process and the director told me that initially they gave young people the choice or the opportunity to get assistance but they -- it was the youth's choice, do you want help or not. What they found was that the youth's insight into how well they were doing with the application

process wasn't well informed. These kid didn't have family members who had been to college, they didn't live in communities where there was a lot of post secondary education going on and so they didn't really self evaluate very effectively and those young people who did get help from their case manager or academic counselor actually had highly successful attempts, good results in terms of their applications and those who didn't did not do as well and so they're now built in expectations that all of the young people in the problem will get this assistance.

Looking at slide 25, what we're hoping for is this is an end to planned obsolescence. This is a three-year trajectory. You start the program as juniors in high school. They continue during their senior year with a change in their obligations and activities because they have other obligations and activities as seniors in high school as well but unique to this program, it continues into their first year of post secondary education with them on track for careers in the health work force. And what they're looking at is really a range from physicians and dentists to a variety of allied health professions, registered nurses, paramedics, laboratory and radiology text, community health workers, scientists, licensed vocational nurses which I think in the east is licensed practical nurses but you can see many different levels of preparation, not all bachelors plus masters plus, post levels of education but really an opportunity to experience different ways of working in the health work force. I think certainly the jury is out in terms of how successful this program will be but it's off to a great and running start. So what I want to close with is this very lovely diagram that is -- belongs to Karen Pittman, a great thinker and mover in the world with the emphasis of the fact that this is really a reciprocal relationship. It's really all of that and more. Young people have an incredible contribution to make. Young people also need adult support and mentoring in order to create the conditions for them to develop themselves, their peers, their families and their communities. Communities need to

support young people and adults can learn a phenomenal amount by working with youth in programs that help youth to reach their full potential. On that, I will close. I appreciate the opportunity to speak with you all today and look forward to answering any questions.

>> OK. Thank you so much, Erica, for a very excellent presentation and a really complementary presentation to the work that mark presented. And we're going to have a series of questions and I welcome both of you to make comments and also welcome our audience to submit additional questions for the next half hour or so. The first one refers back to some of the framing that mark presented which really has to do with, from your vantage point, what is the relationship, if any, between youth development and empowerment?

>> That's a really great question and that's sort of what I'm trying to get at when I'm presenting this idea of of resiliency which grew out of adolescent literature and developmental literature so I see that empowerment didn't grow out of working with adolescents. I see it connected in that it's a way of also framing the resiliency work and also thinking about positive youth development and it gives us framework for doing that and that's sort of a hot topic right now and frankly, it's also related to the idea of positive psychology. I'm a psychologist. I have to say they're finally realizing that, you know, the study of mental health isn't just about psychopathology and succeeding in one's goals and all of those sorts of things so I think those applications can also be made with working with adolescents and does that answer the question?

>> It does. Erica, do you have anything that you want to add in terms of from your vantage point working in the community, the intersection between youth development and empowerment?

>> Well, I think that really, you know, youth development is sort of the application in programs maybe of the concepts of empowerment. Empowerment is an essential piece of youth development. And certainly some of the things, some of the basic concepts as mark pointed out are, you know, held in common between these two theoretical approaches but youth development puts the emphasis on the fact that youth needs support to really achieve their full potential but need to be provided with the opportunities to not just receive but to give.

>> That's good. Yeah.

>> Very helpful. Another set of questions pertains to the health outcome, the framing and the conversations that both of you presented really do look at resilience empowerment and how disparity is often seen from more of an epidemiology perspective. Can you talk about what health outcomes, data collection you've been involved in either for the yes program, mark, or Erica, for the huckleberry and keeping an eye on their sexual behavior, risk or drug and alcohol use, for example?

>> Erica, do you want to go first?

>> OK. So we actually -- coal street youth clinic was initially funded also by the California wellness foundation and at the time being a community provider rather than somebody involved in the university, I was horrified they funded it as a higher level. I now understand that a little better because there was the unique opportunity to evaluate. But where the evaluation focused as in many of these programs, was an outcome for youth receiving the services, not outcome for youth providing the services. When we looked at outcome of

youth providing services, many looking at sexual health and sexual risk outcome.

Experiencially, what we found was that our peers brought -- our peer providers brought the same issues with them they would have encountered as members of the target population that they were working with. So I had the unique opportunity of providing services, clinical services for many of them and they would come in after spending all day talking about S.T.I. risk reduction in continuation high schools. They could identify they needed care but that didn't mean they were necessarily modifying their behaviors in all of the ways that we might want them to. We have two young people working with get pregnant and carry their pregnancies during the time they were peer providers in the program that I was working in. And part of that I think is very much -- you know, it's developmental. And they certainly had more support in dealing with the issues they encountered but I don't think their outcomes initially looked that different. It will be interesting to look at a program that is much more future oriented because we know one thing that does have a big impact on sexual health outcomes and risk for young people is having future goals, having academic aspirations, having a sense of a positive future beyond their adolescent years. Again, the one program that I did review, the teen program in New Jersey did find that a reported reduction in risky behaviors and reported increase in communication with partners and parents for those young people who are peer educators.

>> Mark?

>> I just want to say in our study, the evaluation outcomes were actually not at the individual level. The proposal and the project was sort of really directed at community change so we looked at neighborhood changes like landscaping and, you know, different physical characteristics around each of the different murals or the gardens and that sort of thing. We also looked at -- we're looking right now at police reports nearby and closer to

the sites. We have community survey data we looked at so we didn't specifically look at kids. We have some kids' outcome data but not specifically designed for that. We have another proposal under review that includes that. But in both of those studies, the one we proposed and that one, we do have some data on -- specifically violent behavior. That was the focus but also on substances, mostly alcohol, cigarettes and marijuana use. We did not ask about sexual behavior in this particular study. I didn't talk about the fathers and sons project and there we had much more wide range. Outcomes including sexual behavior and some other kinds of -- you know, negative things that -- delinquency and that sort of thing and then we also look at positive school behaviors and attitudes and so it's not all just negative stuff. We looked at also positive behaviors of eating well and getting exercise and that sort of thing and also attitudes about their neighborhood and their community and that sort of the psychosocial kind of things as well.

>> in our studies that Erica mentioned earlier, we found similar experiences to the fact that even though a peer provider is getting additional knowledge, that doesn't mean they're necessarily immunized from experiencing pregnancy even when working in the family planning clinic. Over time we found a greater use of condoms.

>> Next question is for both Mark and Erica and it's important in the context in which many of our listeners are working. A lot of work you've been talking about us has been about funding. What would you advise them to do in their own work if they didn't have funding to support the principles of youth development to address this outcome and life opportunities? What is practical during individual encounters, for example, with young people or planning programs? And what about administering programs at community and state level? I'm asking the three levels and basically what can you do with limited

resources to impact individual level, community level as well as administrative level and professional level.

>> That's a simple question.

>> Really.

>> Well, break it up. I think the reality is that many of us are encountering very harsh financial times in our communities. At the same time, we don't want to let go of the principles. What are the things we can do?

>> I think on an individual level, certainly a lot of these principles can be applied just to adults' interactions with young people, moving from an empowerment perspective, being respectful of what young people bring to the table, acknowledging that behavior change rests in the individual. You can't change them. They can change themselves. And only are motivated to change something that they believe is important to change. So really that philosophy of partnering with the young person to try and improve their outcomes from the perspective of what they want to change I think can be applied on -- you know, in terms of individual interactions with youth. I think people -- and certainly I would encourage people to be creative about what they're thinking about as resources. For example, you know, work force development funding was not as we started meeting and trying to think of how we could do this kind of health professionals or health work force pipeline program, it's not where we started in terms of we were thinking of foundations and thinking of traditionally what health programs might look at and so think creatively about what the resources may be. Think about how you may be able to check into stimulus funding because this really can be sort of work force development kind of work. And also certainly many young

people are involved in volunteer work. This generation more than ever is a generation that is involved in volunteering. Many schools, including many public schools, have an expectation of some kind of service work so creating opportunities where youth can, you know, get school credit rather than financial support to be involved in the service delivery might be another option.

>> Thank you, Erica. Mark?

>> If I could just add to that, there's also often we're in communities where there's a college or university nearby and we could tap into some experiential learning for a college student as well. I want to extend what Erica said about potentially the high school kids but a lot of universities around the country have requirements or have kids -- you know, college students who are interested in it as well so as a potential to other resource. If you're not in such a community, that's not such a good idea. Kids can have a role is an important one. Most of what our money went into was the development of the program and the evaluation of it. We've sort of estimated with probably 1 1/2 people, you could probably pull this program off. We're also -- actually, the new proposal we've just submitted to evaluate a program, we're actually working with a local after school program and so there's already after school programs that exist. We've created this curriculum and, you know, if this curriculum could be implemented, it could be something that you could do with existing after school dollars or existing after school structures. One issue, of course, is that the program does carry into the summer. If you're in an area that's warm all the time, it wouldn't have to. You could have a slightly different scheduling. But if you were in the north and you could really do some of the gardening and that sort of thing in the summer, then there would have to be some kind of support for somebody to carry that out. Now, schools do often go until late June so you could maybe connect with -- for the next

two months, connect with some local organizations. We connected with land bank which was a local land use organization. There might be local gardening clubs that might be interested. There's often programs like the urban league, big brother/big sister program so there are programs where there are resources and if you could plug in some of the programs into those, that would be another way to kind of continue them. We actually continued our program by connecting with a local foundation who actually funds a local university that was in Flint, to the university of Michigan Flint, actually, funded them to continue the program for the next three years. What we did is we presented that foundation, we had the kids do the presenting so we created the venue and then the kids presented and talked about the program and they loved it and they ended up continuing the funding of it. So I think being a little bit, you know, creative in those regards. In terms of policies, I think, you know, that's a tough one. It depends what level of policy you're talking about, whether it's school level or community, local, municipal level or state level and I think there, if we got into people's heads that kids could be part of the solution rather than part of the problem, we would have a different way of doing these kinds of programs and different kinds of resources that would go into these kinds of programs. So I think kind of getting that message out would be a useful one. And I don't know if that's directly answering that but it was a tough question.

>> I want to add on the policy level an example in San Francisco. We -- up until the latest debacle with the economic situation had an adolescent health coordinator for the city and county of San Francisco and the department of public health who developed a youth development framework policy where all funding that went to any youth serving agency had to meet the criteria of a youth development framework. So it was -- and because a lot of services are basically farmed out to nonprofit agencies so they're city county dollars that go to the agencies who provide the services, and this included recreation programs, after

school programs, work force development programs, all kinds of programs that served young people, that there was this year development framework policy that set forth the expectation that youth would have a role, would have a say, that it would be a participatory democracy rather than a dictatorship of adults in terms of programs that were funded by the city and county of San Francisco.

>> If I could just interject also, our neighbors to the north in Canada, there are some provinces that have fairly funded youth advocates in the province. So there's a state level individual who is basically in charge of what Erica was describing. This is basically somebody who spoke out for and advocated for resources, attention to different issues that youth are faced with. And some different kinds of issues but still the thought that there would be a voice out there for this I think would be sort of acknowledges a lot and has a venue for having youth voice be heard at the policy level.

>> It sounds like there's a lot of tipping points kinds of opportunities to begin to reshape how people think about adolescents, you know, again as an asset rather than a deficiency and it takes a certain kind of adult to be the first adopter before maybe a whole other group of people come along. And you both have spoken about the importance of getting adults on board to get this message. Have there been other tips or suggestions about convincing adults about the very meaningful role, just a P.S. on the study that we did with peer providers, it really did take adults a significant amount of time to be convinced that adolescents were as capable as they were about providing the services in those clinics. In fact, it wasn't until the test scores came in, sometimes teens got better scores than the adults and that was very, very challenging for them. So I'm just wondering if you've done any other tips to try to make the case and champion this role for young people, particularly around trying to face this whole issue of eliminating health disparity.

>> Well, I'll go first if that's OK.

>> Go ahead.

>> You know, I think that it's -- we've actually found great success when we've allowed the kids to talk and allow the kids to have their day in the sun. I'll just give you a couple of anecdotes. Bottom line with the anecdotes is that I think the more adults see the kids actually have something to offer, the more willing and trusting they might be. And it was our experience that the -- some of our adult -- volunteer adults came back the next year. Not all of them, in fact, what we did is have the kids interview the adults who they would have and we were in a quandary at one point. A woman who donated like a lot of plants and stuff wanted to be with the adults and the kids didn't like her. We had to figure out what to do. But we wanted to respect the kids so we kind of gave her a different role that she wouldn't be directly connected with the kids. But we treated the kids like adults and explained to them our dilemma and how we were trying to solve it and they were very supportive at that point. One anecdote is our kids basically came up with one idea. They said, you know, we're doing all of this gardening work and stuff. Let's go around and give awards to different houses who have nice landscaping. And so they -- you know, they started going around to houses and they had little scoring sheets and they decided who was going to give it to them. After awhile neighbors in the neighborhood started hearing about this and this is like a half a mile, a mile away and they said, hey, are they going to come by my house? I would like them to come by my house. They started getting a buzz in the neighborhood that we didn't think of. This was totally on their doing. They organized a dinner, but the adults helped them figure it out. We would like to do it like a dinner celebration and hand out the awards, an awards dinner. There was such a buzz about it,

the kids basically set up the whole agenda, you know, exceed the whole thing, handed out the awards and it was one of the most magnificent things that I've seen pulled off. The bottom line is the more time, the more examples we can give adults that kids can be competent and offer these things, the easier our task would be to convince them that this is a good idea.

>> Erica, do you want to add anything?

>> I think mark pretty much said it. I would say just, you know, in addition to really giving young people the opportunity providing that space for them to come up with the great ideas and I could give a lot of examples as well of approaches that youth came up with that never would have occurred to me or the rest of the adults supporting them is that you cannot just leap into it. I think sort of piggy backing on what you said, Clair, adults, especially in the world of the provision of health care, adults are often, you know, serving adolescents see adolescents as problematic, risky, not making good choices and it takes some work, some real conscious work up front to prepare the adults to work with young people as equal participants who have something special and unique and valuable to offer and to not sort of be adultist about it. And I think that most adults over time, they'll come around but it's not a given. I think there need to be really conscious work in planning to sort of set the groundwork so that you don't bring young people into an environment where they are undervalued or devalued.

>> Great. Now the next question, Erica, is for you and perhaps also mark would like to add something. The question really is around the peer educator model and whether it encourages a trajectory in fields other than health care. Are there skill sets that are transferable perhaps to other fields and are you seeing any of that? You've shared with us

the model is right now moving into having some outcomes and it's fairly early still in the models but have you seen other areas that these young people want to transfer these skill sets to either a job or other parts of their lives?

>> For example, the young man that I spoke about earlier who, you know, came to the conclusion he couldn't be professional youth with H.I.V. disease for his entire life, he really moved into the world of advocacy. He was politically involved and went into public administration and advocacy. I think that certainly, you know, there's skills around public speaking, skill development and implementation. I think there are many possibilities, as many possibilities as there are young people who participate in these programs. This program in particular has a focus on work force development around health care systems. But I think that there are certainly transferable skills. What happens, because many of these programs really do focus on, you know, sort of health risk and peer education around health risk, initially I think the self perception is to go into sort of the, quote, helping profession, social work, psychology, nursing, medicine, et cetera. But I think, you know, if we open our minds and certainly think with young people about what are the skills that they're learning and certainly just the basic skills around being able to work with other people, show up on time, complete your project on time, be accountable for your own work, those are basic work force skills that are transferable to any kind of job.

>> I really don't have much time. I agree. I don't have much to add to that. I tend to think about health in a very broad way. Self-esteem, feeling good about yourself, all of the work force development issues, just learning how to, you know, be responsible. That's something some of us take for granted so I think I don't have much else to say except to say I agree, that it definitely goes beyond just the health context.

>> My next question to you both is how have you seen technology and the new formats of technology impact the kind of work that you're both involved in? Or have you?

>> These are really great questions. Erica, do you want to go first or --

>> Well, let's see. Certainly just in terms of how presentations are done, access to information, use of electronic media, use of texting with young people in terms of making contact with them, appointment reminders, follow-up contacts, et cetera, all of those things are being explored, are being utilized and are challenging. I think that a lot of -- but we tend to stay pretty low tech in terms of the applications, you know, in terms of working with groups of young people. We're still using the butcher paper and S.T.D. jeopardy and et cetera. We haven't gotten electronic with those aspects of it. But access to information and access to both, you know, professional journals, findings and information about problems in populations is just enhanced incredibly.

>> Thank you, Erica and mark, for a wonderful session. I really appreciate your time. I really appreciate the questions from our audience and I want to remind everyone to please fill out the evaluation which will be automatically displayed in a separate window at the end of the web cast. This information is really important for us to serve you better in future web casts and I just again want to applaud your effort in so many different communities and the kinds of models you've developed and clearly the message is perhaps we're living in a world of high tech but high touch continues to be very important in shaping young people's lives. So thank you.

>> Great. Thank you.

>> Thanks very much.