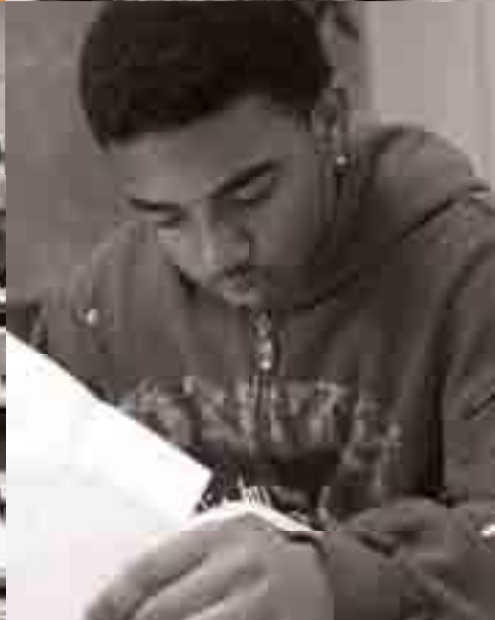


YEP

**YOUTH
EMPOWERMENT
PROGRAM**

YOUTH • FAMILY • COMMUNITY



THE YOUTH EMPOWERMENT PROGRAM: Promoting Healthy Behaviors in Minority Youth

Lawrence G. Pan, PT, PhD, FAPTA

Chair and Professor

Department of Physical Therapy

Marquette University

*Principal Investigator — Marquette Youth Empowered
to Succeed (YES) Program*

Paula E. Papanek, PT, ATC, PhD, FASCM

Associate Professor

Department of Physical Therapy

Director — Program in Exercise Science

Marquette University

*Co-Principal Investigator — Marquette Youth Empowered
to Succeed Program*

ACKNOWLEDGMENTS: This document was produced for, and in partnership with, the U.S. Department of Health and Human Services, Office of Minority Health. Photography provided by Mark Brautigam (unless otherwise noted). Video direction and cinematography by Darrell Boeck. Videos produced by Charles Nevsimal, and edited by Toni Krick. Individual stories written by Charles Nevsimal. Document design provided by Deborah Nevsimal. Website by Simon Phillips. Special thanks to Diane S. Slaughter and Yolanda Y. Webb, who aided in the production of both the document and the website. Thanks also to all YEP grantees for providing data and pertinent program information for the document and videos. For more information — and to view individual video success stories of students, parents, and communities positively affected by the YEP — view the attached thumb drive or visit us online at www.TheYEP.org, graciously hosted by Marquette University. The publication, website, and video stories were made possible by the following federal grant: 6 YEPMP090044-03-02 from the Office of Minority Health in the U.S. Department of Health and Human Services, 2011-2012.

Chapters

1	INTRODUCTION AND RATIONALE for the Youth Empowerment Program	6
2	PARTNERSHIPS: The Foundation for Youth Empowerment <i>Comprehensive Community-Based Model – Marquette University</i> <i>Clinic-Based Model – California State University San Marcos</i> <i>Faith-Based Model – Wichita State University</i> <i>Social Work-Based, Trauma-Informed Model – City University of New York - Hunter College</i>	18
3	PRELIMINARY DATA	38
4	INDIVIDUAL STORIES OF YEP SUCCESS: Students, Parents, and Communities <i>City University of New York–Medgar Evers College</i> <i>University of Utah</i> <i>Stone Child College</i> <i>Columbus State Community College</i> <i>Towson University</i> <i>Tennessee State University</i> <i>California State University Long Beach</i>	70
	Program Contacts	102
	References	103



FORWARD

Minority youth in America face numerous health risks. The United States Department of Health and Human Services, Office of Minority Health, funds a demonstration project called the Youth Empowerment Program (YEP). YEP addresses the social determinants of health and promotes healthy lifestyles in minority adolescents. As one of 17 YEP grantees, we were charged with the task of summarizing, analyzing, and making recommendations based on the YEP data collected across the country.

CHAPTER 1 represents the rationale for YEP including the challenges and health issues common in minority youth. Epidemiological data and trends nationally are provided for mortality and morbidity in vital areas such as reproductive health, violence, alcohol abuse, substance abuse, obesity, and youth assets as they relate to health markers. CHAPTER 2 describes the YEP model built on linking local partners who are key stakeholders in working with minority youth. While all YEP grantees have required elements which are similar in nature, four diverse models are featured in this chapter which provide insight into developing a youth empowerment program. The four programs are unique examples of community-based, faith-based, clinic-based, and social work-based models.

CHAPTER 3 contains the data from across the YEP. When possible data were pooled across multiple YEP grantees to increase the statistical power of the data set. The limitations of the data, the conclusions, future directions, and opportunities stated in Chapter 3 result from an indepth analysis of the data after only the first two years of the grant cycle. The data was evaluated objectively and on its own merit, identifying both its strengths and weaknesses. However in addition, while working to collect and assess the data set from each YEP grantee, we uncovered powerful and emotional individual stories of YEP students, parents, or communities affected by these programs at each grantee location without exception. In order to give a full picture of the YEP, we have described some of these compelling individual stories as an adjunct to the data set. They are not intended to supplant the importance of the data set. Rather these stories are designed to put a human face on the social determinants of health and to articulate our observations of the individual struggles and challenges that YEP participants face everyday. In total, seven written stories comprise CHAPTER 4. Eight additional stories were filmed in digital video format. Each video story is four to six minutes in length, except for one two-minute video which summarizes the YEP using footage from multiple programs. The written and video stories plus the document in its entirety are found on the attached thumb drive and at www.TheYEP.org. We wish to thank all YEP grantees for their help in compiling the data and telling the story of the YEP, and to the Office of Minority Health for this unique opportunity.

– Dr. Lawrence G. Pan and Dr. Paula E. Papanek

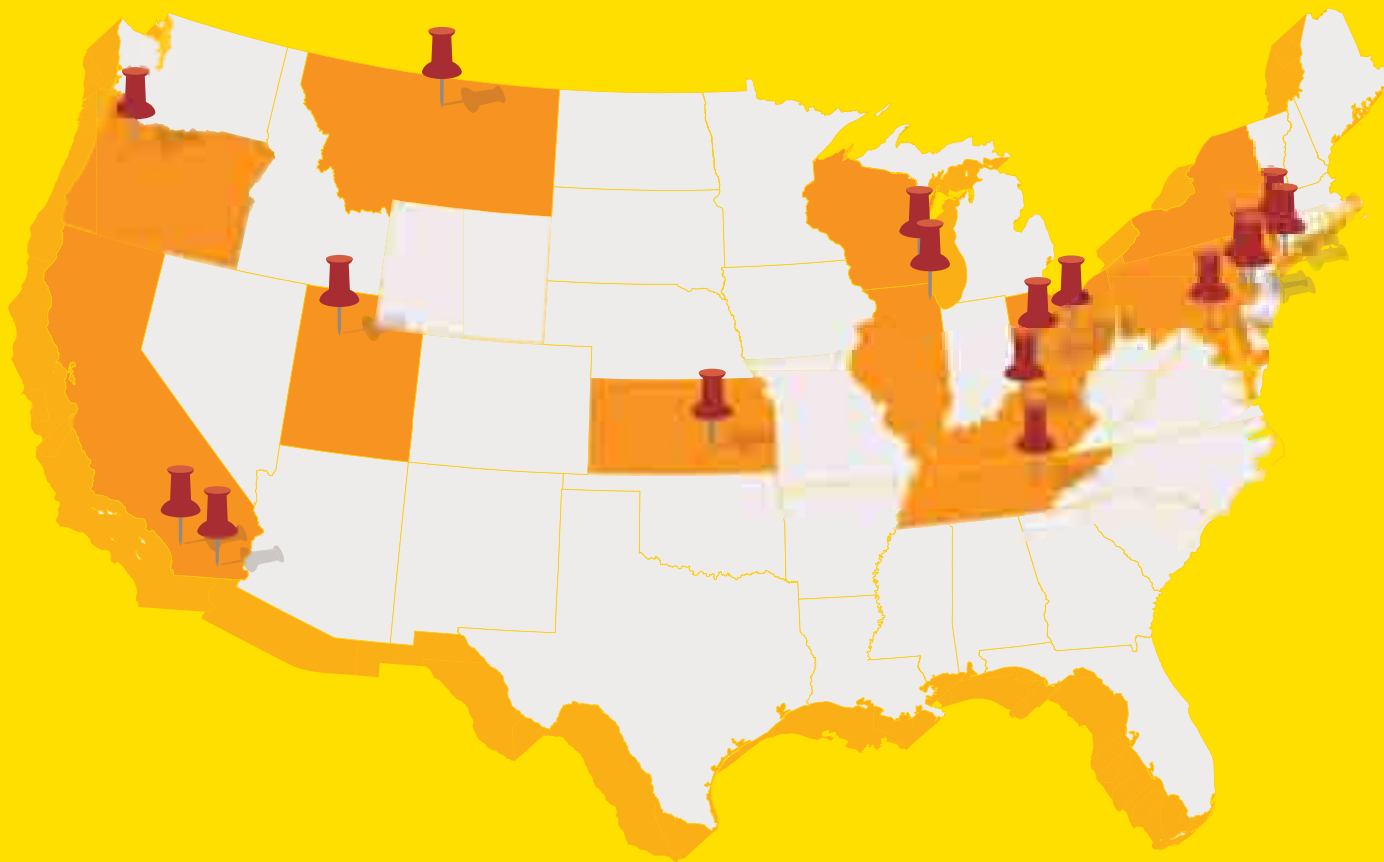
Chapter

INTRODUCTION and Rationale for the Youth Empowerment Program



YOUTH EMPOWERMENT PROGRAM (YEP) GRANTEEES

FIGURE 1-1



CALIFORNIA STATE UNIVERSITY LONG BEACH¹
Long Beach, CA

CALIFORNIA STATE UNIVERSITY SAN MARCOS²
San Marcos, CA

CENTRAL STATE UNIVERSITY³
Dayton, OH

CHICAGO STATE UNIVERSITY⁴
Chicago, IL

COLUMBUS STATE COMMUNITY COLLEGE⁵
Columbus, OH

HUNTER COLLEGE-CUNY⁶
East Harlem, NY

KENTUCKY STATE UNIVERSITY⁷
Frankfort, KY

MARQUETTE UNIVERSITY⁸
Milwaukee, WI

MEDGAR EVERS COLLEGE-CUNY⁹
Brooklyn, NY

OREGON HEALTH & SCIENCE UNIVERSITY¹⁰
Portland, OR

STONE CHILD COLLEGE¹¹
Rocky Boy, MT

SWARTHMORE COLLEGE¹²
Swarthmore, PA

TENNESSEE STATE UNIVERSITY¹³
Nashville, TN

TOWSON UNIVERSITY¹⁴
Baltimore, MD

UNIVERSITY OF PENNSYLVANIA¹⁵
Philadelphia, PA

UNIVERSITY OF UTAH¹⁶
Salt Lake City, UT

WICHITA STATE UNIVERSITY¹⁷
Wichita, KS



OBJECTIVES

THE YEP AIMS TO ELIMINATE UNHEALTHY BEHAVIORS IN AT-RISK MINORITY YOUTH.

“The Youth Empowerment Program provides resources to those who need them most, minority youth who live in some of the most high-risk areas in the country. At its heart, this program is helping them make better lifestyle choices that result in healthier, happier lives.”

— DR. PAULA E. PAPANEK, *Director of the Program in Exercise Science, YES Co-Principal Investigator, Marquette University, Milwaukee, WI*

THE YOUTH EMPOWERMENT PROGRAM (YEP) supports demonstration projects that test innovative approaches in promoting healthy lifestyles in minority youth.¹⁸ Funded by the US Department of Health and Human Services’ (HHS) Office of Minority Health (OMH), 17 universities, colleges, and community colleges across the country host youth empowerment programs that began in fiscal year 2009, starting a three-year funding cycle (Figure 1-1).¹⁸ These YEP grantees seek to eliminate health disparities by addressing social determinants of health, such as insufficient education, exposure to violence, inadequate access to healthcare, lack of role models, and other psycho-social and economic factors. These issues undermine healthy behaviors during adolescence and lead to significant health disparities that disproportionately affect minority youth.

The YEP supports Healthy People 2020’s 10-year agenda for improving the nation’s health by addressing these disparities and promoting quality of life and well-being.¹⁹ Eighty-four of the nearly 600 objectives for Healthy People 2020 focus on adolescents. Eleven of those 84 address health and safety issues in people 10 to 24 years of age.

Not surprisingly, these objectives address mortality, injury, violence, reproductive health, and chronic diseases — all problems that can be addressed with prevention programs that target unhealthy behaviors in youth. Additionally, the YEP contributes significantly to OMH’s National Partnership for Action to End

Health Disparities Initiative, specifically concentrating on one of its goals: to improve health outcomes for racial, ethnic, and underserved populations.²⁰

The primary objective of the YEP is to eliminate unhealthy behaviors common in at-risk minority youth, ages 10-18. *Specifically, the YEP promotes novel and creative ideas designed to reduce high-risk behaviors, strengthen youth resiliency, improve protective factors, develop fundamental life skills, and establish a pattern of behaviors that lead to healthy choices and ultimately success in life.*

Each of OMH’s Youth Empowerment Program grants is conducted by an academic institution of higher learning, in conjunction with a school or school system and other community organizations. All grantees must provide tutoring, mentoring, role models, and summer programs. Accordingly, improving educational outcomes and enhancing academic performance is a major focus of the YEP, with the ultimate goal of improving health outcomes.

In childhood and throughout adolescence, young people formulate early patterns of behavior and decision making that foster either positive or negative effects on health in both the short- and long-term. Because social determinants of health affect disadvantaged populations to a greater extent, these choices have more deleterious consequences on minority youth, as demonstrated by risky behaviors that lead to greater incidences of morbidity and mortality.²⁰ »

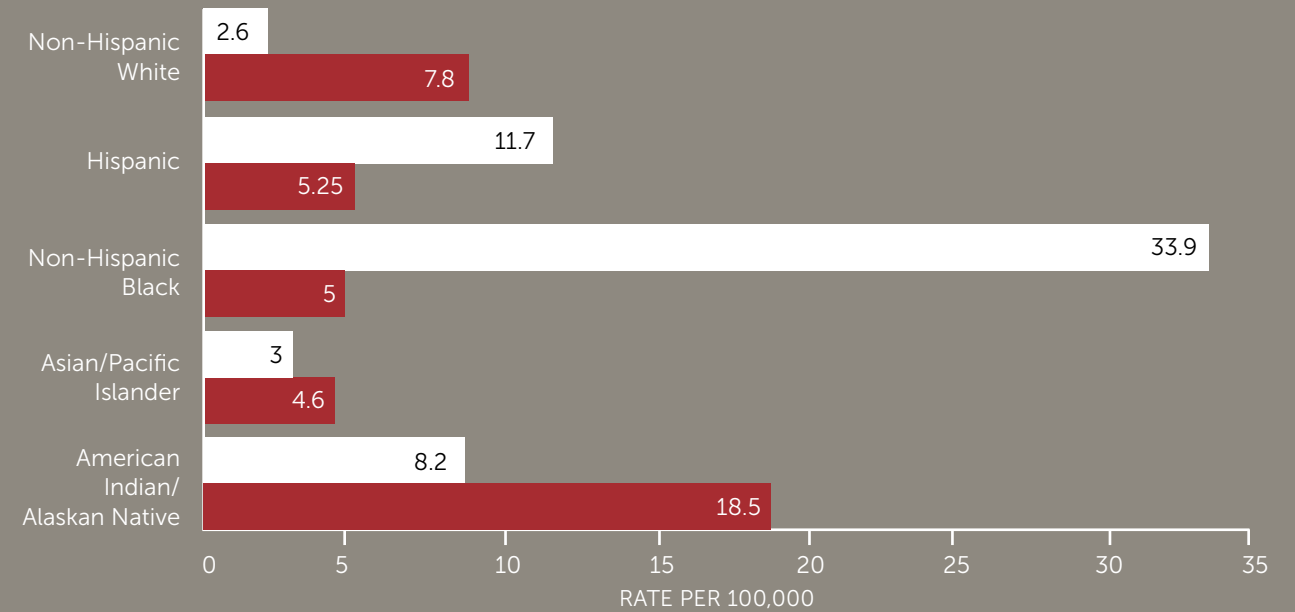
ANNUAL HOMICIDE AND SUICIDE RATES BY RACE/ETHNICITY

HOMICIDES 2007

SUICIDES 2002-2006

10-24 YEARS OLD

FIGURE 1-3 Redrawn from CDC data (reference 26-27)



older drivers.^{23,24,25} Among all racial groups, **except non-Hispanic Black youth**, unintentional injuries and, more specifically, motor vehicle accidents are the leading cause of mortality. In non-Hispanic Black youth, violence is the major cause of death.^{21,23}

VIOLENCE

Among non-Hispanic Black youth, ages 10-24, homicide was the leading cause of death in 2010.^{22,26} As seen in the Figure 1-3, **in Americans 10 to 24 years old, homicide death rates were more than 10 times higher among non-Hispanic Blacks than non-Hispanic Whites or Asian/Pacific Islanders.** For males, the racial and ethnic disparity was even worse. In non-Hispanic Black males (ages 10-24), the homicide rates were 60.7 per 100,000, far exceeding those of Hispanic males (20.6 per 100,000) and non-Hispanic White males (3.5 per 100,000) in the same age group.^{26,27} Homicide was the second leading cause of death among Hispanics (ages 10-24), and the third leading cause of death for all other racial groups. In 2010, 84% of the homicides in this age group were committed with firearms.^{26,27}

In American Indian/Alaskan Natives, the suicide rate was the highest of any racial/ethnic group, and at least three times higher than non-Hispanic Blacks, Hispanics, and Asian/Pacific Islanders (Figure 1-3).

According to the 2009 Youth Risk Behavior Surveillance System (YRBSS), 17.5% of surveyed youth reported carrying a weapon – such as a gun or knife – at least one day during the month prior to the survey, while 31.5% reported engaging in one or more physical altercations in the previous 12 months.^{26,27}

DRUG AND ALCOHOL ABUSE

In 2009, 10% of youth (ages 12-17) were current illicit drug users: 7.3% used marijuana, 3.1% engaged in non-medical use of prescription-type psychotherapeutics, 1% used inhalants, and 0.9% used hallucinogens.²⁸ Among persons age 12 and older, American Indians/Alaskan Natives displayed the highest rates of any racial group for cigarette (43.5%) and marijuana use (31.6%) in the month prior to the survey.²⁷⁻²⁹ »

Risky behaviors can lead to unintentional injuries. Additional negative behaviors include violence; and use of tobacco, alcohol and other illicit drugs. Risky sexual behaviors increase the risk of HIV/AIDS, pregnancy, and sexually transmitted diseases (STDs). Furthermore, unhealthy diets and physical inactivity lead to obesity and increase the risk for chronic disorders like diabetes and cardiovascular disease. All of these risky behaviors are clearly preventable, providing the rationale for OMH's Youth Empowerment Program.

According to OMH's criteria, each Youth Empowerment Program grantee must address at least two of these six significant health issues. In addition, all YEP grantees focus on developing youth assets, resiliency, and protective factors that allow minority youth to cope with stress and adversity, ultimately addressing the social determinants of health. The epidemiological data that support these issues as prominent problems in America – and which support the rationale for OMH's Youth Empowerment Program – are described below.

IN SUMMARY, SIX KEY HEALTH ISSUES AFFECT YOUTH IN AMERICA

- 1 MORTALITY
- 2 UNINTENTIONAL INJURY (related to water accidents, motor vehicle injuries, alcohol and other drug abuse, and lack of seat belt use)
- 3 VIOLENCE (homicides, fighting, and weapons)
- 4 SUBSTANCE ABUSE AND MENTAL HEALTH (binge drinking, illicit drug use, suicides related to depression)
- 5 REPRODUCTIVE HEALTH (unintended pregnancies, HIV/AIDS, STDs)
- 6 CHRONIC DISEASES (tobacco use and abuse, obesity, physical inactivity)

MORTALITY

In 2007, unintentional injury, homicide, and suicide were three of the leading causes of death among male and female adolescents, ages 15-19.²¹ Significant racial and ethnic disparities are clearly evident in adolescent mortality. Non-Hispanic Black mortality was 85.7 per 100,000, more than 50% higher than in Hispanic and Non-Hispanic White adolescents at rates of 57.9 and 58.0 per 100,000, respectively (Figure 1-2).²²

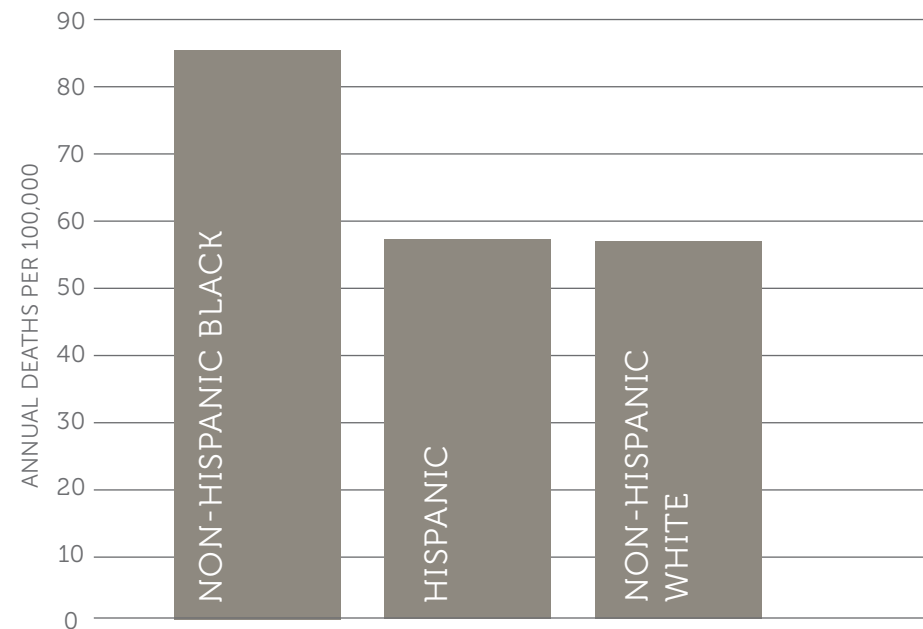
UNINTENTIONAL INJURY

In 2009, motor vehicle accidents were the leading cause of death among US teens, accounting for more than one in three teen deaths.²³ The risk of vehicular crashes is highest among youth, ages 16-19 – an age group four times more likely to crash than

TEEN MORTALITY BY RACE/ETHNICITY BY RACE/ETHNICITY (2007)

15-19 YEARS OLD

FIGURE 1-2



Redrawn from HHS, HRSA (reference 22)

In the 2009 YRBSS, 72.5% of all youth reported alcohol use at least once in their lifetime, while 41.8% reported drinking alcohol at least once in the 30 days prior to the survey.²⁹ American Indians/Alaskan Natives and Hispanics reported the highest minority rates of alcohol use in the 30 days prior to the survey.²⁸ Additionally, adolescents engage in more risky behaviors, such as unprotected sex when under the influence of drugs and alcohol. Of sexually active high school youth, 21.6% drank alcohol or used drugs before their last sexual intercourse. Moreover, 9.7% of all high school youth have driven after they had been drinking alcohol, and almost 30% have ridden with someone who was driving under the influence in the 30 days prior to the 2009 YRBSS survey.²⁹

REPRODUCTIVE HEALTH

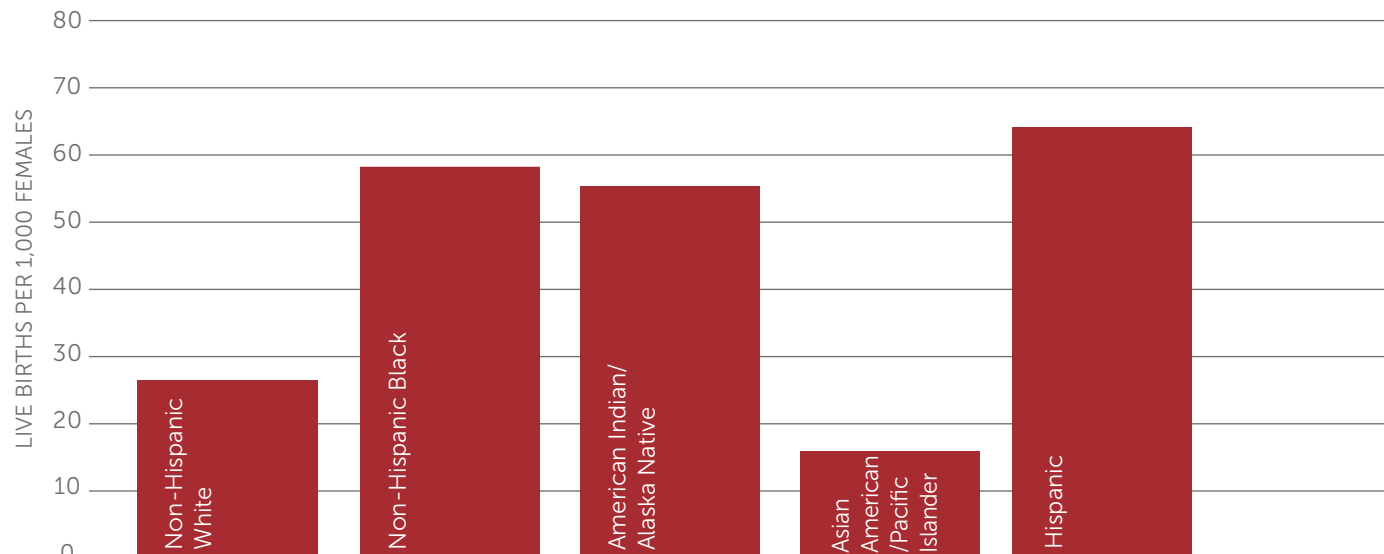
According to the 2009 YRBSS, 46% of high school students had sexual intercourse by the time they graduated.²⁹ Significant racial disparities are evident: 42% of non-Hispanic White high school youth surveyed had sexual intercourse, compared to 65.2% of non-Hispanic Black youth, 49.1% of Hispanic

youth, and 59.4% of American Indian/Alaskan Native.²⁹ Among non-Hispanic White youth, 10.5% reported having had sexual intercourse with four or more partners, compared to 28.6% of non-Hispanic Black youth, 14.2% of Hispanic youth, and 23.4% of American Indian/Alaskan Native.²⁹

Youth who engage in sexual activity are at high risk of becoming infected with HIV and other STDs. Each year, approximately 19 million new STD infections are reported, nearly half of which occur among youth (ages 15-24).³⁰⁻³² Significant racial and ethnic disparities exist in STD rates among youth.^{30,32,33} In 2010, for youth (ages 15-19), the rate of chlamydia infection was more than seven times greater for Black, non-Hispanic youth (4,993 infections/100,000 youth) and three times greater for American Indian youth (1,991/100,000) when compared to the rate for White, non-Hispanic youth (662/100,000).^{33,34} Also in 2010, gonorrhea was more than 20 times more prevalent in Black, non-Hispanic youth compared to the rate in White, non-Hispanic youth.^{33,35} Of the estimated 8,300 people diagnosed with HIV/AIDS in

U.S. BIRTH RATES FOR TEENS BY RACE/ETHNICITY 15-19 YEARS OLD, 2009

FIGURE 1-4 Redrawn from CDC data (reference 37)



2009 (ages 13-24) – in 40 states reporting to CDC – 64% were Black, non-Hispanic, 16% were Hispanic, and 17% were White, non-Hispanic.^{30,31} The estimated annual cost of STDs to the U.S. health care system is \$17 billion – and costs individuals even more in immediate and life-long health consequences.³⁶

Significant racial and ethnic disparities in teen pregnancy affect several groups of minority youth more than others. In 2009, the birth rate among Hispanic female adolescents was 64 per 1,000 youth.³⁷ That rate was nearly 2.5 times that of non-Hispanic Whites (ages 15-19) (Figure 1-4).³⁷ Birth rates among non-Hispanic Blacks approached 60 live births per 1,000 youth, a rate more than double the rate among non-Hispanic White youth.³⁷ The estimated cost of teens giving birth before age 18 is a staggering \$10.9 billion dollars annually in the United States.³⁸ Together, STDs and teen live births represent two major public health issues affecting minority groups disproportionately.

FITNESS, WELLNESS, AND PREVENTION OF CHRONIC DISEASES

Prevention of chronic diseases begins in childhood with proper eating habits important for growth and obesity prevention. Most youth do not follow proper nutritional guidelines, according to the Dietary Guidelines for Americans.³⁹ Among youth (ages 6-19), 67% exceed suggested dietary guidelines for fat intake, while 72% exceed the recommendation for saturated fat consumption.⁴⁰

In 2009, only 22.3% of high school students reported eating the recommended five or more servings of fruit and vegetables per day (excluding potato chips and fries), and 86.2% ate fewer than three vegetables per day.^{29,40} HHS recommends that youth (ages 6-17) participate in at least 60 minutes of physical activity per day.⁴¹ In 2009, only 37% of high school students had done so in five of the previous seven days.²⁹

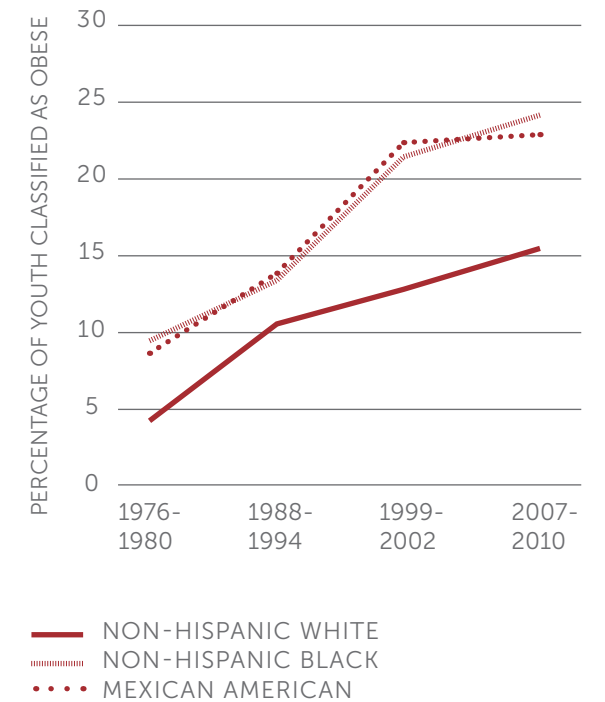
Physical activity declines strikingly as children age. Of all high school youth, only 33.3% attended daily physical education classes.²⁹ However, this figure drops significantly to 22.4% by senior year.²⁹ While physical activity has decreased steadily, markers for

sedentary behaviors have alarmingly increased:⁴² 55% of non-Hispanic Black students and 41.9% of Hispanic students watched three or more hours of television per day, compared to only 24.8% of non-Hispanic White students.^{42,43}

The percentage of overweight youth has more than tripled among adolescents (ages 12-19) throughout the past 20 years.⁴²⁻⁴⁴ Figure 1-5 shows that obesity now affects over 17% of children and adolescents in the United States.⁴⁵ Significant racial and ethnic »

OBESITY STATISTICS BY RACE/ETHNICITY 12-19 YEARS OLD, 1976-2010

FIGURE 1-5



Redrawn from CDC data (reference 45)

disparities exist in obesity, defined as >95th percentile for sex and age-specific body mass index (BMI),⁴² with obesity rates in non-Hispanic Black and Latino youth exceeding that in non-Hispanic White youth (Figure 1-5).⁴⁵ Overweight and obese individuals — influenced by poor diet and inactivity — have an increased risk of diabetes, high blood pressure, high cholesterol, asthma, joint problems, and poor health status.^{43,46,47} Obese children are at significant risk of becoming obese adults.^{46,48} Likewise, they are more likely to develop numerous health problems, such as high cholesterol and high blood pressure associated with heart disease as adults. Type 2 diabetes — previously considered an adult disease — has dramatically increased in overweight children and adolescents.^{46,47}

In a 2007 study, 70% of obese youth (ages 5-17) were found to have at least one risk factor for cardiovascular disease.⁴⁷ Obese children and adolescents are at greater risk for bone and joint disease, sleep apnea, and social and psychological problems such as stigmatization and poor

self-esteem.^{42,46,47,49} Conversely, children at a healthy weight do not typically experience these weight-related diseases and are less at risk of developing them in adulthood.^{42,43,49}

YOUTH ASSETS

Globally, youth empowerment programs promote resiliency factors, which allow minority youth to respond to — and hopefully overcome — major challenges in their lives, including the social determinants of health. Social factors like poor education, lack of health insurance, dysfunctional social and family support systems, poverty, language barriers, teen pregnancy, and other problems can undermine good health.

The Search Institute developed the Developmental Asset Profile (DAP), which identifies 40 key assets of healthy adolescent development and divided them into external and internal assets.⁵⁰ External assets fall into the four categories: Support, Empowerment, Boundaries and Expectations, and Constructive Use of Time. Internal assets are categorized into Commitment to Learning,

Social Competencies, Positive Values, and Positive Identity.⁵⁰ While YEP models use the DAP as well as other asset constructs, all of OMH’s Youth Empowerment Programs help minority youth address asset categories to develop youth resiliency and protective factors that mitigate against the negative effects of the social determinants of health. Data from the Search Institute (Figure 1-6) show the average asset total of youth between grades 6 and 12 averaged from a sample of nearly 150,000 youth from 202 communities across the country in 2003.⁵⁰ Assets levels typically decline during middle school and early high school years, with some recovery noted by grade 12.^{50,51} The data suggest that as youth face the challenges of maturing and gaining their independence during adolescence, the assets from which they can draw support and guidance, diminish through those critical growth years. **Accordingly, stabilizing the normal downward trend in adolescent asset levels, and then actually building the number of assets with youth empowerment programs, is a vital component of promoting health.**

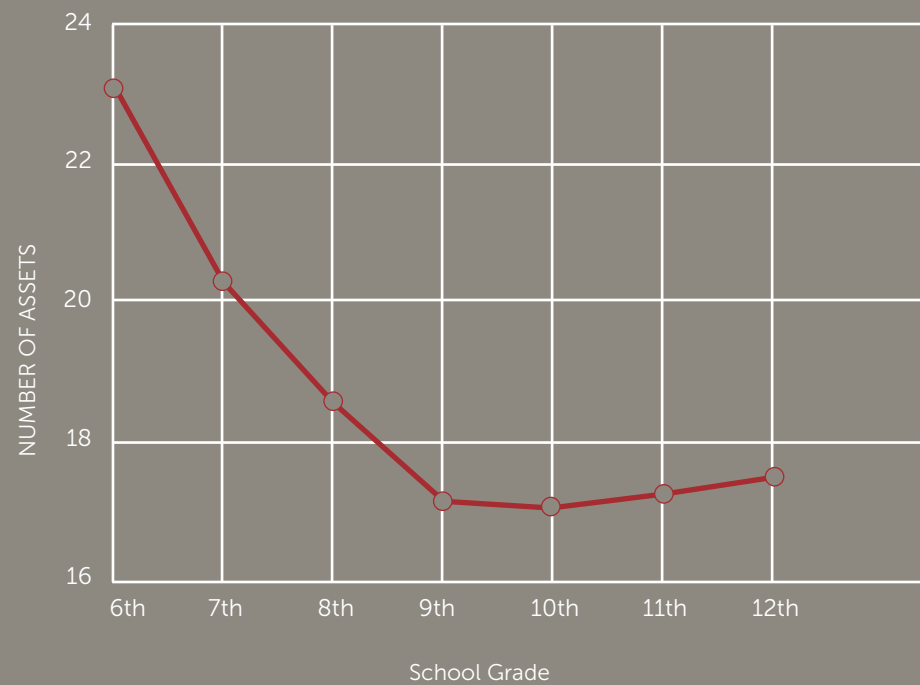
Two required areas of focus for OMH’s YEP are categorized as “Education” and “Support Networks.”¹⁸ Both of these requisite elements address many of the external and internal assets deemed necessary for youth development and resiliency.

Education is viewed as an important health factor in several ways. The Commission to Build a Healthier America found adults who did not graduate from high school are 2.5 times more likely to say they are not in very good health and more likely to be unemployed.⁵² Students with higher grades are far less likely to engage in unhealthy or risky behaviors (Figure 1-7).⁵³ Conversely, those with poorer grades are at the highest risk for poor health in a stepwise fashion linked to grade performance.⁵³ Substantially higher rates of alcohol and drug use, risky sexual behaviors, a tendency to carry weapons, and lower rates of physical activity all correlate with lower academic achievement (Figure 1-7).^{52,53} »

NORMAL CHANGE IN DEVELOPMENTAL ASSET PROFILE (DAP) THROUGH ADOLESCENCE

FIGURE 1-6

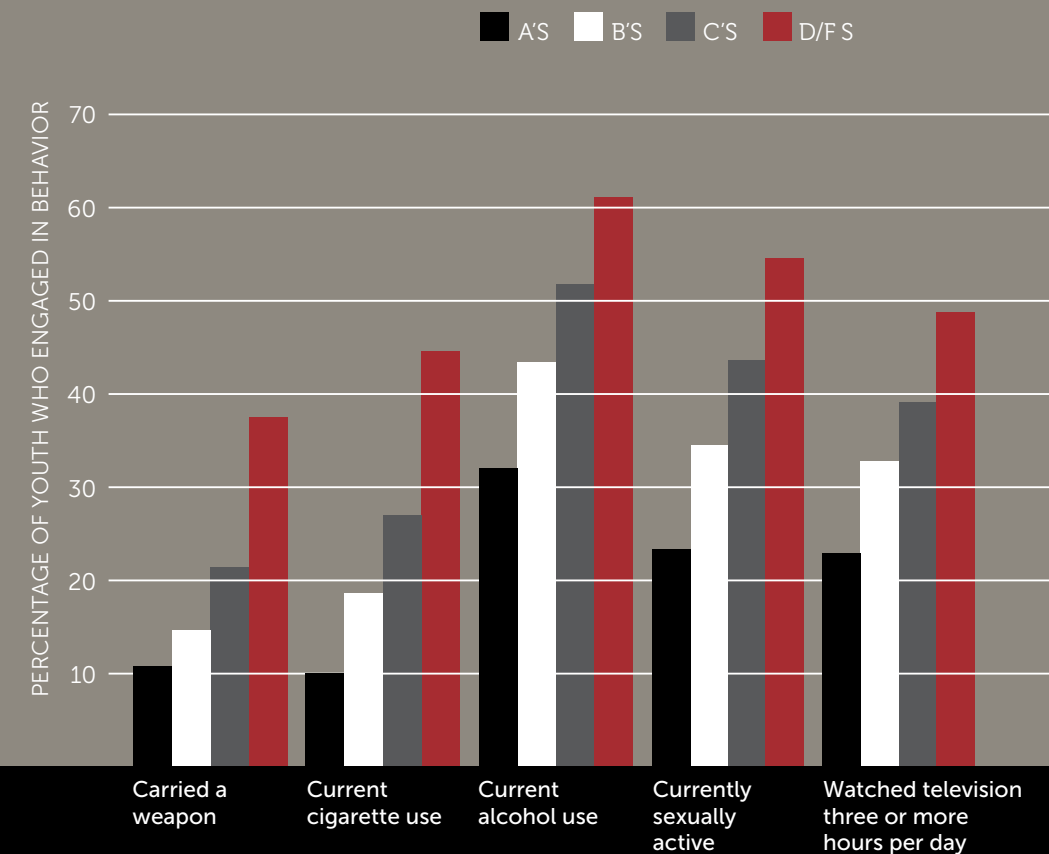
Source: The 40 Developmental Assets® information is reprinted with permission from *The Asset Approach: 40 Elements of Health Development*. Copyright © 2002, 2010 Search Institute, 615 First Avenue NE, Minneapolis, MN 55413; 1-800-888-7828; www.search-institute.org. All rights reserved.



RISK BEHAVIORS COMPARED TO GRADES EARNED HIGH SCHOOL, 2009

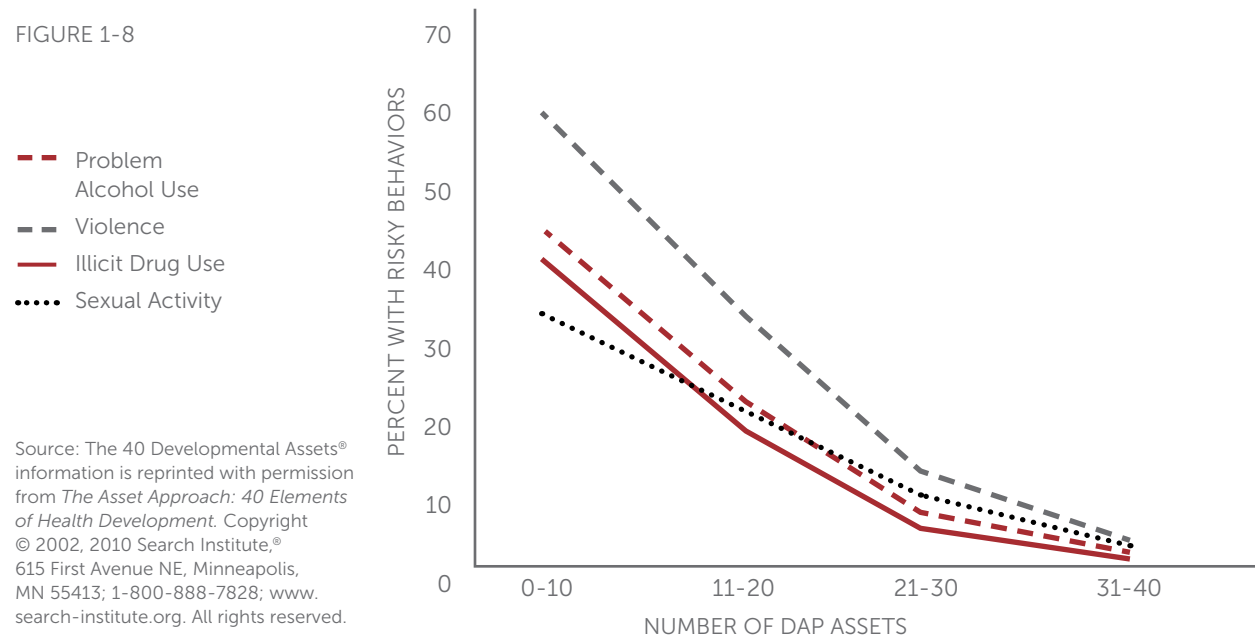
FIGURE 1-7

Redrawn from CDC data (reference 53)



NUMBER OF DAP ASSETS VS RISKY BEHAVIORS

FIGURE 1-8



Moreover, research shows an additional four years of education lowers a person’s five-year mortality rate and decreases the risk of heart disease and diabetes.⁵² The YRBSS dramatically shows the correlation between academic achievement and healthy behaviors in youth.^{29,53}

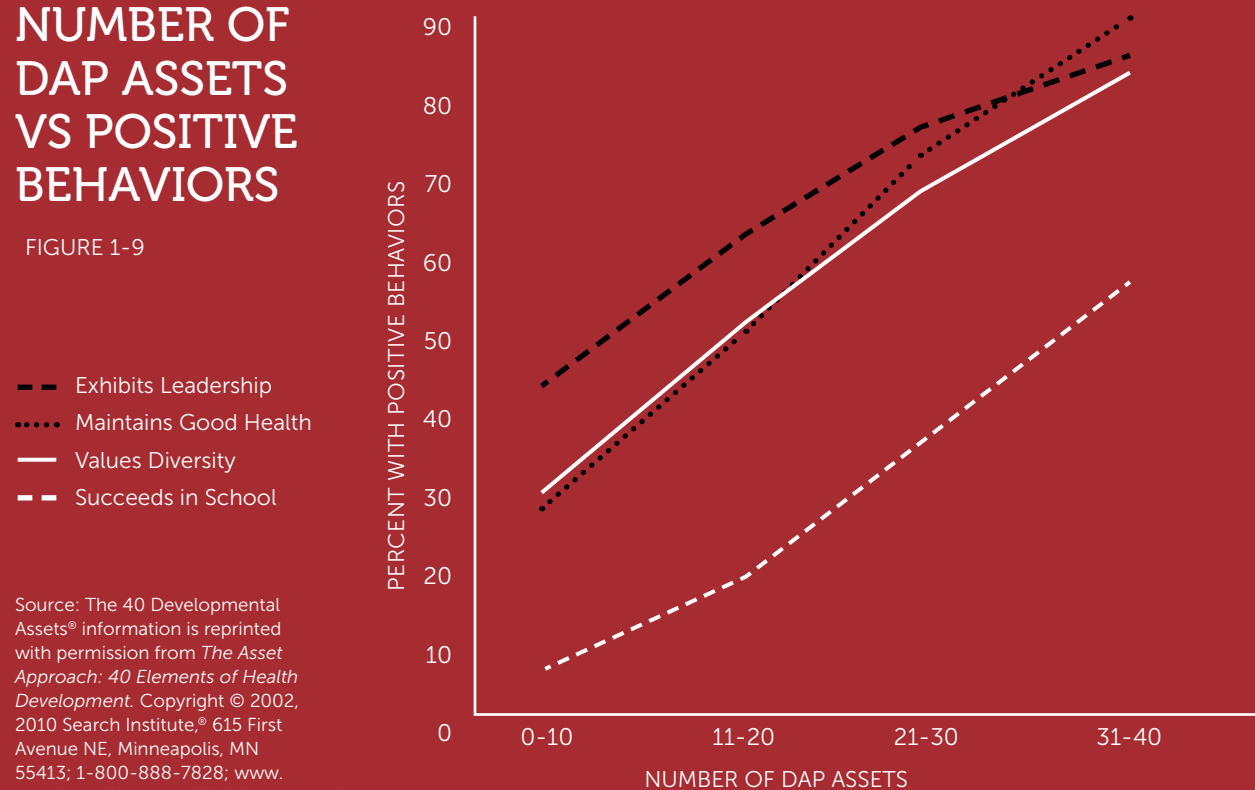
Youth support networks are required in OMH’s YEP at multiple levels. Family, community, and educational support are essential factors and, indeed, some of the most important factors in predicting health. Two YEPs have faith-based organizations involved in YEP programming, which reinforces a positive value system and provides an additional type of support network.

Many studies have shown a link between strong personal assets developed in youth and healthy behaviors.⁵⁰⁻⁵⁸ A variety of asset paradigms categorizing youth resiliency factors have been used to study risk behaviors. In 2010, the Search Institute provided results of a survey of over 89,000 youth

between grades 6 and 12 from communities all across the country. The data suggest that the more assets youth possess the less likely they are to engage in four different patterns of high-risk behavior including alcohol abuse, violence, illicit drug abuse and sexual activity (Figure 1-8).⁵⁰ Additionally, more youth assets correlates with increased positive behaviors and attitudes like leadership, good health, school success, and valuing diversity (Figure 1-9).^{50,51,54} Other studies have linked the number of youth assets to the reduction of risky sexual behaviors. The more youth assets, the higher the percentages of reported abstinence, birth control use, and the delay of first sexual intercourse.⁵⁵⁻⁵⁷ Clearly, the presence of youth resiliency factors and personal assets in an adolescent’s life provide protection against a variety of risky behaviors, and effectively promotes healthy lifestyles in youth.⁵⁰⁻⁵⁸ ●

NUMBER OF DAP ASSETS VS POSITIVE BEHAVIORS

FIGURE 1-9



CONCLUSION Significant challenges face minority youth in developing a productive, healthy lifestyle for their future. The first most enduring responsibility any society can possess is to ensure the health and well-being of its children.⁵⁹ Childhood and adolescence are the ideal times to establish positive behaviors that affect health for a lifetime. Collectively, the YEP grantees test innovative approaches to foster education, resiliency assets, protective factors, fitness, and wellness, while working to eliminate risky behaviors in reproductive health, violence, drugs, and alcohol. The goal of YEPs across the country is to help minority youth reach their full potential, to instill healthy life choices, and ultimately decrease morbidity and mortality now and in the future.

Creating partnerships
is all about coming
together and
delivering unique
resources and skill sets
to positively impact
the youth of today.

— STEVEN PORTERICKER

Director for Youth Services, Union Settlement Association, East Harlem, NY

Chapter

PARTNERSHIPS:
The Foundation for
Youth Empowerment





PARTNERSHIPS

THE YEP'S TRUE STRENGTH LIES IN THE IMPACT OF ITS PARTNERS.

All Youth Empowerment Program grantees collaborate with diverse partners that have a vested interest in the health and success of minority students, ages 10-18.

This comprehensive partnership model coalesces all the strengths and skills of individual organizations into a multidisciplinary approach that teaches, builds assets, and reinforces healthy life choices in young people. Collaborative partnerships are required of all YEP grantees, and each must be led by a community college, or an institution of higher education/learning, and contain at least two of the following entities:

Through these dynamic partnerships, each YEP grantee is required to have several programmatic, infrastructure, and eligibility elements. Each must:

- 1 A primary, secondary, or non-traditional/ alternative school
 - 2 Youth organizations
 - 3 Social service organizations
 - 4 Health or mental health agencies
 - 5 Faith- and community-based organizations
 - 6 The business community
 - 7 Federally supported youth programs, including those funded through the Administration for Children and Families, the Indian Health Service, and Department of Justice
- 1 Be an eligible institution of higher education/learning, a community college with a documented history of working in minority communities, or a tribal college
 - 2 Establish a youth center within 10 miles of the target community to support minority youth
 - 3 Conduct a comprehensive program of support and education, including academic enrichment, personal development and wellness, cultural enrichment, and career development, with after-school tutorials offered a minimum of four hours per week
 - 4 Support community-based efforts designed to ensure youth a successful transition into adulthood
 - 5 Offer a summer program at least three weeks in duration
 - 6 Be guided by a YEP Advisory Board

IN THIS CHAPTER four unique models have been selected to highlight the power of diverse partnerships in the Youth Empowerment Program. These four programs will collectively describe a comprehensive community-based model, a model with a faith-based emphasis, a clinic-based model focused both on healthy behaviors and education, and a social work-based, trauma-informed model.

PHOTOS: (Top, left) Steven Portericker, Director for Youth Services, Union Settlement, CUNY-Hunter College Bridges Program (Top, right) Ricardo Diaz, Executive Director, United Community Center (UCC), Marquette University YES Program, (Bottom, left) Pastor Martin Grizzell, Grant Chapel, African Methodist Episcopal (AME) Church, Wichita State University YEIP Program (Bottom, right) Nannette Stamm, Vista Community Clinic, Health Promotion Center, CSUSM REACH Higher Program

COMPREHENSIVE COMMUNITY-BASED MODEL

Marquette University (MU) and the United Community Center (UCC)
Youth Empowered to Succeed (YES) Program⁸
MILWAUKEE, WISCONSIN



THE PARTNERSHIP BETWEEN Marquette University's Department of Physical Therapy and the United Community Center is the key feature of the Marquette YES Program. The YES Program serves 50 disadvantaged Hispanic middle school students in urban Milwaukee, Wisconsin, home to both partners. Seventy five percent of students are eligible for free or reduced price meals, and most are bilingual. Gang violence, low academic achievement, lack of role models, and rising rates of obesity – which lead to chronic diseases later in life – are paramount issues in this Hispanic student population.⁸ Marquette University has a 30 year history of addressing health disparities in disadvantaged populations, with seven national awards from the American Physical Therapy Association for its efforts.⁶⁰

The Department of Physical Therapy at Marquette University hosts a Program in Exercise Science, which offers extensive human resources to support YES, including exercise physiologists, wellness professionals, and undergraduate students in exercise physiology and athletic training. Marquette provides data analysis, fitness prescriptions, role models for academic success, mentors, tutorials, and career exploration in health professions. Its Department of Mathematics, Statistics, and Computer Science provides statistical analysis, and the University's College of Education offers external evaluation of YES objectives.

UNITED COMMUNITY CENTER

The United Community Center (UCC) contains all of the remaining elements for a vibrant youth empowerment program. The UCC's comprehensive approach is rooted in the many essential components of YES – the Bruce-Guadalupe Community School (BGCS), Youth Center, Latino Arts, Inc., Fitness Center, and UCC's rich business connections within the community. For the YES Program, this unique community-based organization (CBO) is conveniently located on one contiguous campus in the heart of Milwaukee's Hispanic community, just two miles south of Marquette University. Covering 12 square blocks and containing 10 separate buildings, the United Community Center has offered programs ranging from education to elder programs for the past 41 years.⁶¹

UCC Executive Director Mr. Ricardo Diaz says, "The UCC is a one-stop shop for Hispanic residents in Milwaukee, serving the educational, social, cultural, recreational, and health needs of three to 93 year olds."

Both the UCC and YES Program employ an "asset model" to develop youth assets that previous generations did not have. Mr. Diaz explains, "We raise the bar and show students what they can do, as opposed to focusing on what they cannot do." Mr. Virgilio Rodriguez, UCC Associate Director, oversees YES programming. He says, "YES addresses risky behaviors. When students see no vision for the future, they perceive no risk – they have nothing to lose." **Accordingly, YES builds assets and a vision for the future which ultimately**

reduces risky behaviors through tutoring, mentorship, case management, fitness, and nutrition. Because of its long history of success, the UCC brought immediate credibility to the YES Program, with Hispanic families overcoming one obstacle to youth empowerment. Each UCC component and its role in YES is detailed in the partnership diagram and described on the proceeding pages.

BRUCE-GUADALUPE COMMUNITY SCHOOL

All YES students are from Bruce-Guadalupe Community School (BGCS). The United Community Center operates BGCS as a charter school, located on the UCC campus serving K3 through 8th grade. Forty-two percent of its students' parents have a middle school education or less, and only 58% have completed high school.⁶² In 2010, the YES Program started with 50 BGCS youth from grades 6 and 7. They are now 8th and 9th graders. BGCS offers its academic program in a bicultural environment, where parental involvement is strongly encouraged. While BGCS student performance lags in math, science, and technology, the ultimate goal for YES students and BGCS is to exceed national norms. Through YES, BGCS teachers offer an after-school science club, which provides unique exposure to science beyond the traditional curriculum.

The YES Program offers innovative ideas and technology, piquing the interest of YES students in a fun and engaging way. BGCS provides full access to classrooms for YES tutoring and mentoring, in addition to the gymnasium for fitness programming. YES after-school activities are offered five days per week for 2.5 hours per afternoon. By increasing physical activity and self-confidence, YES students increase self-efficacy that translates to better academic performance and decreases risky behaviors. A five-week, summer academic program for students in grades K5-8 strengthens academic performance in reading, writing, science, and mathematics. YES offers its summer program, a required YEP element, from 12-4PM, including recreational activities, fitness, science club, mentorship, and tutorials primarily directed by Marquette undergraduate students. »



“Together with Marquette University, we form a strong partnership in serving comm allows to do w could c

Andriana, Marquette YES student

— RICARDO DIAZ, UCC Executive Director

UCC YOUTH CENTER AND FITNESS CENTER

A youth center is required of all YEP grantees. The UCC Youth Center is open weekdays from 3-8PM and for special events on weekends, serving as a safe haven for Hispanic youth, ages 7-19. The Youth Center provides academic support, in addition to alcohol, tobacco, and other drug abuse programs for YES students. In the UCC Fitness Center, the YES parents and their families are provided fitness classes and club memberships. Several YES students have effectively encouraged their parents to attend the Fitness Center as a family – a critical step in changing family behaviors. Both centers employ experienced staff who work with at-risk youth populations.

LATINO ARTS, INC.

An important component of the YES Program is cultural enrichment provided by Latino Arts. Based in Milwaukee on the UCC campus, Latino Arts is a separate non-profit organization, which provides visual and performing arts programming for YES students and the Hispanic community. YES students participate in many cultural Latino Arts offerings, like the Strings Program, which was one of 19 recipients of the 2008 Coming Up Taller award, presented by the President’s Committee on the Arts and the Humanities. The Strings Program is a music education program for BGCS students, who learn classical music skills, while incorporating Latino music. Participants in the Strings Program

have demonstrated an increase in self-confidence, cultural identity, discipline, and focus that transcends the musical instruction, ultimately benefitting their academic performance. *“Latino Arts broadens student perspective and horizons,” says Mr. Diaz. “It helps them to function in the larger society.”*

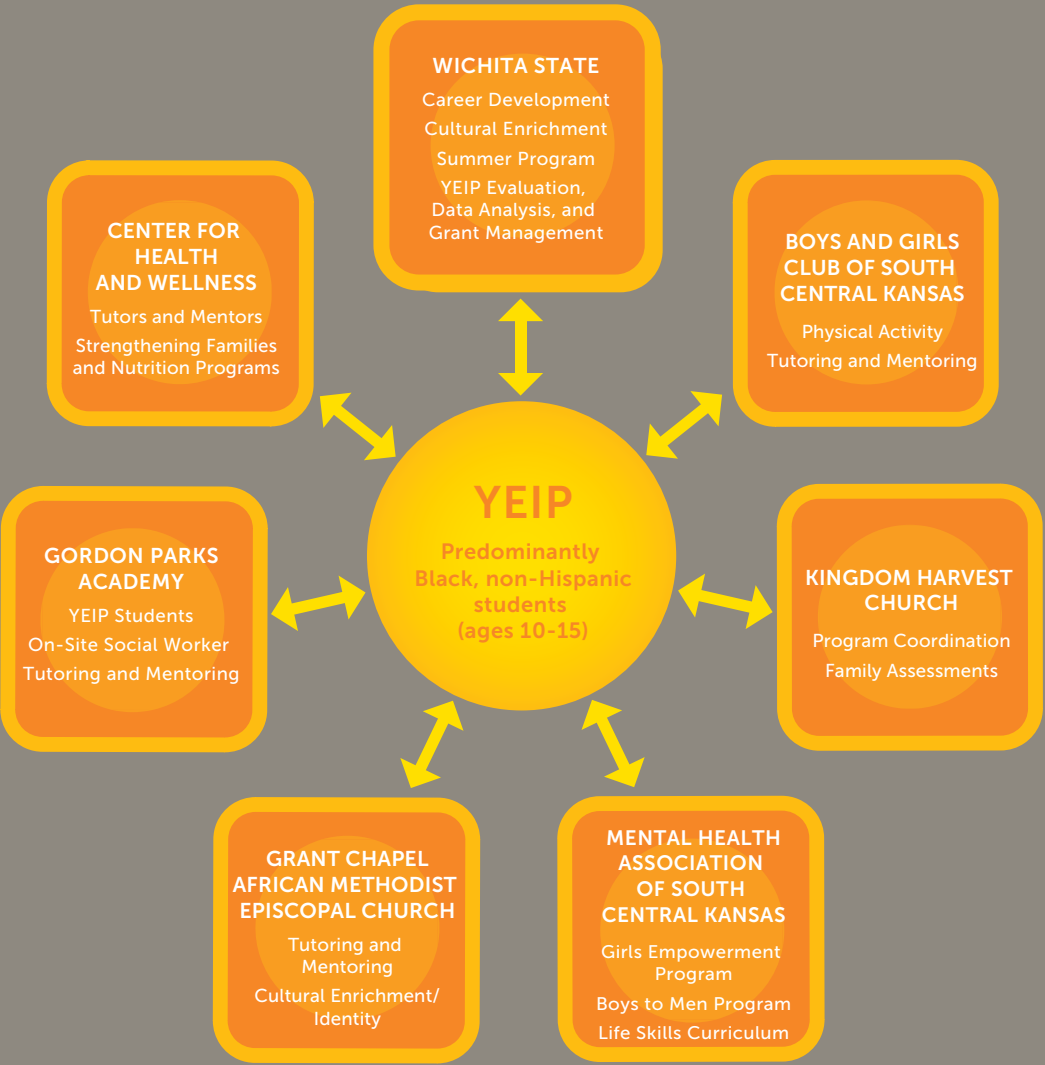
MILWAUKEE BUSINESS COMMUNITY

The UCC’s rich connections in Milwaukee’s business community benefit YES students. Business leaders serve as UCC Board members, who both challenge and motivate UCC staff. The business community also volunteers at the UCC on behalf of youth programs, and raises money, not only for capital campaigns, but also to develop scholarships for BGCS and YES students. The Milwaukee business community as a whole staffs a Career Fair, where more than 50 businesses provide career exploration to YES middle school students. Many businesses provide role models and career exposure during the YES summer program with visits, tours, or professional development presentations. Exposing YES students to career options outside their current scope of experience is an important service provided by the Milwaukee business community. ●

CONCLUSION The UCC is a unique example of a comprehensive CBO in support of the Hispanic community in Milwaukee, WI. Ranked by HispanicBusiness.com, as one of the top 20 charitable organizations serving the growing Latino population, the UCC model sets a standard of excellence as a full-service CBO. Accordingly, all of the YES Program’s required elements are affiliated with just two entities – Marquette University and the UCC. Hence, institutional barriers are minimized, communication is maximized, and student services are provided by staff that have extensive experience with this specific student population – all focused on Hispanic youth. Says Mr. Rodriguez, *“It has been an honor to work with a university with the research expertise in data collection. We have been able to use the data to guide our decisions in youth empowerment.”*

FAITH-BASED MODEL

Wichita State University — Youth Empowerment Implementation Project (YEIP)¹⁷
WICHITA, KANSAS



WICHITA STATE UNIVERSITY (WSU) hosts the Youth Empowerment Implementation Project (YEIP). While WSU provides the fiscal management and evaluation of all YEIP data, it also offers the YEIP summer program, whose key elements are career and college exploration. Forty-three predominantly Black, non-Hispanic students, ages 10-15, from Gordon Parks Academy participate in YEIP. Sixty-eight percent of the YEIP cohort live in single-parent/grandparent households, and 89% qualify for free and reduced price meals.⁶⁵ WSU has assembled a strong set of partnerships, including the Boys and Girls Club of South Central Kansas, that provide after-school fitness and academic programming to YEIP students. The Center for Health and Wellness offers both the nutrition and the Strengthening Families⁶⁴ curricula for the YEIP. Grant Chapel African Methodist Episcopal Church provides tutorials and cultural identity programming to the YEIP.




A unique feature of the YEIP program is that many of its leaders and partners have faith-based connections that provide an important framework for youth development. Pastor DeAndre Morris of Kingdom Harvest Church is the YEIP program coordinator. His role is to organize all YEIP partners and design and execute all plans for the YEIP project. In addition, he is a motivational speaker and certified substance abuse counselor. Pastor Morris says, "The goal of the YEIP was to marry three things: 1) To strive for academic excellence; 2) To educate families to be more effective and successful; and 3) To bring together community resources to address youth empowerment." Regarding the role of faith-based partners in the YEIP, Pastor Morris says, "Many kids come into this program thinking they have to be profane, derogatory, or secular to be popular. Because the majority of the YEIP partners are faith-related, we take our faith

out of the church and into the community. The kids initially don't know about our faith, but as they get to know us, our faith is revealed."

Pastor Morris continues, "They see us successful in our areas of human endeavor; they see people of faith who work on it everyday; they see that they can have core values and still be successful in a profession. That vision changes their lives."

GRANT CHAPEL AFRICAN METHODIST EPISCOPAL CHURCH

Grant Chapel is yet another important faith-based partner in the YEIP. Mentorship, life skills, and cultural identity programs are provided to YEIP students at Grant Chapel. The Chapel offers YEIP students access to the Mary L. Kirkland Academy, a tutorial program at Grant Chapel that works to improve educational outcomes. »



“Faith alters one’s behavior. It gives hope to youth and changes their outlook.”

PASTOR MARTIN GRIZZELL,
African Methodist Episcopal Church

While neither the YEIP nor Grant Chapel provides religious activities to YEIP students, the involvement of the chapel’s pastors as group leaders and role models in a youth empowerment program provides a subtle but positive effect on student behavior. Pastor Martin Grizzell of the African Methodist Episcopal Church has offered anti-violence programs for 35 years. He provides the cultural identity programming for the YEIP. Cultural enrichment is especially important to building self-identity and confidence to achieve. *Pastor Grizzell explains, “When youth come into the church, no rules of order need to be taught. Faith alters one’s behavior. It gives hope to youth and changes their outlook.”* In other words, students behave with the kind of respect and commitment expected in the church setting. “It helps them become better citizens,” Pastor Grizzell says. Accordingly, part of the positive effect of the YEIP’s faith-based partners is the exposure to a strong value system that is associated with their respective faith.

MENTAL HEALTH ASSOCIATION OF SOUTH CENTRAL KANSAS

A final YEIP partner also has a faith-based connection. In collaboration with Gordon Parks Academy, the Mental Health Association (MHA) provides life skills training, using the Botvin Life Skills curriculum,⁶⁵ designed to increase refusal skills against substance

abuse. In addition, the MHA separates YEIP girls and boys to provide two innovative programs called Girls Empowerment and Boys to Men. Each curriculum teaches youth about themselves and promotes self-esteem and self-efficacy through motivational group leaders. Mr. Robert McClish serves as Assistant Director for Prevention Services of the MHA, but he is also a pastor in the Radical Praise Church. “The Girls Empowerment Program⁶⁶ teaches girls how to connect with their peers and how to have healthy relationships with their fathers,” says Pastor McClish. “Research has shown that if girls have strong paternal relationships, it keeps them from at-risk behaviors. The Boys to Men Program⁶⁷ makes boys face what manhood is. It teaches them how to cope with or silence their anger. *Many boys think that if they fight or act aggressively, they are being a man. But really, being a man is about taking care of one’s responsibilities. The program empowers them to be who they need to be.*”

Pastor McClish came from the same zipcode as the YEIP participants. Raised in a single-parent home, he saw the same violence and drug abuse as a youth that many YEIP students see. Discussing how faith impacts what he does, McClish says, *“Faith impacts everything I do. I can relate to the kids. Faith brought me out of that situation. If I can make it, they can make it, too.”* ●

CONCLUSION Three of the YEIP’s key partnerships have leaders that are pastors in three separate churches. Cumulatively, they believe faith brings students hope, a positive value system that affects behavior, and strong role models for success. The Wichita YEIP program, like all YEP grantee organizations, is structured to develop assets in minority youth, providing resiliency and protective factors. Among the Search Institute’s 40 developmental assets is “Religious Community,” one of four assets included in the External Asset Category of Constructive Use of Time.⁶⁸ Search Institute research shows that youth involvement in congregational activities is associated with positive adaptation, increased sense of well-being, increased self-esteem, and increased life satisfaction.⁶⁸ Moreover, religious involvement is correlated with a higher number of developmental assets.⁶⁸ With the YEIP’s strong faith-based focus on values and asset development, Wichita State University demonstrates the use of a faith-based approach to re-direct and change the lives of young people.

CLINIC-BASED MODEL

California State University San Marcos (CSUSM) and Vista Community Clinic (VCC) REACH Higher Program²
VISTA, CALIFORNIA



“Our goal was to marry health and education,” says Dr. Arcela Nuñez-Alvarez, Director of NLRC. “Using evidence that shows a direct correlation between the two, we wanted to provide comprehensive educational and prevention services designed to promote healthy behaviors and significantly increase future orientation.” As Latino populations continue to grow, it is clear that better education is necessary if healthy and safe communities are to result. For the YEP, CSUSM has partnered with the Vista Unified School District, Vista High School, the Vista Townsite Community Partnership, the City of Vista, and North County Lifeline. Each partner’s role is identified in the REACH Higher partnership diagram (p. 30). The key partner that makes REACH Higher unique is the Vista Community Clinic (VCC), which gives the program a rich health promotion focus. Moreover, the VCC provides the day-to-day programming for REACH Higher students. “The Vista Community Clinic provides services to underinsured families who often lack access to health promotion services,” says Dr. Arcela Nuñez-Alvarez. “Through the YEP, the VCC has

the ability to reach youth and their families, thereby increasing access to much-needed health resources.” Detailed below, the VCC is a dynamic partner within this clinic-based model for youth empowerment.

VISTA COMMUNITY CLINIC (VCC)

The Vista Community Clinic (VCC) is a federally-funded community health center serving underserved residents in Vista, CA, home of the REACH Higher Program.⁷⁰ The mission of the VCC is to provide comprehensive primary health care and prevention services to the community, focusing on those who face economic, social, or cultural barriers. Nearly half the VCC’s patients are age 18 or younger, 65% are uninsured, and 32% have Healthy Families or Medi-Cal coverage for low-income or disabled residents.⁷⁰ The VCC has been offering after-school programs since the mid-1990s, focusing first on preventing teen pregnancy and evolving to provide a full range of services to disadvantaged youth. The NLRC at CSUSM is an ideal partner for youth empowerment, combining the VCC’s focus on after-school prevention programs »

THE REACH HIGHER PROGRAM is a joint venture between two major partners — California State University San Marcos (CSUSM) and the Vista Community Clinic (VCC). CSUSM is a federally-designated, Hispanic-serving institution of higher learning, and the home of the National Latino Research Center (NLRC). NLRC’s mission is to promote research, training, and the exchange of information that contributes to the understanding of the rapidly growing Latino population.⁶⁹ The VCC is a local community health center that serves the needs of the underserved. Through its Health Promotion Center, the VCC has delivered youth development programs since the 1990’s. Accordingly, CSUSM and the VCC are a natural fit to partner in an OMH-funded Youth Empowerment Program.

and the NLRC's focus on improving educational outcomes. The REACH Higher Program serves high-risk, primarily Latino youth, ages 12-17, in Vista, California.⁷¹ Specifically, the REACH Higher Program provides educational and prevention services designed to reduce risky behaviors, while improving protective factors and increasing academic success and college readiness.

Ms. Nannette Stamm serves as Assistant Director of the VCC's Health Promotion Center, which oversees the REACH Higher Program.

"The goal of Healthy People 2020 for adolescent health is to improve the healthy development, health, safety, and well-being of adolescents," says Ms. Stamm.

"The VCC is reaching this goal in our community through comprehensive programs like the REACH Higher Program,"⁷⁰ Ms. Stamm continues. "We're not just an academic achievement program, nor just a teen pregnancy prevention program. We're a teen program, focusing on the teen as a whole and tailoring our interventions to fit teens and the environment in which they live."

The VCC staff is responsible for providing and overseeing daily operations of the after-school programming, including the health prevention and life skills curricula. The health prevention curriculum includes content on reducing violence, cyber bullying, substance abuse, obesity, and chronic

diseases. The VCC uses a curriculum designed to help youth develop positive life skills, such as risk assessment, decision making, and drug resistance, while enhancing anti-drug norms and attitudes. Streetwise to Sexwise⁷² is a comprehensive curriculum model for a basic series of human sexuality education for high-risk teens to prevent STDs and pregnancy.

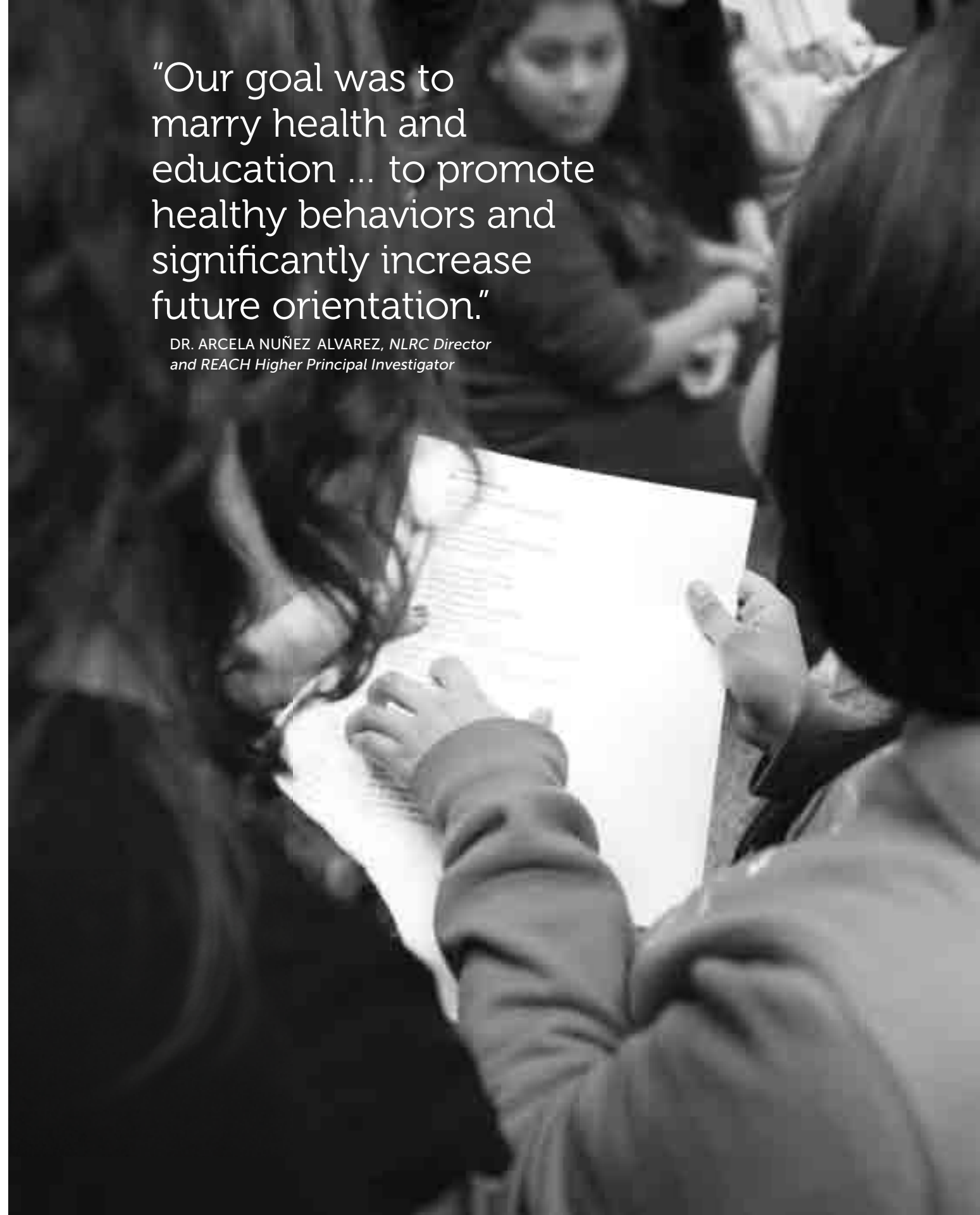
In addition to the health-related prevention activities, the VCC is also leading the implementation of employment readiness programming. *"The VCC is a prime example of a community health center leveraging the social determinants of health," says Ms. Stamm. "By developing life skills in youth and improving academic performance, we know REACH Higher students will have better health outcomes.*

The primary goal of REACH Higher is prevention. On the verge of potentially becoming a pregnant teen, abusing drugs, or joining a gang, the REACH Higher Program shows students they have other options." In addition to these comprehensive prevention programs, the VCC also addresses poor access to primary care services. Obstetrics, gynecology, pediatrics, dentistry, immunizations, reproductive health, and pre-natal services are just some of the health services provided. The VCC also offers a teen clinic to address specific concerns of Vista youth.⁷⁰ In other words, the VCC provides a direct link to clinical services for REACH Higher youth and their families, including assistance with health insurance issues and direct referral to clinic providers. ●

"Our goal was to marry health and education ... to promote healthy behaviors and significantly increase future orientation."

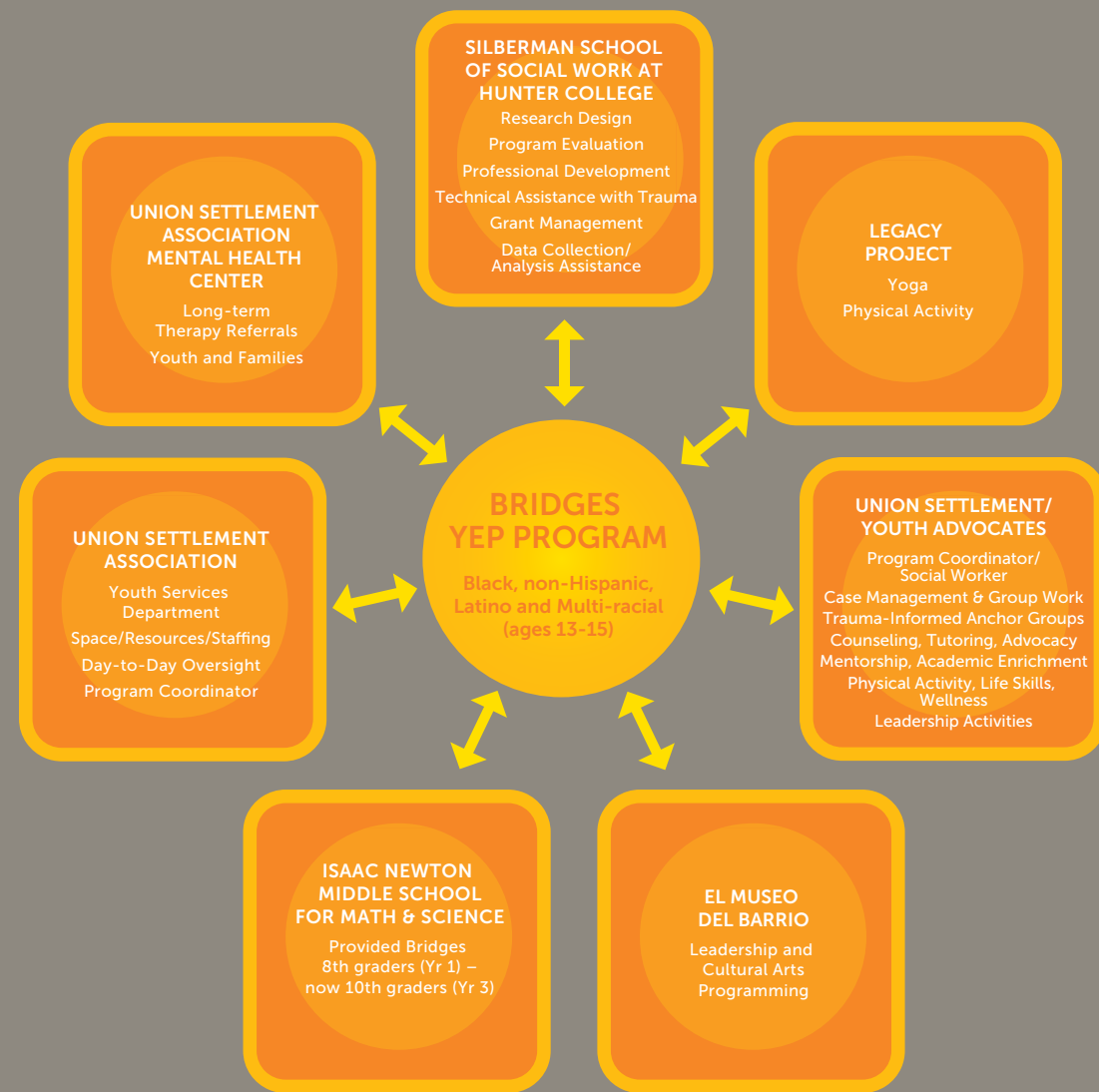
DR. ARCELA NUÑEZ ALVAREZ, NLRC Director and REACH Higher Principal Investigator

CONCLUSION The VCC's partnership in REACH Higher brings firsthand experience in the effects of health disparities and the social determinants of health to empower youth. Their in-depth insight into health promotion is borne from direct observations in this population. Its ability to deliver youth empowerment programs is matched by its unique capability to also deliver health care to underserved and impoverished families, giving REACH Higher a truly comprehensive clinic-based approach. "The REACH Higher program is a perfect partnership between the Vista Community Clinic and the National Latino Research Center," says Ms. Stamm. *"VCC brings 15 years of experience in youth development programming related to teen pregnancy, violence, and substance abuse prevention, while the NLRC brings its own experience in applied research, youth empowerment, cultural sensitivity, parent engagement, and college readiness. The partnership allows REACH Higher youth to gain both the life skills needed to navigate through adolescence and the preparation and guidance needed to reach their higher education goals."*



SOCIAL WORK-BASED, TRAUMA-INFORMED MODEL

City University of New York (CUNY)—Hunter College⁶
 Silberman School of Social Work
 EAST HARLEM, NEW YORK



THE BRIDGES YOUTH EMPOWERMENT PROGRAM is a unique social work-based program hosted by the Union Settlement Association in partnership with the Silberman School of Social Work at Hunter College. The Union Settlement Association provides all direct services and management of the program, while Hunter College provides essential and high-level program evaluation, research design, professional development, and technical assistance regarding trauma and group work, and input into program design. Bridges addresses serious health and safety issues faced by youth in East Harlem, a community where 40% of households live below the poverty level and where teen pregnancy rates are the highest in New York City.⁷³ Working with 32 students (grades 8-10) from Isaac Newton Middle School for Math and Science, many Bridges students have experienced severe personal traumas. The community lives in the constant presence of violence: violence among youth and gangs, sexual violence, and domestic violence.



Many youth have been physically abused or have witnessed crime in the street, often perpetrated by someone close to them. This violence has stifled and paralyzed the minority youth, altering their worldview.

This fear changes the way they function in the community, affects the way they learn, and undermines their willingness to take initiative.⁷³ As a result, many of these youth have never ventured beyond a few blocks from their home, too afraid of both perceived and real threats to their safety. The magnitude of the violence experienced at such a young age necessitated a different and unique approach. The creation of this social work-based, trauma-informed program aims to help these students develop self-confidence and experience life beyond their small community, all while increasing college aspirations and promoting healthy living practices. In the process, the program educates students on personal health and safety issues, such as unintended pregnancies, HIV/AIDS, STDs, diabetes, obesity, and tobacco use.

The Silberman School of Social Work at Hunter College is a national leader in social work education that strategically relocated to East Harlem to meet the needs of this community.⁷⁴ The most important contribution the college lends this YEP is social work and group work — two of the program's most crucial components, according to Bridges Program Coordinator and Social Worker Sara Kaplan. Many East Harlem community partners lack funding to keep social workers on staff, making this social

work-based program a great model for how to contribute in ways no community partner can. "Hunter social workers train the Bridges staff on how to properly deal with trauma in kids, and execute the program's trauma-informed social work and group work, both key pieces to our program," says Kaplan. As a practice-based research school, Hunter partners with the community and allows the data from its research to guide its clinical practitioners and practices. Faculty from the school oversee the YEP program, evaluate long-term outcomes of the healing process, monitor changes in reproductive health and wellness practices, and assess improved academic performance.

"Hunter is a school committed to working in participatory relationships with the community," says Dr. Robert Abramovitz, M.D., Moses Visiting Professor of Social Work at Hunter and the project's Principal Investigator.

Kaplan explained, "We want to show our students that there are a lot of options open to them. That they can leave this neighborhood safely and feel like they belong in other parts of the city. But also, that East Harlem can be a really amazing place for them, as well. That's empowerment ... knowing they can create their own communities and feel safe at home." The partnerships established through Bridges have proven highly beneficial to its cohort of students. The Bridges Program partners include Union Settlement, el Museo del Barrio, Isaac Newton School, the Legacy Project, and Youth Advocates, among others. Union Settlement and el Museo del Barrio are featured. »

**SILBERMAN
SCHOOL
OF SOCIAL WORK
AT HUNTER COLLEGE**

**CUNY SCHOOL
PUBLIC HEALTH
AT HUNTER COLLEGE**

UNION SETTLEMENT

The Bridges Program is staffed by personnel from the Union Settlement Association, one of East Harlem's largest social service agencies, which has worked in this community since 1895.⁷⁵ A community mainstay, Union Settlement provides effective programs in education, childcare, nutrition, senior services, counseling, the arts, job training, and economic development — many of which are key elements to the Bridges Program.

Union Settlement is the hub for Youth Services, which lends three Youth Advocates to the Bridges Program, who each oversee a caseload of students in what's referred to as anchor groups. Anchor groups operate much like homerooms do in typical school settings. "Our Youth Advocates facilitate the anchor groups," says Kaplan, "and help their students create workshops that interest them. They're also called upon to be there for the students as mentors, to do some short-term counseling for them, to try to be an advocate with the schools, and also to keep parents engaged. So they're really building family and community relationships around each student."

EL MUSEO DEL BARRIO (EL MUSEO)

El Museo del Barrio — New York's leading Latino cultural institution — is a museum whose mission is to present and preserve the art and culture of Puerto Ricans and all Latin Americans in the United States.⁷⁶ The museum offers programming that benefits the city's Latino youth. Despite being located within walking distance, many of the youth in this community

had not felt safe enough to visit el Museo. As part of Bridges, el Museo provides the opportunity for students to create art and to use it for self-expression. Their art is exhibited and becomes a tremendous source of self-confidence and inspiration, essential in helping children overcome problems with low self-esteem resulting from trauma. A curriculum was tailored to meet the needs of each el Museo youth. An artist-in-residency program paired a local poet with the youth and offered workshops on poetry and spoken word.

El Museo's School Partnerships Coordinator Meghan Lally says, *"You can really see the impact our partnership has had on the youth in the Bridges Program, seeing them come back, seeing them bring their families and their friends to the museum to look at their work hanging on the walls. The work they've created speaks for itself."* ●



Youth artwork at el Museo

CONCLUSION Working with youth who have experienced serious personal trauma necessitates a program rooted in social work that offers a resilience-oriented form of intervention. Addressing low self-esteem, poor self-confidence, and other harmful self-perception issues is integral in ultimately targeting positive health outcomes. Bridges programming gives youth new avenues of communication. Additionally, it equips them with new ways of coping with the tensions they experience as a result of the trauma they have faced, building confidence. *"We stress the development of confidence as an antidote to this worldview that tells them the world is unsafe and dangerous," says Dr. Abramovitz. "But not only that, it helps decrease any sense of shame they might have, which is an important part of dealing with traumatized youth, and essential for their healing."*

YEP partners work cohesively in developing objectives and collecting data that assesses critical health outcomes in at-risk minority youth.

Chapter

PRELIMINARY DATA





THE YEP DOES MORE THAN PROMOTE HEALTHY LIFESTYLES. IT CHANGES LIVES.

“A review of the data offers evidence of the Youth Empowerment Program’s success in addressing social determinants of health and promoting healthy lifestyles in minority youth. But it wasn’t until I actually visited a number of these programs and saw with my own eyes the work these programs do that I fully grasped the YEP’s impact. The data suggest a positive effect, but it’s also the emotional student stories of overcoming adversity that demonstrate this program is transformative.”

— DR. LAWRENCE G. PAN, PT, PhD, FAPTA, Principal Investigator —
Marquette Youth Empowered to Succeed (YES) Program

SEVENTEEN YEP GRANTEES nationwide focus on innovative approaches to promote healthy lifestyles and life choices in minority youth, each for a three-year grant cycle. Currently, all 17 YEP grantees have finished two complete years of their three years of funding. Each YEP grantee offers an individualized program depending on the specific health issues

in the local target population of students. In this chapter, the early data from the Youth Empowerment Program and conclusions in key areas of health outcomes are summarized. Preliminary data from programs that address reproductive health, violence, substance abuse, obesity, and youth assets, including educational outcomes, are described throughout. »

PHOTO: Siana, student in the Growing Together YEP Program within the University of Pennsylvania’s Urban Nutrition Initiative. Photo courtesy of Adachi Photography

REPRODUCTIVE HEALTH

Eight of 17 YEP grantees focus specifically on the issues of reproductive health, but all grantees develop youth assets that have a general effect to reduce risky behaviors.

THE YEP'S EFFECT on reproductive health outcomes can be seen in teen live birth rate data collected across the entire Youth Empowerment Program. Normative live birth data are commonly presented for 15-19 year olds, as the live birth rate is relatively low for 10-14 year olds. Therefore, three grantees who work exclusively with younger students, or males, were excluded from the live birth analysis. Similarly from the remaining YEP grantees, we included only those females who were of high school age in this data set. One additional YEP grantee, the University of Utah, was also excluded because that program works specifically with females who are already teenage mothers, and are therefore at a much higher risk of a second pregnancy. The data from Utah's YEP in preventing a second teen pregnancy are individually featured after the YEP group data are presented.

Accordingly, a total of four YEP grantees were eliminated from the analysis, leaving data from 13 YEP grantees who reported on a total of 270 YEP females, ages 15-19. A cumulative rate of live births was calculated and reported in Figure 3-1 as births per 1000 female students across all YEP grantees in order to normalize the data to the standard reporting format. Three normative data sets for 15-19 year olds were identified to which the group data from the grantees could be compared. First, a normative local, city, or reservation rate was computed that includes the number of teen live births matched for ethnicity, race, and location. Second, state-wide ethnic and racial data for teen live birth rates were obtained for each of the states where YEP grantees are located. Third, overall teen live birth rates from all 11 states were obtained that described the rate of births for all teens statewide.⁷⁷ The latter normative data includes White, non-Hispanic and Asian teens who have lower teen birth rates, and also includes areas of the state where birth rates are much lower than in the targeted YEP areas.

The data show that the yearly live birth rates in the three normative comparison groups were 6-18 times greater than in YEP females ($p < .0001$). Thus, compared to teens in any of the three normative groups, the YEP data suggest an important effect in reducing the incidence of teen pregnancy.

A similar analysis was performed to compare self- or clinic-reported STDs in a total of 653 YEP students. When extrapolated to the most commonly reported format, the rate of STDs in the YEP was only 459 per 100,000 youth. The YEP STD rate was compared to the national STD rates for chlamydia and gonorrhea together, the two most common STDs, in 15-19 year olds (Figure 3-2).³³⁻³⁵ Note that the STD rate in Black, non-Hispanic youth is 15 times greater than the rate in YEP students. The rate in Hispanic youth is nearly four times higher than in YEP students. Furthermore, the YEP STD rate is below even that of White, non-Hispanic youth. Thirteen YEP grantees provided STD data for these analyses. Institutions that collectively provided reproductive health data and comparison groups for this analysis were CSU Long Beach, CSU San Marcos, Chicago State University, Columbus State Community College, CUNY-Hunter College, CUNY-Medgar Evers College, Kentucky State University, Marquette University, Oregon Health & Science University, University of Pennsylvania, Tennessee State University, Stone Child College, and the University of Utah.

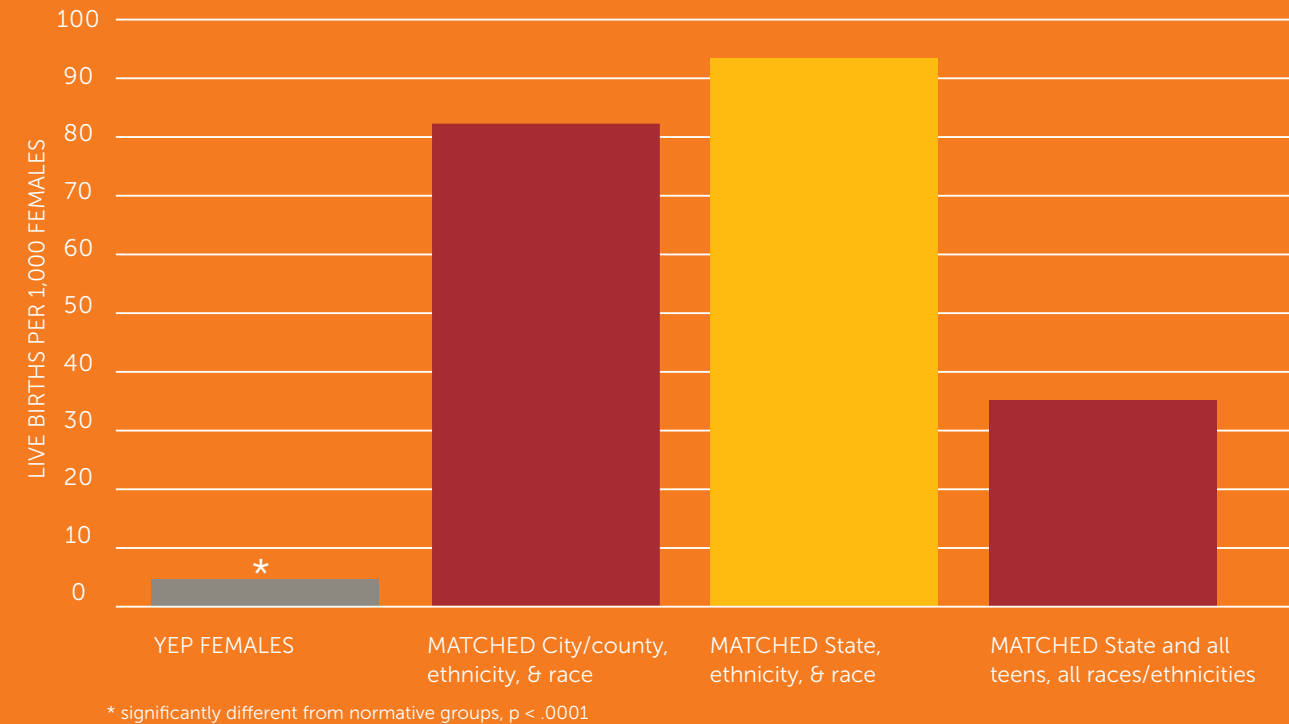
SUCCESS IN REPRODUCTIVE HEALTH AT THE UNIVERSITY OF UTAH: LATINAS ADELANTE¹⁶

The "Latinas Adelante: Hispanic Teen Moms" program is hosted by the University of Utah's College of Social Work. "Latinas Adelante" addresses risky sexual behaviors and their consequences in disadvantaged Hispanic females.⁷⁸ Originally, the program targeted 30 at-risk teen mothers, ages 12-17, who enrolled at an alternative school in the inner city

TEEN PREGNANCY (LIVE BIRTHS/1000 FEMALES)

15- TO 19-YEAR-OLD FEMALE BIRTH RATES

FIGURE 3-1 Source: Normative data from Henry J, Kaiser Foundation (reference 77)

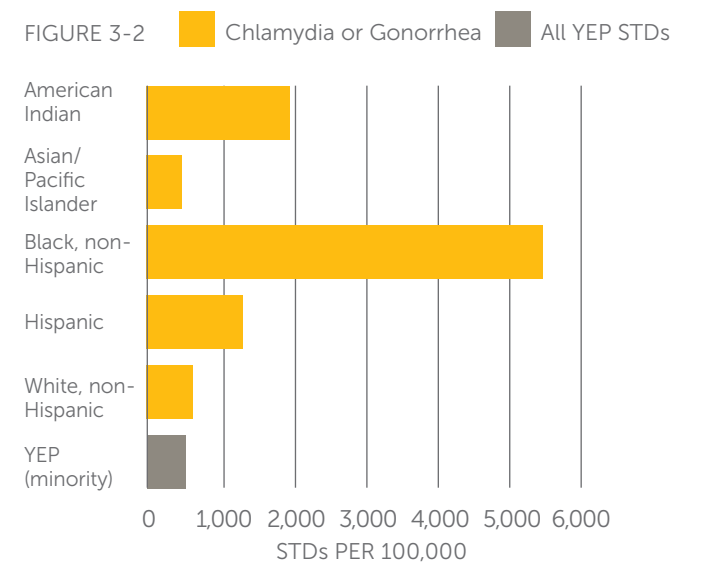


of Salt Lake City, UT. At the beginning of Year 3 of its YEP grant, 27 mothers were still enrolled. One hundred percent of the YEP cohort qualify for Head Start and free or reduced lunch indicating the high levels of poverty and the at-risk nature of this population.⁷⁸ Latinas Adelante focuses on helping teen Latina mothers "develop healthy lifestyles," graduate from high school, and continue with post-secondary education. The program provides training in life skills, decision making, problem solving, sex education, nutrition, exercise, substance abuse prevention, and other health topics. A case management approach is employed to individualize each student's program to their specific needs.⁷⁸

A one-hour life skills training session is provided during each school day, while an after-school program provides tutoring and mentorship by college students, advising, college planning, and family-based programs. The alternative high school provides »

RATE OF STDs IN YEP VS NATIONALLY (all races) AGES 15-19

FIGURE 3-2 Source: Normative data from CDC (references 34-35)



child care to allow the teen mothers to participate. A four-week summer program offers team building, science enrichment, reading, writing, and career exploration. The participants are introduced to a team of Latina professionals, affiliated with the University of Utah, with most having a doctoral or master's degree. For many, the program provides the teen mothers with their first exposure to successful Latina role models, demonstrating to these young Latinas that they can achieve academically, complete high school, and seek a college education.

RESULTS FROM LATINAS ADELANTE

In Salt Lake County, local Hispanic teen mothers have an 18.6% annual rate of repeat pregnancies.⁷⁸ By contrast, Latinas Adelante had a repeat pregnancy rate of only 6.6%. Accordingly, the data suggest that YEP programming reduced the incidence of a second pregnancy by roughly two-thirds.

Within Latinas Adelante, the rate of chlamydia as an STD was only 1.6% per year. By contrast, chlamydia is a significant problem among Hispanic females in the Salt Lake area.⁷⁹ In 2010, 26% of Hispanic females, ages 12-18, in Salt Lake County had confirmed cases of chlamydia.⁷⁹ Thus, the normative chlamydia rate is 16 times higher than in the Latinas Adelante program. For gonorrhea, the County rate in Hispanic female teens is 10.8% per year.⁷⁹ By contrast, no cases of gonorrhea have been reported in the Utah YEP cohort. Accordingly, the rates of repeat pregnancies

and STDs in Latinas Adelante are only a fraction of the expected rates for age-matched, Hispanic females in the same local area. These early results suggest a positive effect of YEP programming in reproductive health to reduce a second teen pregnancy and STDs.

Finally, the Latinas Adelante program has had a dramatic effect on educational outcomes. Eleven students have reached the high school senior year, and of those, eight or 72.7% have graduated.⁷⁸ This rate is in stark contrast to the remaining Hispanic teen mothers at the same school, who were not in Latinas Adelante. Of those 45 non-YEP, Hispanic teen mothers, only seven have graduated — a graduation rate of only 17%. Therefore, the graduation rate is more than four times higher in Latinas Adelante than in non-YEP teen mothers attending the same alternative school. Additionally, six of the eight Latinas Adelante mothers who graduated from high school, or 75%, are currently enrolled in a local community college⁷⁸ (see Youth Assets section for more). By contrast, only two of the seven non-YEP teen mothers who graduated at the same alternative school have enrolled in college over the same time frame. In other words, only 28% are in college compared to 75% of the YEP teen mothers.⁷⁸ A positive correlation between academic achievement and healthy behaviors has been convincingly shown in youth,^{53,58} and the data from Latinas Adelante is consistent with that conclusion (see pp. 76-79 for the Latinas Adelante story). ●

SUMMARY ON REPRODUCTIVE HEALTH Collectively, the low rates observed across the YEP for both teen live births and STDs suggest a positive effect of the YEP to decrease risky sexual behaviors in at-risk minority youth, and demonstrate a significant return on investment. For Youth Empowerment Programs, and especially Latinas Adelante, these impressive outcomes are due to the comprehensive nature of the programs. Certainly, direct educational programming in reproductive health is one factor. An additional explanation is that the YEP develops positive resiliency, protective, and developmental factors, which facilitate healthy behaviors. Indeed, at the University of Utah statistically significant asset improvements in problem solving, cultural pride, self-efficacy, family communication, school bonding, personal development, wellness, nutrition, injury prevention, and self-perception profile have been reported.⁷⁸ The development of personal assets has been shown to correlate with a reduction of risky behaviors and an increase in positive, healthy behaviors, including those that address reproductive health (see pp. 53-57).⁵⁰⁻⁵⁸

Violence, crime, and murder rates are major problems in urban centers for minority youth, especially for Black, non-Hispanic males, ages 10-24, where the murder rate is over 15 times that of White, non-Hispanic males.²² Eleven of 17 YEP grantees address violence with YEP programming.

All YEPs must offer a youth center, after-school program, mentorship, and intensive summer programming. These activities help keep at-risk youth off the streets when school is not in session, and provide the opportunity to deliver anti-violence programming to reduce violent behavior and promote impulse control.

To assess the effects of YEP programming, many YEP grantees have collected objective data pertaining to outcome measures of behavior within the schools, or in the community, that pertain to violence including school suspensions, school disciplinary actions, and arrests. For the 2010-11 academic year, the rates of YEP student school suspensions, disciplinary incidents, and arrest rates

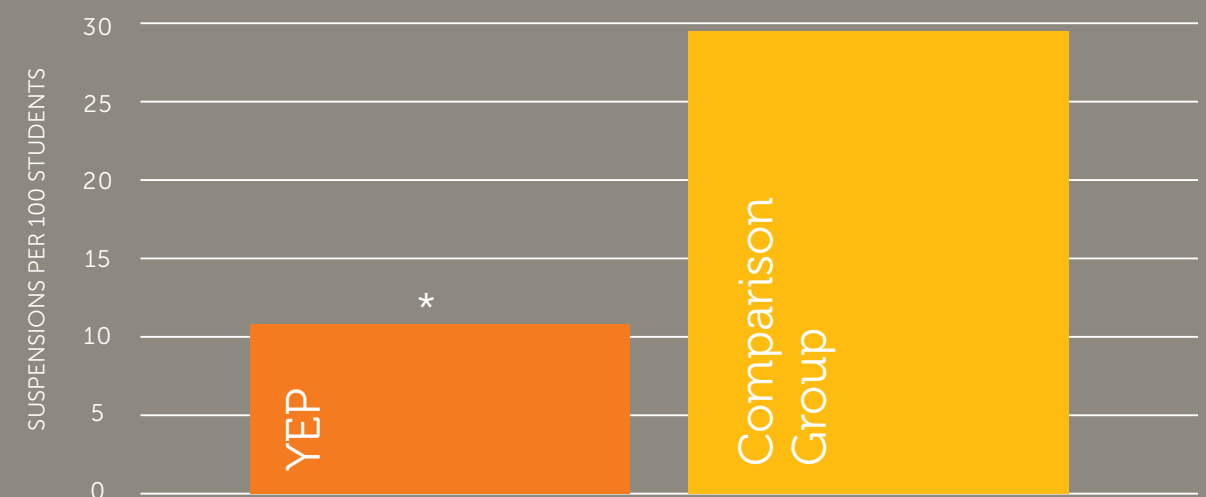
were compared against control, school, district, city, or county normative data for similar age- and race-matched students. Data were normalized per 100 students to allow comparison to the rate in the YEP cohort.

Seven programs provided school suspension data, four provided school disciplinary incident data, and nine provided arrest data in their YEP cohort. Data were averaged and compared to a local normative data set for each variable. The data are shown in figures 3-3, 3-4, and 3-5.

Student suspension rates were calculated for each YEP grantee cohort. Each grantee also provided a normative suspension rate from the local school or school district, also calculated per 100 students. »

SCHOOL SUSPENSIONS (ACADEMIC YEAR 2010-11)

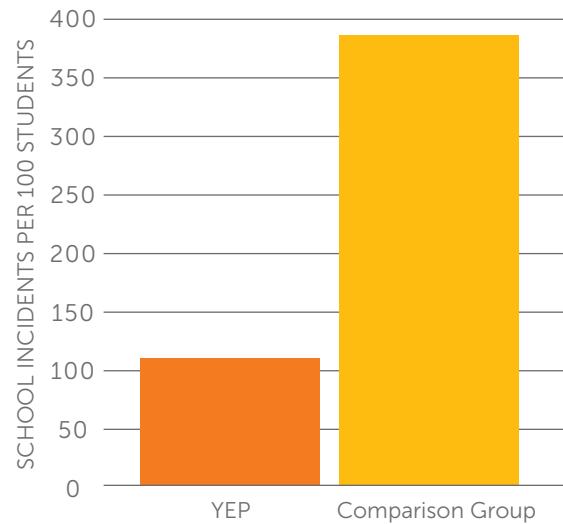
FIGURE 3-3



* significantly different from normative group, p < .04

SCHOOL DISCIPLINARY INCIDENTS (ACADEMIC YEAR 2010-11)

FIGURE 3-4

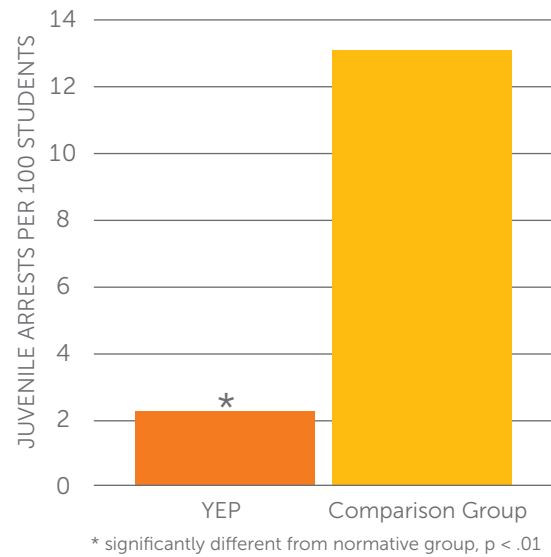


These YEP and normative rates were averaged across the reporting YEP grantees (Figure 3-3). The data show that the suspension rate in the comparison groups was more than 2.5 times higher than the rate in the YEP students ($p < .04$). Institutions that provided suspension data for this analysis were Columbus State Community College, Marquette University, Oregon Health & Science University, University of Pennsylvania, Tennessee State University, Towson University, and Swarthmore College.

School disciplinary incident rates per 100 YEP students from four YEP grantees averaged less than one-third that of local comparison groups (Figure 3-4) which trended toward, but did not reach statistical significance due to the low sample size ($p > .13$). Disciplinary incident data were provided for this analysis by Columbus State Community College, CUNY–Medgar Evers College, Tennessee State University, and Wichita State University.

JUVENILE ARRESTS (ACADEMIC YEAR 2010-11)

FIGURE 3-5



Finally, juvenile arrest data were obtained from nine YEP grantees in the same manner and compared to a local rate again per 100 students. Arrest rates were over five times higher in non-YEP local students than in the YEP cohort (Figure 3-5) ($p < .001$). This comparison was matched for race, age, and location. Arrest data from these YEP grantees were averaged for this analysis: Columbus State Community College, CUNY–Medgar Evers College, Marquette University, Oregon Health & Science University, University of Pennsylvania, Towson University, Stone Child College, Swarthmore College, and Wichita State University. Two programs, featured below, focus specifically on Black, non-Hispanic students, in an urban setting where violence is commonplace.

SUCCESS IN ANTI-VIOLENCE AT CENTRAL STATE UNIVERSITY – K4L PROGRAM³

As recently as 2010, Dayton, OH, was the 20th most dangerous city of the 369 largest cities in the US.⁸⁰ Violence in Dayton disproportionately affects

Black, non-Hispanic youth, comprising the largest percentage of juvenile arrests of any racial group. In Montgomery County, home to Dayton, 17% of the juvenile population are arrested each year, with an arrest rate of 38% in juvenile Black youth.⁸¹ The KRUNKED for Life (K4L) program is offered by Central State University to support 30 Black males, ages 12-17, in Dayton’s inner city. KRUNKED refers to Keepin’ It Real through Unity, Nonviolence, Kreativity, Education, and Determination.³ The K4L program has a unique model using Hip-Hop music to deliver positive messages about self-respect, respect for women, and anti-violence, while students learn about performing and the technical aspects of the music industry. K4L features many motivational, successful Black male role models who teach the values of academic excellence, impulse control, and hope in group activities. Tutoring and mentorship by Central State undergraduate students after-school are essential components. The intensive nature of the K4L is distinctive in that students have access to

16 hours of programming each week with two-thirds of the students attending everyday. In its most recent year of operation, the arrest rate in Central State’s K4L program was only 3%.⁸² Accordingly, the K4L arrest rate is well below the 38% normative arrest rate in Montgomery County for Black males of similar age,⁸¹ suggesting that the K4L program is effective in reducing violent and criminal behavior.

SUCCESS IN ANTI-VIOLENCE AT CUNY–MEDGAR EVERS (ME) COLLEGE: EYES PROJECT⁹

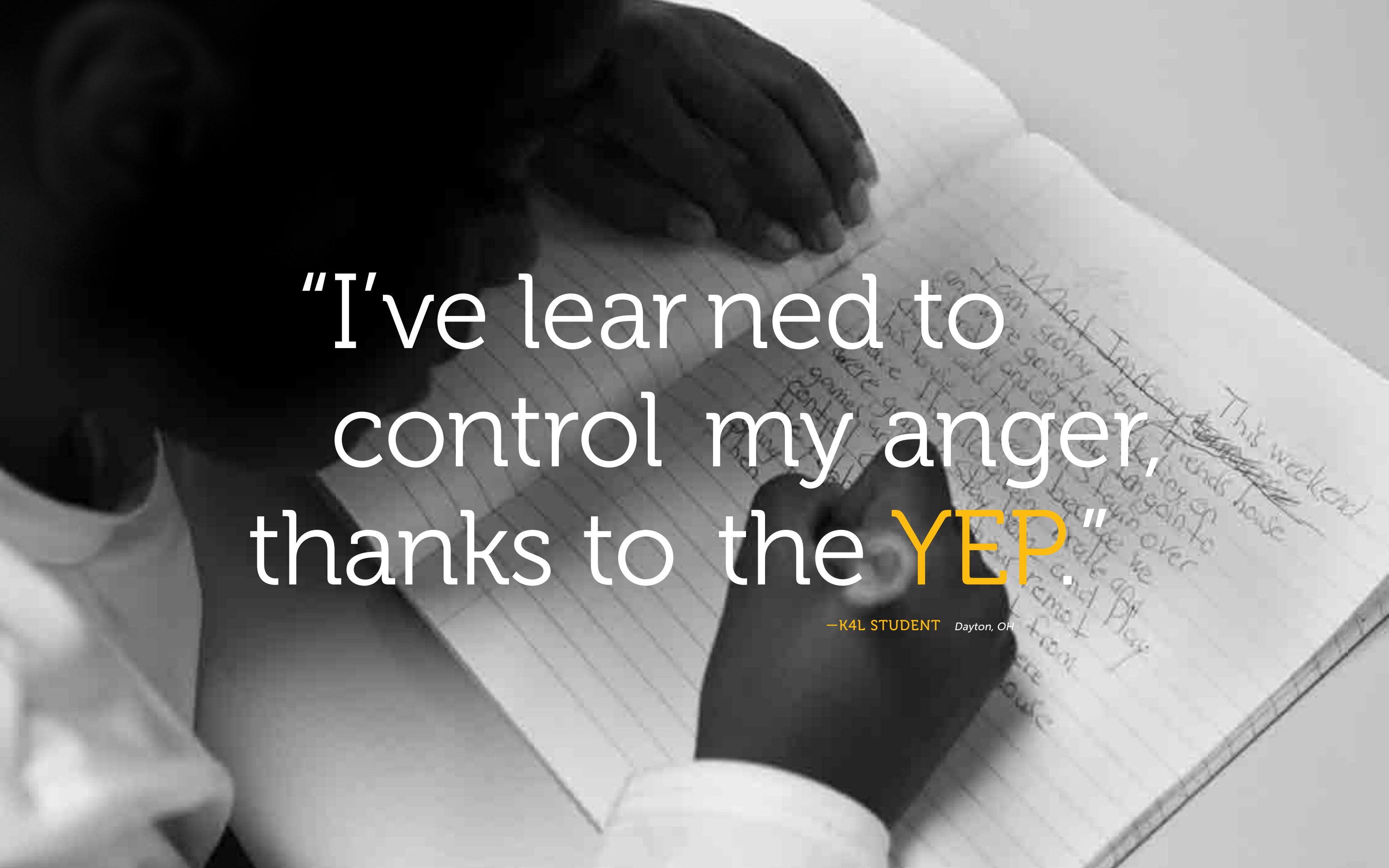
EYES serves 35 students, ages 12-17, 80% of whom are Black, non-Hispanic, and 20% of whom are Hispanic. Recent statistics show that CUNY–ME’s target area (Crown Heights/Bedford–Stuyvesant) has the highest level of crime and violence among the five boroughs of New York, including drug abuse.⁸³ Youth in these neighborhoods are surrounded by violence and crime. The population is largely undereducated, as evidenced by low high school graduation rates, high drop-out rates, low student performance, and high prevalence of crime. In addition, the youth in this neighborhood have high rates of substance abuse, including use of marijuana, cocaine, and ecstasy.⁸³ By stark contrast, in the first two years of the EYES Project, none of the participants have been arrested for drug possession or use.⁸⁴



Christopher, K4L student

In fact, no arrests of any kind were made in the EYES cohort of 35 participants, while six arrests were made in the control group of 35 age-matched local students during the same time period.⁸⁴ ●

SUMMARY OF ANTI-VIOLENCE DATA Using preliminary measures of school suspensions, school disciplinary incidents, and arrests, the YEP positively affects behavior and reduces violent tendencies. Three factors are hypothesized as effecting that change. First, minority students engage in positive after-school activities at times when other youth are prone to being involved in more negative behaviors. Second, the YEP provides curricula that addresses impulse control and conflict resolution allowing YEP students to have healthier interactions with peers. Third, increased resiliency assets, protective factors, and educational outcomes likely have a strong effect on reducing risky behavior. Cumulatively, these three factors appear to decrease negative behaviors and reduce violence.



"I've learned to
control my anger,
thanks to the YEP."

—K4L STUDENT Dayton, OH

DRUG, ALCOHOL, AND TOBACCO ABUSE

Two YEP grantees are featured with innovative programs to address prevention of drug, alcohol, and tobacco use. Swarthmore College, located in Swarthmore, PA, works with Black, non-Hispanic youth, while Stone Child College in Box Elder, MT, serves an American Indian population on Rocky Boy's Reservation. In both communities, drug, alcohol, and tobacco use pose major health concerns. Each specific program's data are discussed below.

SUCCESS IN DRUG, ALCOHOL, AND TOBACCO USE PREVENTION AT SWARTHMORE COLLEGE: PROJECT BLUEPRINTS¹²

Swarthmore College's Project Blueprints YEP focuses on substance abuse as one of its top two priority health issues in Black, non-Hispanic students. Project Blueprints engages at-risk, minority youth from Chester, PA, in the Chester Upland School District with opportunities for academic support, life skills training, personal development, cultural enrichment, and career exploration. The program provides after-school programming for more than 30 students.¹² A previous grant from the Office of Minority Health enabled Swarthmore College and its partners to work with these students from grades 7-9. Currently, the Project Blueprints, continues to nurture and educate the same group of students who have now reached their senior year of high school. Youth in this community use alcohol and tobacco at rates that cause serious health concerns.⁸⁵ Further, they report lower perceived risk of harm from drug use, and 71% report they have personally witnessed drug deals.⁸⁵

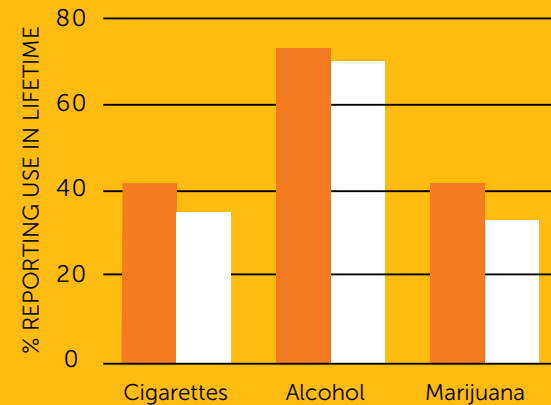
Swarthmore's approach does not focus directly on alcohol, tobacco, and other drugs (ATOD), but rather uses positive peer pressure and staff interactions to discourage participants from choosing risk-taking

behaviors. Project Blueprints' participants are trained to serve as peer educators in the local middle schools, and to present interactive workshops on life skills and healthy relationships. These are very high-profile positions in the community, and they know they are "seen" everywhere by the middle school students and teachers to whom they speak. This forces Blueprints' students to lead by example. Swarthmore's theory of change is based on the notion that leadership opportunities lead to increased adoption of leadership behavior and decreased use of ATOD, fighting, and other risky behaviors. The second way Project Blueprints impacts students is through formal and informal staff interactions and positive role modeling. The majority of training topics engage participants in conversations about leadership, their future, and how students need to consider their behavior. The program reinforces the formal training through informal conversations with participants.

Self-reported outcome measures addressed substance abuse in an anonymous participant survey, which could not be linked to the participants in any way. Swarthmore chose this approach to enhance the likelihood of truthful answers about various risk behaviors. Accordingly, aggregate means of Blueprints participants' substance use were compared with normative local data from the same school district.⁸⁶

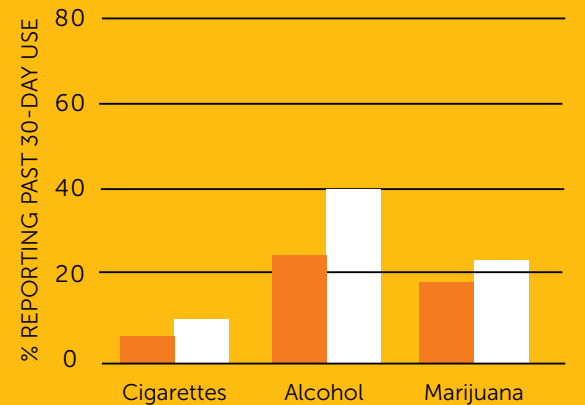
LIFETIME USE

FIGURE 3-6 Source: Blackburn and Greene (reference 86)



PAST 30-DAY USE

FIGURE 3-7 Source: Blackburn and Greene (reference 86)



Lifetime and past 30-day use of cigarettes, alcohol, and marijuana were compared to the self-reports of non-YEP students from the same grade in Chester Upland School District (Figures 3-6 and 3-7).⁸⁶

Compared to the same-school comparison group, Project Blueprints participants report higher lifetime percentages of ATOD use, but lower usage within the past 30 days.⁸⁶ **The data suggest that Project Blueprints' youth were at higher risk for substance abuse over their lifetime, but after five years of Project Blueprints, use of both tobacco and alcohol was nearly half that of the local normative rate. Similarly, use of marijuana in the YEP cohort, which originally was 15% higher than the normative lifetime rates, is now 4% less than the local comparison group from Chester-Upland Schools. These data strongly suggest a positive effect of Project Blueprints on substance abuse when compared to local rates.**

SUCCESS IN DRUG, ALCOHOL, AND TOBACCO USE PREVENTION AT STONE CHILD COLLEGE: PEAK PROJECT¹¹

On Rocky Boy's Reservation in northern Montana, Stone Child College serves 523 students, of whom 98% are American Indian, 89% qualify for free or reduced price lunch, and 58% live below the poverty level. Seasonal unemployment rates have historically been higher than 70%.⁸⁷ According to law enforcement and court data, the major social problem on Rocky Boy's Reservation is substance abuse — both drugs

and alcohol.⁸⁸ Prior to YEP, over half of the Rocky Boy youth had ridden in a car whose driver was under the influence. Further, 55% confirmed smoking cigarettes in the past 30 days, and four of five youth have smoked marijuana in their lifetimes.⁸⁷ These normative rates from the reservation are more than double the rates for the State of Montana (2009 YRBSS).²⁹

The PEAK (Positive Empowered Active Kids) Project provides positive activities for 30 American Indian youth, ages 12-17, on the Rocky Boy's Reservation. Stone Child College's YEP is currently in its third year of operation with 100% retention of the same 30 participants.⁸⁷ The PEAK Project partners with Rocky Boy and Box Elder Schools, the Rocky Boy Health Board, the White Sky Hope Center, the »



Rocky Boy's Reservation, Box Elder, MT

Boys and Girls Club of the Bear Paws, the Chippewa Cree Tribe Vocational Rehabilitation and the Chippewa Cree Wellness Center. The overall goal of PEAK is to improve the socioeconomic well-being of the Rocky Boy youth participants in the program with goals to drastically reduce or eliminate high-risk behaviors.

Academic enrichment, life skills, personal development, wellness, cultural enrichment, career development, mentorship, and tutorials are provided to PEAK youth. At least four hours of programming per week is offered during the school year, and 110 hours during the summer session. Essential PEAK activities that address drugs, alcohol, and tobacco use include: 1) Health symposia offered by the Rocky Boy Health Board; 2) "Talking Circles," which are group discussions between youth, tribal elders, and PEAK counselors; and 3) After-school recreational activities, including

all-nighters, which occupy PEAK youth during hours when substance abuse is especially prevalent. A self-reported anonymous questionnaire was used to assess risky behaviors such as substance abuse. The data were collected after completion of Year 2 of PEAK and compared to normative data from the Rocky Boy Reservation for non-PEAK students (Table 3-1).⁸⁷

"Driving under the influence" in non-PEAK juveniles on the same reservation was three to four times higher than in PEAK youth. Use of both alcohol and marijuana by PEAK students, and "riding in a car with a driver who is under the influence," were roughly half the normative rate on the reservation. The PEAK Project has transformed its youth in two short years of YEP programming (see pp. 80-85 for the PEAK story). ●

PEAK PARTICIPANT VS. LOCAL COMPARISON REPORTED USE OF TOBACCO, ALCOHOL, & MARIJUANA

Table 3-1 Source: St. Pierre and Sangrey (reference 87)

ITEM	Percent PEAK participants who reported engaging in this item	Percent non-YEP students from same grade, reservation, and school district who reported engaging in this item
Past 30 day use of alcohol	23%	40%
Driven under the influence	3%	13%

SUMMARY OF DRUG, ALCOHOL, AND TOBACCO USE Collectively, the preliminary data suggest a positive effect of YEP programming to reduce substance abuse and risky behaviors. Both of these successful YEP models – at Swarthmore College and Stone Child College – utilize a youth asset development model to address substance abuse. In addition, Stone Child College's PEAK Project provides a comprehensive ATOD prevention curriculum. Accordingly, both approaches appear to be effective in reducing risky substance abuse behaviors.

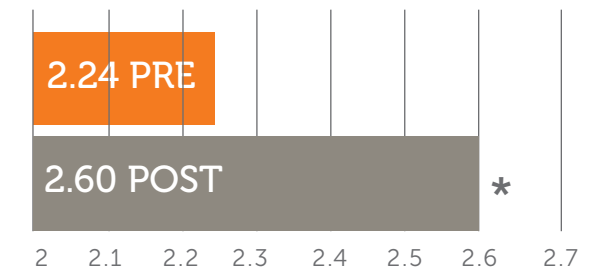
ACADEMIC ACHIEVEMENT

A vital youth asset is education, which benefits minority youth in many ways to positively affect their future. In fact, all Youth Empowerment Program grantees are required to address academic performance through tutorials, mentorship by undergraduates, summer programs, and other academic enrichment programs. Research has shown that academic achievement is positively correlated with healthy behaviors (see pp. 15-17 and Figure 1-7).^{53,58} Because academic achievement is viewed as such an important youth asset, academic data from YEP students will be considered separately here. A uniform data set was collected from YEP grantees. Seven YEP grantees reported pre-YEP grade point averages (GPA) with subsequent comparison GPAs after one year of programming. Results are shown in Figure 3-8. GPAs showed a statistically significant increase of .36 a GPA unit ($p < .05$). GPA data from YEP grantees at CSU San Marcos, CUNY-Medgar Evers College, Columbus State Community College, Marquette University, Oregon Health & Sciences University, Tennessee State University, and Wichita State University were used for pre-post comparisons. Promotion rates to the next academic grade from

GPAS BEFORE AND AFTER 2010-11 SCHOOL YEAR (7 YEP)

FIGURE 3-8

* significantly different from pre GPA $p < .05$



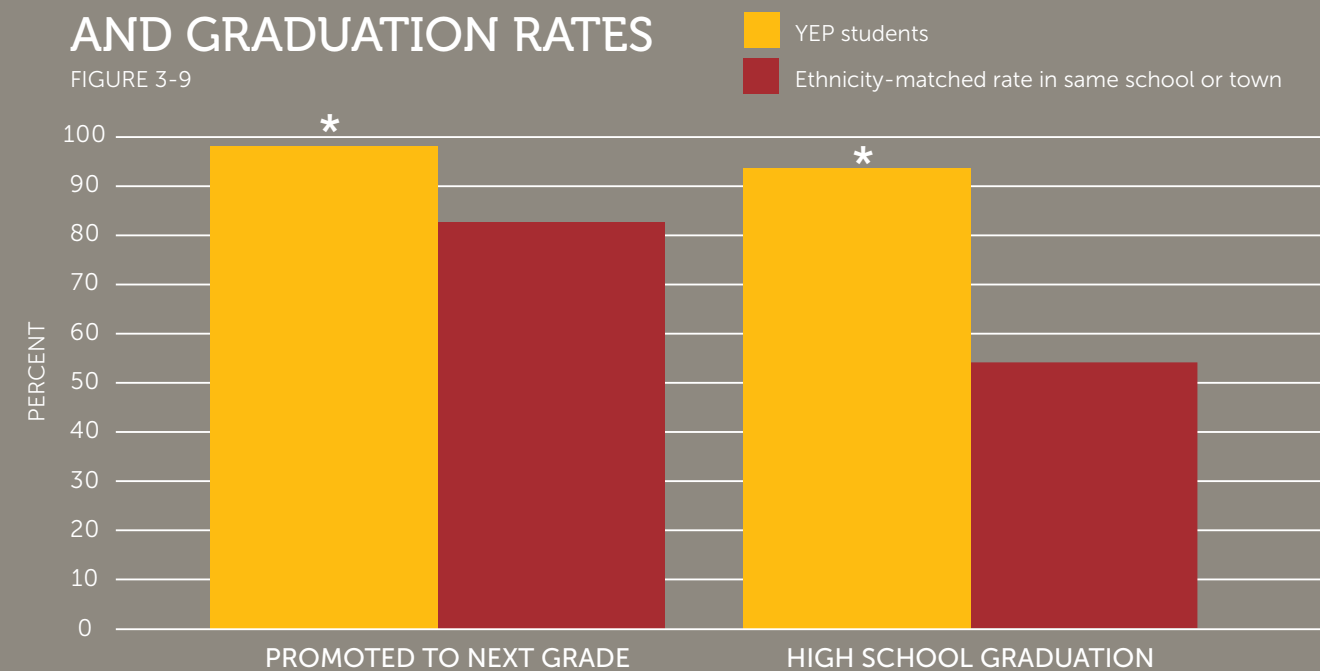
seven YEP grantees nationwide were compared to promotion rates for a comparison group locally matched by age and race. Figure 3-9 shows the effect of YEP programming on grade promotion.

Promotion rates were 17% higher in YEP students than the average promotion rate within the local comparison groups. YEP institutions that provided data to these averages include CSU Long Beach, CUNY-Medgar Evers College, Columbus State Community College, Marquette University, University of Pennsylvania, Swarthmore College, and Tennessee State University. »

PROMOTION AND GRADUATION RATES

FIGURE 3-9

* significantly different from comparison group $p < .001$



Finally, high school graduation rates are viewed as a major benchmark for minority youth empowerment, ultimately leading to college or employment. Seven YEP grantees work with high school-aged minority students, some of whom have reached their senior year. The YEP graduation rate was compared to a comparison graduation rate for similar non-YEP students in the same school or school district, matched for race and ethnicity (Figure 3-9). **The YEP graduation rate exceeded the comparison group rate by 40%.** Unemployment rates negatively correlate with educational attainment.⁸⁹ Therefore, according to the Bureau of Labor's statistics, YEP high school graduates have a 50% reduction of their risk of unemployment.⁸⁹ YEP grantees at CSU San Marcos, Chicago State University, Marquette University, Oregon Health & Sciences University, Stone Child College, University of Pennsylvania, and the University of Utah contributed data for this analysis.

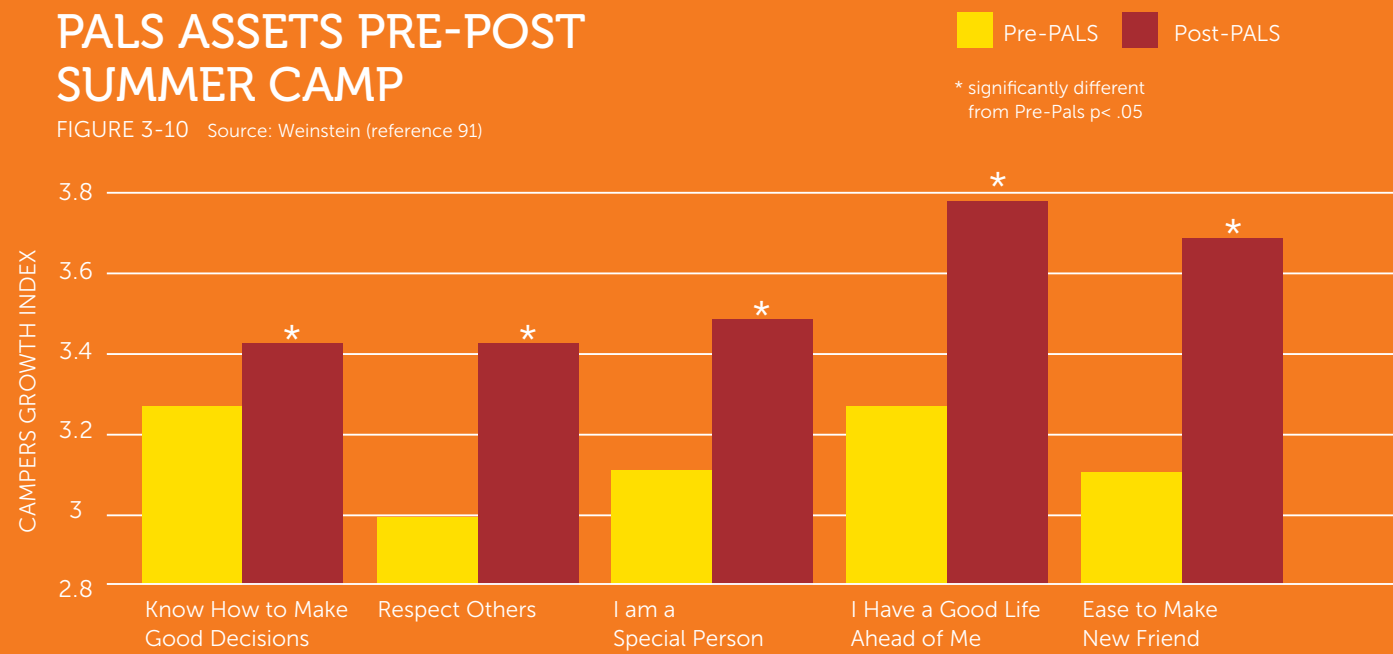
PERSONAL ASSET DEVELOPMENT

All YEP grantees employ an asset model, where role models, tutors, advisors, and group leaders target the development of youth assets to facilitate resiliency and develop protective factors in minority youth. Several studies have shown that the presence of youth assets is highly correlated with healthy behaviors, and the

lack of them correlates with risky ones.⁵⁰⁻⁵⁸ The natural history of asset development is that youth assets tend to decline from grades 6-8, and show signs of recovery by grade 12.⁵¹ All YEP grantees strive to increase youth assets. However, because assets normally decline, asset levels that do not decrease (see Figure 1-6) represent a strong positive effect on personal assets. Seven YEPs, including Chicago State University, Kentucky State University, Marquette University, Tennessee State University, Towson University, CSU Long Beach, and the University of Utah, have measured assets through various survey tools and reported asset-related data with a pre-post comparison. Of these seven YEP grantees that have reported asset data, **none have reported the normal decline in youth assets over the first two years of the YEP.** In other words, all seven YEPs have shown assets that have either remained the same or increased during the first two years of programming. At least one asset at each of the seven reporting programs increased to a statistically significant level above baseline measurements after two years of YEP programming (p<.05). Unfortunately, asset survey tools and asset questions vary across the Youth Empowerment Program, so aggregate data are not possible to average across YEP grantees. Instead four programs will be featured that provided asset data.

PALS ASSETS PRE-POST SUMMER CAMP

FIGURE 3-10 Source: Weinstein (reference 91)



SUCCESS IN ASSET DEVELOPMENT AT TOWSON UNIVERSITY: PALS PROGRAM¹⁴

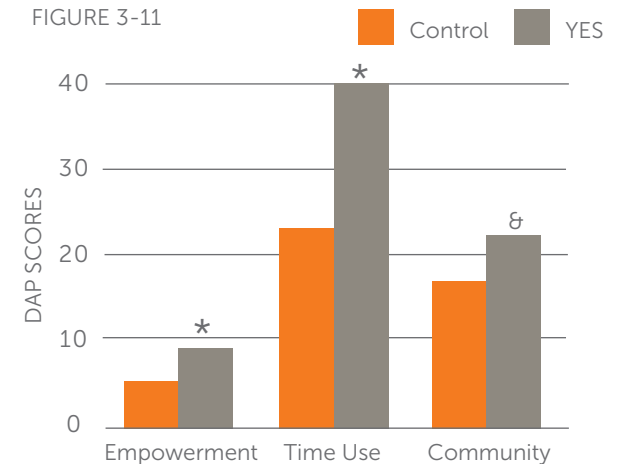
The Towson PALS (Partners in Academic and Life Success) Program includes an intensive summer program for 30 Black, non-Hispanic youth, ages 11-14, from the Cherry Hill neighborhood of Baltimore, Maryland. Within Cherry Hill, 97% of the population is Black, non-Hispanic, and 60% of homes are headed by single females. The high school drop out rate is 9%,⁹⁰ and the health status is of great concern. In particular, disparities in obesity, diabetes, asthma, violence, and substance abuse are persistent in Cherry Hill youth.

The 2011 PALS summer program was housed on the campus of Towson University, where PALS students used university facilities such as the swimming pool, wellness center, gyms, climbing wall, library, planetarium, classrooms, union, and computer labs. Through the Students Achieve Goals through Education (SAGE) program, Towson students spoke to PALS students and shared stories.⁹¹ PALS students learned about values and achievement from college students, many of whom come from similar backgrounds as PALS students. The summer camp met for five weeks, from 8:30AM-3PM. PALS incorporated Towson students and staff into camp activities to provide an enriched experience. Camp counselors from both campus and the community maintained a 4:1 camper/staff ratio or less in order to give individualized support and feedback.⁹¹

PALS used the Campers Growth Index tool⁹² during summer 2011 to assess asset changes over the duration of the camp from baseline measurements taken pre-camp. Four asset categories were assessed: 1) Positive values/decision making; 2) Positive identity; 3) Insecurity; and 4) Peer relationships. Questions were measured on a four-point scale, with four as the best rating. In pre-post comparisons, these assets all improved dramatically after the PALS summer camp at a significance level of p< .05 (Figure 3-10).⁹¹ The intensive nature of the PALS summer program, with 6.5 hours of programming per day, was likely a factor in developing these assets (see pp. 90-91 for the PALS story).

ASSETS IN YES vs CONTROL

FIGURE 3-11



* significantly different from control p< .05
 & approaching significance p< .10

Source: Pan and Papanek (reference 93)

SUCCESS IN ASSET DEVELOPMENT AT MARQUETTE UNIVERSITY: YES⁸

Marquette's YES (Youth Empowered to Succeed) Program uses an asset model which is assessed by the Developmental Asset Profile (DAP) developed by the Search Institute.⁵⁰ The assets in the DAP are positive experiences and qualities identified as being essential to healthy development in adolescence. The 40 assets are viewed as vital influences in the developmental growth of young people.^{50,51} Further, they are powerfully correlated to a range of outcomes, such as academic achievement, leadership, and well-being. Conversely, low levels of assets are correlated with negative behaviors and outcomes, including low academic achievement, behavior problems, as well as violence and other negative risk behaviors, such as alcohol, tobacco, illicit drug use, and risky sexual activity.⁵⁰⁻⁵⁸

Fifty-eight questions in the DAP are grouped to generate 20 internal and 20 external assets.⁵⁰ External assets impact youth including experiences, relationships, and encouragement from peers, parents, teachers, and the community.⁵⁰ Internal assets reflect personal development including »



Marquette student providing tutorials and mentorship to a YES student.

positive identity, values, social competencies, and commitment to learning. In the YES program the DAP is administered to all students enrolled in Bruce Guadalupe Community School every year. The unique feature of the Marquette data set is that the YES asset data is statistically compared to students in the same school, matched for age and ethnicity.

After one year of programming, the DAP scores from YES students showed statistically significant differences ($p < .05$) above school-matched peers for Empowerment and Constructive Use of Time, both internal assets (see Figure 3-11). The composite score for the Context Area of Community was approaching statistical significance ($p < .10$).⁹³

Strong *Empowerment* scores suggest the YES students feel safe and valued by others. This asset is typically associated with low risk for committing violence, while high scores in *Constructive Use of Time* are associated with thriving and low risk for alcohol, tobacco, and other drug related problems.⁵⁰

Finally, the YES students scored high in the Context Area of *Community*. High scores in this context indicate the YES students feel supported, safe, and engaged in their community.⁵⁰ In no asset category did the age- and ethnicity-matched control group score higher than the YES cohort. The early evidence in most other asset categories suggests some divergence of YES from the control group, but they have not reached statistical significance by the end of the second year of the grant.

Though early in the YES program, YES students showed significantly higher scores in assets associated with Empowerment, Constructive Use of Time, and Community. This information has been used to focus or alter the individualized student development plan to continue personal growth during the remaining year of programming.⁹³

SUCCESS IN ASSET DEVELOPMENT AT THE UNIVERSITY OF UTAH: LATINAS ADELANTE¹⁶

Latinas Adelante focuses on 30 Latina teen mothers, ages 12-17, (see pp. 42-44 for more).

The Utah summer program contains academic enrichment and team building, while the program during the academic year includes daily life skills training and case management. Mentorship by Latina professionals is key to the program. While the program focuses heavily on reproductive health, improvement in personal assets and other health behaviors are impressive.

A retrospective study was performed thinking that pre-program surveys may be flawed under the hypothesis that students would be less forthcoming due to initial mistrust of the program staff. Students were asked to give responses looking back to before the program started, and also give current responses to provide a retrospective comparison.⁷⁸

The asset variables of problem solving, cultural pride, self-efficacy, family communication, school bonding, personal development, wellness/nutrition, injury prevention, and self-perception profile were assessed. The comparison pre versus post-program shows that Latinas Adelante asset variables all increased with statistical significance ($p < .02$).⁷⁸

SUCCESS IN ASSET DEVELOPMENT AT CHICAGO STATE UNIVERSITY: PROJECT MENTOR⁴

Project MENTOR, hosted by Chicago State University, aims to reduce high-risk behaviors among participating youth, to strengthen protective factors, to develop sustainable basic life skills which will reduce risky behaviors, and to encourage healthier lifestyle choices.⁹⁴ The program's participants attend Hyde Park Academy High School (HPAHS), a Chicago

Public School, located in the Woodlawn neighborhood of Chicago, IL. Within HPAHS, Black, non-Hispanic students make up 99.6% of the population, and 92.8% are considered low-income students.⁹⁵ The Woodlawn community faces enormous challenges: high rates of school drop-out, poverty, unemployment, obesity, teen pregnancy, sexually transmitted diseases, gang activity, and violence.⁹⁴

Specific interventions of Project Mentor include comprehensive case management, life skills, one-on-one mentoring from college students, health-promotion activities, academic tutoring and career exploration, and exposure to post-secondary education. Students participate in an intensive summer program that contains a curriculum on violence prevention, sexual health, role of media, and empowerment in learning. Among youth whose life circumstances have required more intensive support, a case management approach is implemented. A fitness boot camp is offered in conjunction with healthy nutritional classes provided by the program. Youth have exposure to opportunities like college visits and retreats away from the home environment. One-on-one mentoring is an integral part of the program. Project MENTOR data were assessed from a youth survey with questions representative of goals focused on academics and health.⁹⁴

Chicago State University's data showed a statistically significant increase in communication ($p < .05$), and marginally significant increases in four other asset-related variables, including conflict resolution, cooperation, problem solving, and leadership ($p < .10$).⁹⁴ ●

SUMMARY OF YOUTH ASSET DEVELOPMENT All YEP grantees build youth assets, resiliency, and protective factors. The data indicates that YEP programming stabilizes and, in many cases, reverses the normal decline in youth assets seen in adolescence. Role models, advising, academic support, mentorship, and individualized developmental plans are important elements in YEP activities that develop youth assets. Improved academic outcomes, such as graduation rates, grade promotion, and performance indicators, suggest better futures for YEP students. Moreover, the outstanding health outcomes in YEP in the areas of reproductive health, alcohol, tobacco and other drug use, and anti-violence programming imply that the development of assets is one factor that may contribute to altering these important youth behaviors.

A black and white photograph of four young women performing handstands in a gymnasium. They are arranged in a horizontal line, each balancing on their hands with their feet together and legs straight. The gymnasium floor is highly reflective, showing bright highlights from overhead lights. The background is a plain wall with a vertical line, possibly a door or paneling.

“I gained self-worth
being involved in
the **YEP** program.”

— YES STUDENT Milwaukee, WI

Childhood obesity is a national epidemic^{42,43} that presents a major public health issue, and threatens to increase chronic health problems like diabetes, heart disease, and stroke. Several of the 17 YEP grantee programs address this issue with innovative approaches to physical activity and nutrition. Three YEP grantees provided novel ideas and compelling results.

SUCCESS IN FITNESS AND WELLNESS AT CUNY-MEDGAR EVERS: EYES PROJECT⁹

The EYES Project is sponsored by the CUNY-Medgar Evers. This program targets 35 at-risk youth from the Crown Heights area of Brooklyn, NY, ages 12-17, whose racial and ethnic composition is 80% Black and 20% Hispanic. EYES students are economically disadvantaged, with all students qualified for free and reduced price meals. Thirty-seven percent live below the poverty line, with \$23,496 as the median family income.⁸³ Eighteen percent of the parents are unemployed, and 56.2% receive public assistance.⁸³ Students participate in an after-school program, from 3:30-6PM, and complete a mandated six-week intensive summer program, with afternoons devoted almost exclusively to fitness.

The EYES wellness programming is based on both a comprehensive nutrition curriculum and an intensive regular exercise regimen. The EYES nutrition program is a two-pronged approach. The "Outside the Body" program began with a certified nutritionist providing knowledge on how the body works and what it means to be healthy. A field trip component allows EYES youth to visit food cooperatives and observe how to shop for healthy foods. In the "Inside the Body" program, the EYES nutritionist teaches students how to eat the right foods and why. The nutrition classes meet twice a week for 45 weeks in the fall and spring for a total of 90 hours.⁸⁴

The exercise component of EYES is a four-pronged approach, including Bootcamp Aerobics, SocaMotion (Caribbean Soca dance steps to keep fit), karate, and a Wii fitness program. The fitness classes meet 11.5 hours per week for 45 weeks in the fall and spring. In the summer, the sessions are offered from 9AM-5PM, Mondays through Fridays, eight hours per day, five days per week, for six weeks.

The key to the EYES fitness program is the comprehensive nature of the exercise and nutrition sessions in terms of both intensity and duration. Group exercise sessions are provided by a certified exercise instructor from the local community who is also a motivational role model for the students.⁸⁴

RESULTS FROM EYES

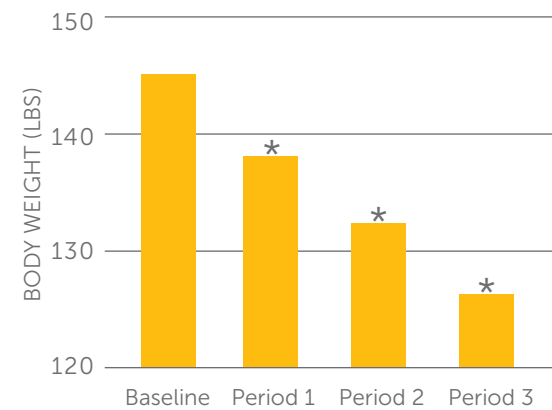
The results showed impressive reductions in average body weight and body mass index in the cohort of 35 EYES students (Figures 3-12 and 3-13). From baseline to the end of Year 2, body weight showed a progressive decrease, with **EYES students losing an average of 20 pounds, from a mean of 145 pounds to 125 pounds.** BMI reflected this decrease dropping from 24.1 to 20.7, which placed EYES students in the healthy range.⁸⁴

CONCLUSION FROM EYES

Clearly, EYES is a model of intensive exercise dosage and prescription combined with an equally comprehensive nutrition program. It is a template for success to address obesity in minority youth. Exercise

EYES AVERAGE BODY WEIGHTS

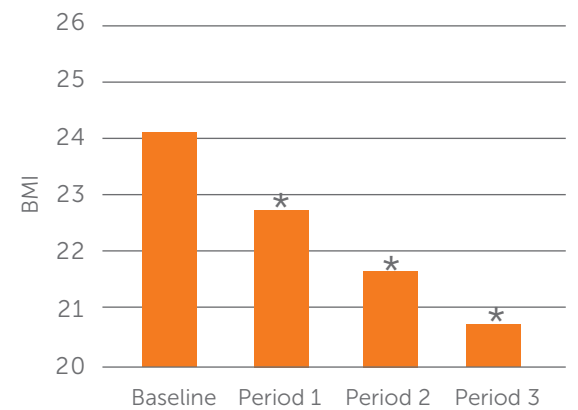
FIGURE 3-12 Source: Udeogalanya and Jackie (reference 84)



* significantly different from Baseline p < .05

EYES BODY MASS INDEX (BMI)

FIGURE 3-13 Source: Udeogalanya and Jackie (reference 84)



* significantly different from Baseline p < .05

programming performed in a group setting lends support through group dynamics. Exercise group leadership by passionate, motivational role models is viewed as a vital factor. Group leaders continuously set goals for the youth and participated in all the exercise sessions. In essence, the EYES Project staff made fitness and nutrition the "thing to do," and built trust with each student; all key factors to the program's success (see pp. 72-75 for the EYES story).

SUCCESS IN FITNESS AND WELLNESS AT CALIFORNIA STATE UNIVERSITY LONG BEACH (CSULB): YES! SÍ SE PUEDE²

The CSULB Youth Empowered for Success Sí Se Puede (YES!) project focuses on 34 different Latino students each year from Hamilton Middle School. At Hamilton, 94% of its students qualify for free and reduced hot lunch and poverty levels are nearly twice the national average.⁹⁶ Fifty-five percent of the 7th graders in the Hamilton zipcode are overweight or obese.⁹⁷ As a part of the YES! after-school program, students complete 90 minutes of physical activity twice per week. During the four-week YES! summer program, students performed four hours of physical

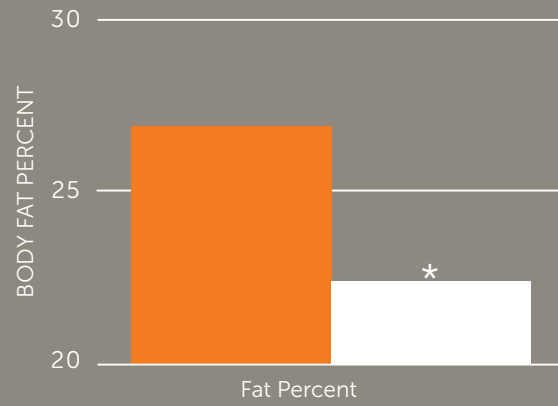
activity in the 49er Sports Camp each afternoon. A survey of assets related to health, fitness, and nutrition behaviors was administered pre- and post-program. Body weight, height, and BMI were all measured. Body fat was measured using a two-lead bio-impedance system.⁹⁸

RESULTS FROM YES! SÍ SE PUEDE

Pre-program measurements were compared to those taken after the program finished. Figures 3-14 and 3-15 show pre- and post-program physiologic data for body fat and BMI. While YES! students grew nearly 2.5 inches, body weight increased proportionally less, resulting in a significant decrease in BMI percentile (p < .002).⁹⁸ Percent fat was significantly reduced at the post-assessment (p < .002). Not surprisingly, fat mass also decreased significantly from 32.3 pounds to 27.8 pounds, while fat-free mass increased significantly from 80.3 to 88.8 pounds (p < .002). Pre-post survey results for three assets in support of physical activity were assessed, including self-efficacy, family social support, and friend social support. All three assets in support of physical activity improved significantly (p < .02).⁹⁸ »

YES! SÍ SE PUEDE BODY FAT

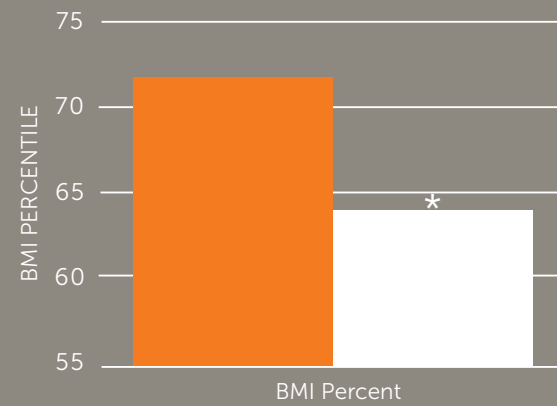
FIGURE 3-14 Source: Bird and Rios Ellis (reference 98)



* significantly different from Pre-YES! $p < .05$

YES! SÍ SE PUEDE BMI PERCENTILE

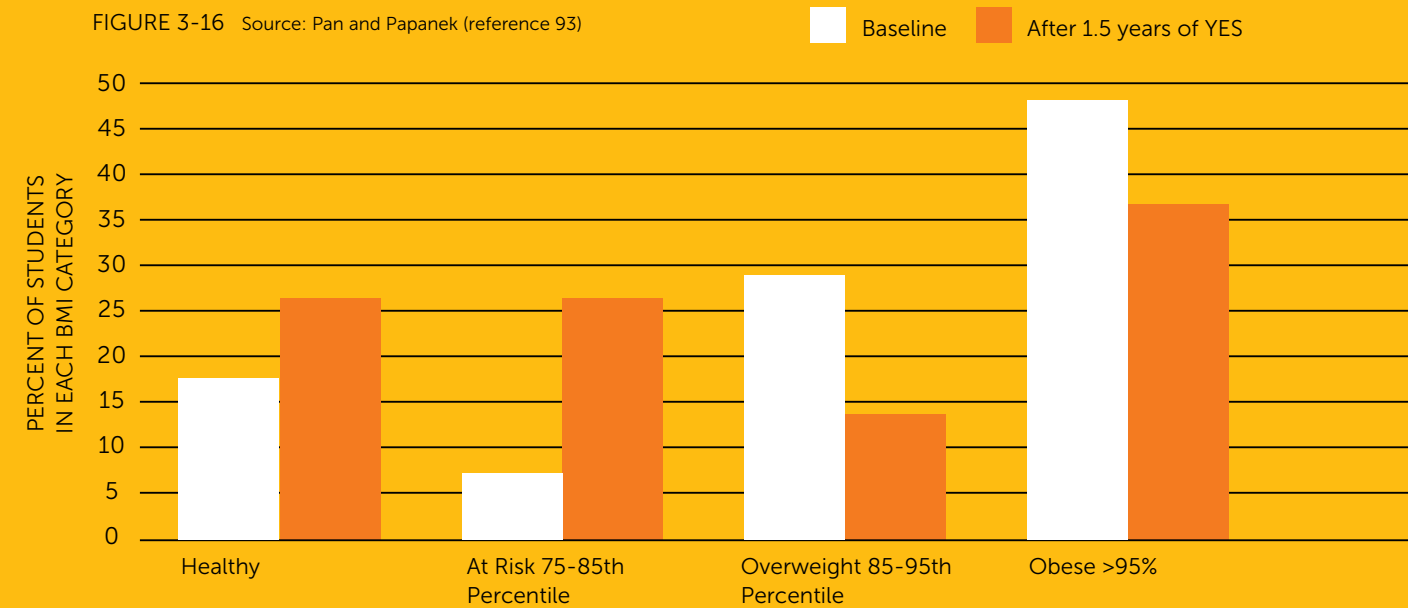
FIGURE 3-15 Source: Bird and Rios Ellis (reference 98)



* significantly different from Pre-YES! $p < .05$

MARQUETTE YES PROGRAM—BMI CATEGORIES

FIGURE 3-16 Source: Pan and Papanek (reference 93)



CONCLUSION FROM YES! SÍ SE PUEDE

The YES! Sí Se Puede Project has significantly impacted fitness measures and fitness-related youth assets in Hispanic middle school students. **Statistically significant improvements were found in a variety of measures related to obesity outcomes, including BMI, fat mass, and fat-free mass. YES! has improved the BMI profile of its students, and re-shaped body composition to a much more healthy status by reducing fat and increasing fat-free mass (see pp. 96-99).**

SUCCESS IN FITNESS AND WELLNESS AT MARQUETTE UNIVERSITY: YES⁸

The Marquette YES program serves 50 disadvantaged Hispanic middle school students at Bruce Guadalupe Community School in urban Milwaukee, Wisconsin.⁹⁹ Seventy-five percent of students are eligible for free or reduced hot lunch and most are bilingual.⁶² The rising rates of obesity in the Hispanic population, potentially leading to chronic diseases later in life, is a paramount issue in this Hispanic student population. Prior to the YES program, 77% of the cohort fell into either the overweight or obese category.⁹³ The major fitness goal of the YES program was to increase the percentage

of healthy weight YES students by more than 30% by decreasing the percentage of students in the at-risk and overweight categories, while maintaining or decreasing the percentage of YES students in the obese category. This hypothesis was based on the notion that little movement in BMI could be achieved in the obese category due to students being too firmly entrenched. Figure 3-16 shows BMI categories with statistically significant movement to more healthy weight categories, not only from the overweight category, but also from the obese category.⁹³

The percentage of obese students in the cohort decreased from 47.6% of the YES cohort (20 students) to 36% (15 students). Students in the overweight category decreased by one-half from 28.6% (12 students) to 14% (6 students) over the first two years of the YES program.⁹³ Conversely, the number and percentage of students in the healthy weight and at-risk categories increased as the cohort profile shifted to more healthy BMIs. The results show a statistically significant change in weight classification (time vs group, $p < .007$).⁹³ Finally, push-ups and curl-ups, as evidence of general fitness improvement and increased upper extremity and core strength, both improved significantly ($p < .001$) (Figures 3-18 and 3-19).⁹³

INNOVATIVE YES HEALTHY LUNCH TRIAL PROGRAM

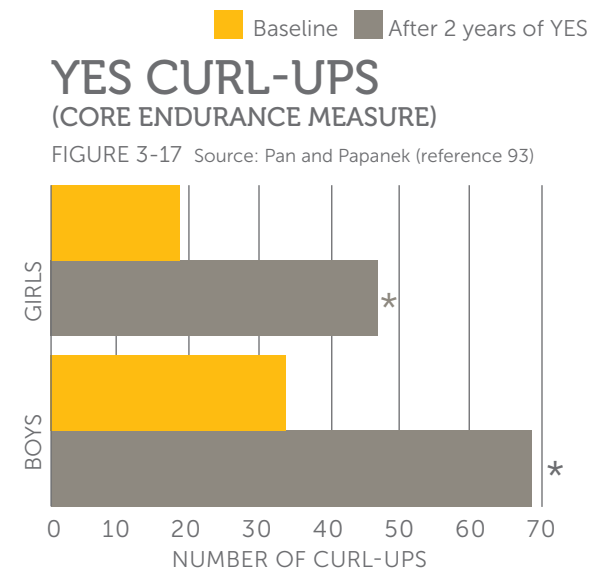
Marquette's YES program assessed an innovative six-week trial lunch program in nine YES participants at the Bruce Guadalupe Community School (BGCS). Assessment of kilocalories (calories) in standard BGCS lunches revealed the average lunch content was 956 calories, with a range of 616 to 2,621 calories for an individual lunch offered. For grades 6-8, the US Department of Agriculture's (USDA) recommended calorie range for lunch is 600-700 calories.¹⁰⁰ Thus,

BGCS middle school students were clearly consuming calories in excess of recommended guidelines prior to the trial program.

In the trial lunch program, a registered dietician designed a daily lunch menu using the food exchange system. Calories were tightly controlled averaging only 522 calories per lunch over the six-week trial period, reducing each lunch by an estimated average of 434 calories.⁹³ The standard (pre-trial) lunch versus test-trial lunch nutritional composition and calories are shown in Figure 3-19.⁹³ Multiplied over a 27-day »

YES CURL-UPS (CORE ENDURANCE MEASURE)

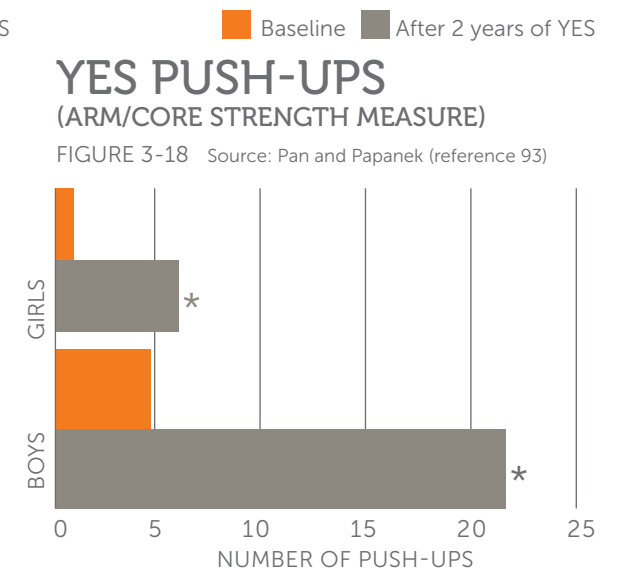
FIGURE 3-17 Source: Pan and Papanek (reference 93)



* significantly different from baseline $p < .05$

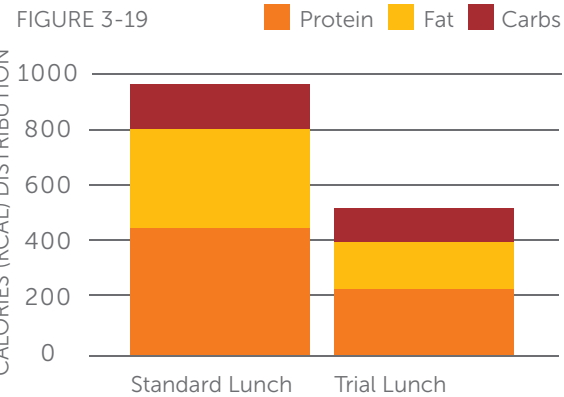
YES PUSH-UPS (ARM/CORE STRENGTH MEASURE)

FIGURE 3-18 Source: Pan and Papanek (reference 93)



* significantly different from baseline $p < .05$

DAILY CALORIE DISTRIBUTION OF CARBOHYDRATES, FATS & PROTEINS



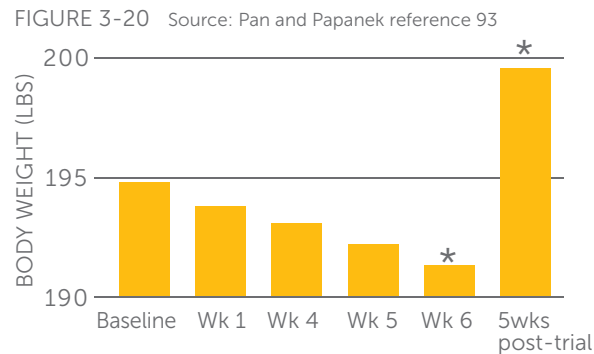
Source: Pan and Papanek reference 93

trial lunch program, YEP students reduced calorie intake by a total of 11,718 calories, which is equivalent to a predicted weight loss of 3.3 pounds if activity levels remain unchanged. Only lunch content was controlled, while students were free to eat their usual breakfast at school and dinner at home.⁹³

The data in Figure 3-20 represent average body weight in this sub-cohort of nine students prior to the trial (Baseline), and body weights taken during the six-week intervention. Body weight was also measured five weeks after the trial lunch program ended. Body weight decreased progressively over the six-week lunch trial ($p < .001$). **At six weeks the weight loss averaged 3.5 pounds below pre-trial weights.**⁹³ This amount of weight loss is extremely close to the

predicted weight loss of 3.3 pounds from the analysis of reduced caloric intake. Hypothetically, multiplying the trial lunch program over an entire school year containing eight months of school lunches, a 3.5-pound weight loss in six weeks could yield more than a 15-pound weight loss over an entire year. After the lunch program ended, body weight rebounded within five weeks, adding to the conclusion that: 1) The six-week trial lunch program was effective at reducing body weight in Hispanic middle school students; and 2) Controlling school lunch calorie content over the long-term could be very effective in weight control. The trial lunch program suggests that weight can be strongly influenced by adjusting lunch programming over a relatively short time frame. This test nutrition program has resulted in discussion at the school level and in Marquette's YES program about school lunches. ●

YES TRIAL LUNCH PROGRAM 522 calories per lunch



* significantly different from baseline $p < .05$

SUMMARY OF FITNESS AND WELLNESS The EYES fitness and wellness model at CUNY–Medgar Evers demonstrates convincingly that a targeted program of exercise and nutrition results in substantial weight loss and reduced BMIs in minority youth. The intensity, frequency and duration of the program distinguishes the Medgar Evers' program. All programs that showed marked success utilized group exercise sessions led by trained motivational exercise group leaders who used group dynamics to support a positive lifestyle change. The YES! program at CSU Long Beach showed that BMI percentile and body composition could be altered to a more lean body mass and that part of that effect was likely due to improved youth assets. The YES program at Marquette University showed positive effects on a variety of fitness measures, leading to a significant reduction in obese and overweight youth. Moreover, Marquette showed that a focused trial intervention to improve nutrition by controlling school lunch calories has a significant effect to reduce body weight.

Preliminary data from all 17 YEP grantees provide early evidence that points to the conclusion that the Youth Empowerment Program

LIMITATIONS

The preliminary data from the YEP shows a strong positive effect in promoting healthy lifestyles and life choices in minority youth. However, the program must be evaluated within the context of the YEP's size and scope as a relatively modest demonstration project of 17 programs with an average sample size of 48 minority youth each. Where possible, group data across multiple YEP grantees were used to increase the sample size for outcome measures in reproductive health, anti-violence, and GPA. Comparison of various measures pre-YEP and after two years of YEP programming were used to assess youth assets, GPA, body weight, BMI, and fitness. In contrast, pre-post comparisons were not available for markers that assessed violence, reproductive health, and substance abuse. In these cases, a control or comparison group was used to evaluate YEP data. Still, a pre-post comparison in all outcome measures would have strengthened the data by adding statistical power.

In addition, some of the measurement tools used to assess attitudinal or behavioral shifts in health required self-reporting which injected subjectivity into the measurements. The use of self-reported data is unavoidable in some areas of health, but regardless, self-reporting may not be as valid, or reliable, as health outcomes assessed by external objective measures. Finally, each YEP grantee works with a disadvantaged population of minority students. However, to participate in the YEP, each student had a parent or guardian that was sufficiently engaged in the student's development to consent for his or her participation. Hence, students whose parents were not engaged, or not willing to consent, could not be included in YEP programming. Accordingly, in spite of the economic or educational disadvantage, some self-selection bias may exist in YEP cohorts based on the required parental support to enroll in YEP. With these limitations in mind, several conclusions, opportunities, and recommendations about the YEP result from the intriguing preliminary data from the program's first two years.

CONCLUSIONS

The programming across the Youth Empowerment Program is built on an "asset model," which reversed the normal decline of youth assets during adolescence as all YEP grantees who measured youth assets reported stabilization of asset levels, and each showed one or more assets which improved significantly over baseline levels. Based on preliminary data, the stabilization of, or actual increase in, minority youth assets in YEP grantee programs correlates with more positive health outcomes, like reduced levels of teen pregnancy, STD's, violence, and substance abuse, along with better academic and wellness outcomes. These improved assets and health outcomes have been reported across the country by multiple YEP grantees, contributing to cumulative YEP data sets. Better youth asset profiles in YEP participants is an underlying foundation for better health choices. The use of an asset model supplements and enhances direct disease prevention and health promotion curricula for specific health issues. Asset models appeared highly effective in changing drug, alcohol, and tobacco use in minority youth. Swarthmore's Blueprints Program tested the effects of an asset model alone. While providing no direct prevention programming in substance abuse, Swarthmore YEP students reduced these risky behaviors through asset-building alone.

Academic achievement among YEP students is a major youth asset, which can lead to success, college, jobs, better life choices, and therefore, improved health outcomes. While the GPA change with YEP over one to two years of programming is modest, one hypothesis is that a modest GPA change could be magnified and grow over an entire academic career. Clearly, the YEP's positive effect on promotion and graduation rates, two major benchmarks of academic success, suggests that a YEP intervention can magnify the short-term effect of a modest increase in GPA.

An individualized case management approach has a positive effect on youth assets. Many of the YEP grantees use this type of one-on-one interaction,

such as the University of Utah and CUNY-Hunter College, where social work models addresses teen pregnancy and trauma in minority youth, respectively.

Family involvement and student compliance are difficult and important issues that were generally reported as "challenges" across the YEP grantees. Towson University has shown that an individualized model, that enlists a local community organizer, can provide a key link to parents by regularly going into homes to build a strong relationship between the YEP staff and the parents. This novel intervention strategy fosters student compliance and parental support through a true understanding of the goals for their children.

In addition to an individualized approach for some health issues, group activity templates led by motivational role models appear to be vital approaches for difficult behavior changes like healthy eating, fitness, and impulse control. Central State University, CSU-Long Beach, Marquette University, Medgar Evers College, and Stone Child College all had success in these areas by using group work and inspirational role models as group leaders to effectively address violence and fitness behaviors.

Dramatic changes in body weight can be made by combining a dedicated nutrition curriculum and a commitment to physical activity. A comprehensive fitness and wellness program of improved nutrition education, combined with exercise of sufficient intensity, duration, and frequency, can lead to impressive weight loss, decreased BMI, and body fat reduction in minority youth. The EYES program at Medgar Evers College sets the standard for all youth empowerment programs with a 20-pound average weight loss over two years. Testing the effect of a pilot school lunch program on body weight, Marquette University has shown that controlling caloric intake in school lunches can have a dramatic affect on weight, while maintaining nutritional quality. Cumulatively, these YEP programs provide models of success to fight the rising rate of obesity in minority youth.

OPPORTUNITIES AND FUTURE DIRECTIONS

While this document reports on only the first two years of YEP programming, the conclusions from the YEP demonstration project suggest that further investment in youth empowerment is both warranted and needed to alter the life course of minority youth. Specifically, YEP data suggest that even short programmatic interventions can have positive effects on youth assets, academic achievement, and health outcomes. The data imply that longer YEP interventions built on this strong foundation, might magnify the results over time. Accordingly, longitudinal studies of YEP programming, designed with repeated measures analysis, are needed to assess the possible long term impact of the YEP on health outcomes.

Several YEP grantees featured in the preceding data sections have tested innovative and creative models in specific minority populations to address difficult adolescent behaviors that negatively affect health.

The early positive results in areas like reproductive health, obesity, youth assets, and anti-violence programming suggest that these new approaches be studied by, and expanded into, other YEP programs as model practices in minority youth empowerment.

These innovative approaches need to be studied across all racial and ethnic cohorts. In other words, the YEP should utilize the lessons learned herein in future grant cycles. From such studies, the ideal dosage and frequency of YEP interventions would better define best practices in youth empowerment. Furthermore, any conclusions about the YEP will be strengthened by expanding the entire YEP program to include larger sample sizes and more grantee programs. An expansion of YEP would allow OMH to study the capacity of the YEP to make changes in health in larger cohorts. Finally, within each program, the power of the YEP data analysis would be enhanced by the use of an age-, race- and ethnicity-matched control group, and by the collection of pre-post comparison measurements for all available health markers. »

LIMITATIONS, CONCLUSIONS, OPPORTUNITIES, AND FUTURE DIRECTIONS

POTENTIAL RIPPLE EFFECT OF THE YEP

Clearly, the early data suggest that YEP has had a positive effect on the lives of minority youth and their parents all across the country. Anecdotally, the impact extends beyond those directly affected or touched by programming. The decrease in violence in the center of Dayton makes the city a safer place for all residents. The coming together of two distinct high schools has brought together American Indian students, parents, and the Chippewa Cree community on the Rocky Boy's Indian Reservation — where arrests have decreased and academic achievement has increased — where families are uniting as one to make the reservation a stronger and more positive place for youth to grow.

Improved high school graduation rates across YEP grantees translate into increased opportunities for

employment and college, therefore decreasing the financial burden on ever-tightening federal and state budgets. The reduction in YEP teen pregnancy in Salt Lake City, and across the grantees that reported live birth data, changes the course, not just of these young women, but also their families, providing the opportunity for them to transition from just surviving to thriving. Truly, the ripple effect of the YEP in altering the paths of adolescents can be transformational to a family, community, city, and ultimately to the country. This initial return on investment for adolescent intervention and empowerment programs is just the beginning, and it shows the potential to impact the health and well-being of the nation in the long term. ●



PHOTOS: (Top) CSU–Long Beach Yes! Si Se Puede Fitness session (Right) Marquette YES Mentors, Angela Meyer and Ashley Glenn, monitoring heart rates by telemetry during YES student fitness session.



The important conclusions from the YEP data are supported by the many emotional stories of individual YEP students, parents, and communities in their effort to overcome social determinants of health.

DR. LAWRENCE G. PAN
PT, PhD, FAPTA, Principal Investigator
– Marquette Youth Empowered to Succeed (YES) Program

Chapter

INDIVIDUAL STORIES
OF YEP SUCCESS:
Students, Parents,
and Communities





MEDGAR EVERS COLLEGE

PROGRAM NAME THE EYES Project PROGRAM ENROLLMENT 35 RACE 80% Black, non-Hispanic, 20% Hispanic SEX Male/Female AGE RANGE 13-16 TIME COMMITMENT 15.5 hrs/week (academic year); 280 hrs (summer program) FOCUS Physical Fitness, Health & Nutrition, Academics ENRICHMENT Mentoring/Tutoring, Life Skills Development, Personal Development



Brooklyn is a borough where crime, drugs, and obesity are commonplace, while educational opportunities for adolescents are limited. The Empowering Youths to Excel and Succeed (EYES) project instills hope to a cohort of youth, helping turn their lives around.

OF THE NINE MILLION people currently living in New York City, approximately 2.5 million reside in Brooklyn. One of them is a young student named Ewunike, known amongst friends as "Nikki." Nikki lives in a borough where 60 percent of its population is overweight or obese, and only 30 percent have graduated from high school. Additionally, Brooklyn's large minority population and high poverty rate has led to significant health disparities — in health outcomes and risk factors related to morbidity and mortality. Further still, Brooklyn's high crime rates have been linked to heightened levels of poverty and unemployment — problems which also plague Crown Heights, the Brooklyn neighborhood where Nikki is growing up. Crown Heights reports the highest level of crime among all five boroughs and ranks first in deaths related to drug abuse. Felonious assaults and burglaries increased considerably in 2007, and the homicide rate increased by 65 percent in 2010. Such negative behaviors perpetuate themselves generationally, which makes academic success leading to college an uphill battle for Nikki and her friends.

Attempting to level the playing field is the EYES Project, a Youth Empowerment Program designed and offered by CUNY's Medgar Evers College. »

“I know the work we’re doing here is changing lives. This work is extraordinary. This program is making a difference.”

— DR. JOHN GRAHAM, *Interim Dean of the School of Business at Medgar Evers College*

“I cannot imagine anything more important than what we’re doing here,” says Interim Dean of the School of Business at Medgar Evers, Dr. John Graham. “If we can show we’re making a difference in Brooklyn, particularly through the EYES Project, I think this will mark the beginning of the beginning.”

The *beginning* is off to an extraordinary start.

Among its cohort, no students enrolled in EYES have received disciplinary actions, suspensions, or expulsions (compared to 10 in the control group of equal size). Similarly, no pregnancies have occurred in the EYES cohort (compared with eight in the control group), and no arrests have been made (compared with six in the control group). More impressive yet is the success EYES has achieved in terms of fitness, imparting a healthy and nutritious lifestyle.

“These kids were overweight when we started,” says Dr. Veronica Udeogalanya, EYES Principal Investigator. “With our first six-week cycle, we saw a five-pound weight loss. Our second six-week cycle showed further evidence of weight loss. **By the end of the year, they actually lost an average of 15 pounds.**”

Instrumental to this success are the resources the program employs: EYES uses a host of developmental programs and support services to target and reduce at-risk behaviors in its youth. It engages students in fitness activities such as Body Sculpt workshops, Boot Camp aerobics, SocaMotion dance choreography, and access to a nutritionist and a gymnasium. While its resources aren’t monumental, the heart and soul of the EYES Project are its mentors. From

its program director, Lindy Jackie, to its Boot Camp and SocaMotion instructors and beyond, the EYES mentors make such a profound difference in the lives of these youth because they truly care about them. Most mentors are Medgar Evers undergraduates from the same neighborhood who faced similar obstacles growing up and overcame them.

“It’s all about showing our young people they can make a better life for themselves,” says Lindy Jackie. “And it’s about offering them healthy lifestyles. By doing that, we’re changing their lives.”

Ask Nikki, she’ll tell you it only takes one person to change a life. For her, that person was Lindy. “She’s a person I look up to,” says Nikki, “because she points me in the right directions. I want to be just like her when I grow up.”

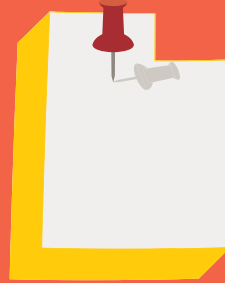
And the glory of this program is that Nikki will be in position to do exactly that when she grows up, to be just like her mentor. Because now, thanks to Lindy Jackie — and thanks to the EYES Project — Nikki is on the right path. She possesses the tools to rise above the realities of her borough and to go to college and live a successful, productive life. And by doing so, who knows who *she’ll* inspire to do the same.

“Everybody helps somebody,” says Nikki. “You can’t help a person unless they help themselves, but ... just one little step can push that person in the right direction. This program is the right step. This program changed my life.” (See thumb drive for EYES video story.) ●



PHOTOS: (Top row, right) Lindy Jackie, *Program Director*, (Second row, left) Onya West, *SocaMotion Instructor*, (Second row, middle) Gwendlyn Rostant, *Personal Trainer*, (Third row, left) Nigel Birch, *Program Coordinator*, (Bottom row, middle) Kieane, *EYES student*, and Svetlanna Farimha, *Mentor*, (Bottom row, right) Khalid, *EYES student*

PROGRAM NAME Latinas Adelante YEP **PROGRAM ENROLLMENT** 30 **RACE** Hispanic **SEX** Female (teen mothers) **AGE RANGE** 12-18 **TIME COMMITMENT** 10 hrs/week (academic year); 71.5 hrs (summer program) **FOCUS** Reproductive Health, Health & Nutrition, Anti-Drug & Alcohol, Academics **ENRICHMENT** Cultural Enrichment, Career Development, Mentoring



In Utah, Latina teens are not only becoming pregnant at an alarming rate, they have a markedly increased risk of second pregnancies. “Latinas Adelante” (Young Women Moving Forward) is a Youth Empowerment Program that has drastically decreased second pregnancies among its cohort of teen Latina mothers.

CONSIDER THE STRESSES inherent in the life of a teenage mother: A young girl of 14 or 15 trying to understand how to be a good parent, while still navigating the challenges of her own childhood. So young, high school is as new to her as motherhood.

Now consider the young life of a girl named Aura. A U.S. citizen by birth, Aura’s parents moved to Salt Lake City and found residence in an impoverished neighborhood on the city’s west side. Always close to her father, Aura was devastated when he was deported the year she turned 14. She responded the only way she knew how: by rebelling and adopting a deleterious lifestyle.

“Growing up where I did,” says Aura, “you see lots of gangs, lots of teenage moms, lots of drugs and violence. When my dad got deported, it was easier for me to get into gangs, do drugs, and follow the wrong crowd than it was to do the right thing.” At 14, she joined a gang, dropped out of high school at age 15, and was almost 16 before she realized she’d drifted so far off course, only something drastic could restore her life to order. So, at age 15, Aura decided to get pregnant.

“I never thought I’d live past 17,” says Aura, “let alone make it through high school. I mean, I just never thought I was going to accomplish anything. So, I felt like having somebody to love, somebody to live for, would get me out of the life I was leading. I thought having a baby would save me.”

After she got pregnant, Aura did withdraw from gang life and returned to school, enrolling at Horizonte Instruction and Training Center, an alternative high school that offers programming for teen mothers.

“My plan was just to graduate from high school and raise my child,” says Aura.

That plan changed the day a new program was introduced to Aura’s class: Latinas Adelante. Designed to build resilience, leadership skills, and a positive outlook on life, Latinas Adelante offers Hispanic teen mothers the tools to seek a better life and achieve their goals. Aura recognized an opportunity to further right her course »





“Not only has this program made me a better person, it’s made me a better parent.” — AURA, age 19

and leapt at the opportunity to participate. It was a watershed moment that inspired her to change her dreams of survival into dreams of success.

“We focus on self-esteem and self-worth,” says Social Work Coordinator Eileen Rojas, who also serves as Aura’s caseworker. **“We try to get these girls to think about what they have going for themselves and what they’d like to accomplish in life. We try to get them to see the big picture for themselves and their children, to think about more than just the here and now, to dream beyond today.”**

Coming into this program, most of the girls had no concept of future. They were too busy dealing with the immediacy of their babies’ needs and the challenges at home to develop any long-term, or even short-term goals.

“Sometimes it was a lack of support,” says Rojas, **“sometimes it was something as simple as how they were going to get to school in the morning, or what they were going to eat. Getting them to see beyond that is a major hurdle for these girls. This program helps them get over that hurdle.”**

Latinas who are already teen mothers have a higher risk of becoming pregnant with a second child, placing them in further jeopardy of dropping out of school and living an unhealthy life of extreme poverty. Recent numbers show birth rates among Hispanic adolescents to be the highest they’ve been in Utah in five years. Among Latina teens (ages 15-19), birth rates were 114.9 per 1,000 females in 2008, compared to 28.5 per 1,000 for white non-Hispanic teens.

Despite these odds, Latinas Adelante has profoundly impacted the girls in the program. Since its inception, only 6.6% have had a second pregnancy, compared to 18% of Hispanic teen moms in Salt Lake County — a reduction of 63%. Similarly, the program is tremendously successful in helping many of its participants graduate from high school: 72% (8 of 11 seniors enrolled in Latinas Adelante) graduated from

Horizonte, compared to graduation rate of only 15.5% for non-YEP students as only 7 of 45 graduated.

“Latinas Adelante changed my life,” says Aura. **“Not just in terms of reproductive health, but in a hundred other ways.”**

In addition to providing workshops on pregnancy prevention and reproductive health, this program teaches girls how to protect themselves from HIV and STDs. It encourages them to embrace healthy choices that increase their overall health and wellness, and educates them on domestic violence and substance abuse.

“It’s all about building their sense of self,” says Rojas, **“and encouraging them to make healthy lifestyle choices for their future.”**

“This program has taught me that anything is possible,” says Aura. **“It’s taught me to keep moving forward and look at the bigger picture. I’ve learned to respect myself as a person. And I’ve gotten my priorities straight.”**

Aura was one of the program’s eight seniors who graduated from Horizonte, and today she’s a full-time student at a local community college, majoring in criminal justice.

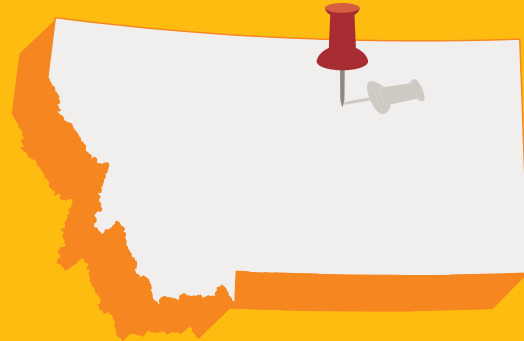
“When I first got pregnant, I thought, I want to finish high school and I’m done. Then after I had my daughter, I was happy, but at the same time, I thought, What did I just do? I was scared, I was nervous. This program has been such a great support system. It’s helped me see beyond high school and taught me how going the extra mile is going to affect my child. I know now that whatever I do, my daughter is going to look up to me.”

Latinas Adelantes might be geared toward 30 Hispanic teen mothers, but its reach extends far beyond them, affecting another generation altogether. Whereas once these young mothers were subdued by the challenges of their own circumstance, empowered by this program, they now possess the means to rise to succeed. ●

PHOTOS: (Top row, center and Third row, right) Maria Lara, Mentor/Tutor, and Diana, Latinas Adelante student, (Second row, left and Third row, right) academic mentoring, (Second row, right) Latinas Adelante fitness session, (Third row, left) Angela, Latinas Adelante student. Photos appear courtesy of Eileen Rojas, the University of Utah, and its College of Social Work.

STONE CHILD COLLEGE

PROGRAM NAME PEAK Project PROGRAM ENROLLMENT 30 RACE American Indian SEX Male/Female AGE RANGE 12-18 TIME COMMITMENT 4 hrs/week (academic year); 110 hrs (summer program) FOCUS Academics, Anti-Drug & Alcohol, Health & Nutrition ENRICHMENT Mentoring/Tutoring, Drama Program, Career Development, Life Skills Development, Personal Development and Wellness, Cultural Appreciation



On the Rocky Boy's Indian Reservation, in Box Elder, Montana, Stone Child College's Positive Empowered Active Kids (PEAK) Project serves high school students from the Chippewa Cree Tribe. This Youth Empowerment Program (YEP) imparts a sense of cultural identity and takes preventative measures to address certain health risks that plague the Tribe, such as diabetes, underage alcohol consumption, cigarette smoking and drug abuse.

THE ROCKY BOY'S INDIAN RESERVATION in Hill County, Montana is home to the Chippewa Cree, a struggling American Indian Tribe fighting hard to stay afloat; 58 percent of its people live below the poverty level and more than 70 percent are unemployed. Worse yet, graduation rate among the Tribe's high school students is a mere 59 percent compared to the state's 94 percent. With high poverty levels and low education, tribe members trend toward unhealthy behaviors, particularly the Tribe's youth: 55 percent of Chippewa Cree high school students smoked tobacco in the past 30 days, and 53 percent of the Tribe's middle school students report their first alcohol drink before they reach age 13 (compared to only 28 percent for the rest of Montana). Four of five smoke marijuana, and twice as many students engage in physical altercations or are forced to have sex against their will when compared to state norms.»

PHOTOS: (Second row, left) Raenell, PEAK student, (Third row, center) Mark and Caitlyn, PEAK students, (Third row, right) drumming performance, (Fourth row, left) PEAK youth gathering, Remaining Photos from Rocky Boy's Indian Reservation

80

YEP YOUTH EMPOWERMENT PROGRAM

59%

of the Tribe's students graduate from high school



70%

of the Tribe is currently unemployed



80%

of the Tribe's youth smoke marijuana





“The Youth Empowerment Program is more than *empowering*. It’s *inspiring*.”

— MARK, age 16

The starkness of such statistics bodes dark days for the future of the Tribe’s youth ... dark days for the future of the Tribe itself. Thankfully, a growing beacon is shining through all this darkness, promising hope in the form of guidance. That light is the PEAK Project, and its success has proven to be transformational.

A TRIBAL TRANSFORMATION

“For me,” says Chippewa Cree Tribe Elder, Sam Vernon ‘Windy Boy’, “the success of this program has really been a community-wide evolution. It’s created a cohesive community for the youth involved.”

Prior to the PEAK Program, the notion of such cohesiveness among Tribal youth was almost unthinkable. Recent history has seen Chippewa Cree families split into two clashing communities: those with children who attend the on-reservation Rocky Boy High School, and those with children enrolled in the off-reservation Box Elder High School. Animosity ran deep between them.

“They were like clans,” says Mark, a 16-year-old junior at Rocky Boy and PEAK student. “There was a barrier between them. But the YEP has broken that barrier. We’re like one family now.”

The program accepts an equal number of students from each school, encouraging Chippewa Cree youth to work together and interact in ways they typically wouldn’t.

“The kids in this program are closing the gap between the two communities in our Tribe,” says

Delphine Sangrey, PEAK Project Coordinator at Stone Child College. “They’re coming together as one, as a Chippewa Cree.”

Not only will this newly formed cultural identity help these youth gain a sense of who they are as American Indians, it will help them maintain a sense of self-identity and self-worth when they leave the reservation and enter the outside world.

ECHOES OF OPTIMISM

As with the youth, the PEAK Youth Empowerment Program is helping parents to become involved in ways they, too, otherwise would not. “*The YEP has been a catalytic force here on the reservation,*” says Sam ‘Windy Boy’. “*With the bonding that’s taking place among the schools and among these families, the family unit has become stronger.*”

Closer peer groups and stronger family units lead to stronger overall support systems for the tribe’s youth, who are — thanks to the success of this program — steering clear of drug and alcohol abuse, a serious problem on the Rocky Boy’s Indian Reservation overall.

“If we didn’t have the YEP,” says Elaine, whose 14-year-old son, Chayse, is enrolled in the program, “we’d be at greater risk of losing our kids to drugs, alcohol, and other negative behaviors. The YEP provides a positive place for our kids to learn how to be positive themselves, to grow in maturity, and to make something of their lives.” »

PHOTOS: (Top) Chayse, PEAK student, (Bottom) Rocky Boy’s Indian Reservation



“Above all, in terms of long-term effect, I see the impact it’s having to create a cohesive community. Because these YEP youth are our future leaders. What better investment could we make?”

— SAM VERNON ‘WINDY BOY,’ Chippewa Cree Tribal Elder

HOPE STARTS AT HOME

Indeed, the Youth Empowerment Program altered the course of this community, but such widespread impact wouldn’t be possible without first proving transformational at home, with each individual enrolled in the program.

“Three years ago,” says Elaine, “Chayse was this quiet, soft-spoken kid. It was hard to get him involved in anything. But since he’s been in the YEP, he’s become a leader. He’s outspoken, he’s positive, he’s doing well in school. He knows that drugs and alcohol are bad for you. He’s just a better person.”

Generally speaking, all the youth enrolled in the Youth Empowerment Program have experienced this type of personal growth. Only one of the program’s 30 students reports smoking tobacco in the past 30 days, and there have been zero pregnancies among the program’s youth since it began. The juvenile arrest rate within the Tribe is more than 2.2 times the rate in the PEAK cohort.

So much success is plainly visible in the data, but data isn’t the only measure of success.

“How do you document a smile on a child’s face?” says Delphine. “How do you quantify self-confidence? How do you measure the depth of personal and Tribal identity?”

Perhaps the answer exists in the pride on Chayse’s mother’s face, as she reflects:

“In my heart, I’m truly proud of my son. He’s a young man now, and a lot of kids look up to him. Everything the YEP has offered him has been so positive. He’s taking all he’s learned and using it. The Youth Empowerment Program is working!”

But don’t take Mom’s word for it. Take her son’s. “The Youth Empowerment Program,” says Chayse, thinking about how far he’s come, “... it’s changed my life.” (See thumb drive for PEAK video story.) ●



PROGRAM NAME English as a Second Language Afterschool Communities (ESLAsC) **PROGRAM ENROLLMENT** 48 **RACE** Somali Bantu Refugees/Immigrants **SEX** Male/Female **AGE RANGE** 9-15 **TIME COMMITMENT** 16 hrs/week (academic year), 126 hrs (summer program) **FOCUS** Academics, Health & Nutrition, Violence Prevention, Anti-Drug & Alcohol **ENRICHMENT** Homework Assistance, Tutoring, Life Skills Development, Personal Development, Cultural Awareness, Campus Tours



Columbus, Ohio, is home to approximately 45,000 Somali refugees. Serving those in Columbus' Wedgewood Village is English as a Second Language Afterschool Communities (ESLAsC) Program, a Youth Empowerment Program that helps Somali Bantu youth adapt and thrive.

DRIVEN FROM THEIR HOMELAND by continued unrest and civil war, members of the Somali Bantu Tribe began their long journey to Columbus, Ohio, on foot. Taking what little they could carry, the Bantu fled their villages in southern Somalia and walked west into Kenya, seeking safety in refugee camps established by the United Nations. There, the waiting game began: With few educational and employment opportunities, refugees accustomed to working long hours in agricultural fields were asked to sit and wait for eventual immigration. Often, the waiting lasts up to 10 years, sometimes more. Once immigration finally did occur, they settled into communities like Wedgewood Village, an affordable housing complex with 650 units on Columbus's west side.

"Life as a refugee is very tough," says Bantu Elder Abdukadir Matan. "There's never enough anything ... education, housing, food. Everything is suffering. But there is a better life here in America, and this program gives great opportunity."

The program Matan refers to is ESL Afterschool Communities (ESLAsC). Housed at Wedgewood, ESLAsC helps immigrant children of the Bantu Tribe — and by extension, their parents — acquire the resources, skills, and guidance needed to achieve their full potential as American citizens.

"Typically, by the time these children arrive," says program coordinator Florence Plagenz, "they're in seventh grade with a first grade-level education ... or no education at all. We give them a safe environment where they can receive homework help and learn about American culture and social norms." »

PHOTOS: (Top) ESLAsC student goals, (Bottom) ESLAsC students and mentor, from left: Asli, Hawa, Isha, Mujiwa, Koos (Mentor), Maryan, and Isho





"We're the fork in the road. Where they could go wrong, we help them go right." — FLORENCE PLAGENZ, ESLAsC Program Coordinator

The ESLAsC Program takes care to return to the foundation of education, addressing basic needs such as reading and writing, ultimately attempting to teach the students much of what they missed during their time in the refugee camps.

Tutors from Columbus State and a certified site specialist in TESOL (Teachers of English to Speakers of Other Languages) go into the schools and work in the classrooms with individual ESLAsC students who need the most help. They also host an after school Power Hour, working one-on-one with students on homework and providing academic enrichment.

"One of the best things we can do," says Plagenz, "is know where each kid is educationally so we can give them the individualized attention they need, the attention they're not otherwise able to receive, and we're seeing results." In 2010-11, 93% of the students in the program increased their reading proficiency by at least one grade level. "We see small changes and successes every day. But the potential that exists for these students, these families, to be successful citizens in the future is so great."

In helping the students, ESLAsC offers a bridge from school to home, which is crucial for their success — academic and otherwise — because their parents are not able to help with their homework and have never received formal education themselves (most do not speak English). In fact, language barriers also tend to prevent Bantu families from understanding the benefits of proper nutrition and physical activity.

Health disparities run high for children of immigrant families: Their general health status is worse than native-born children, and they're much more likely to live in poverty. In 2002, 41% of impoverished youth living in Franklin County were overweight. But obesity is just the tip of the iceberg.

"Living here," says Plagenz, "there's a lot of violence, a lot of drug use, stuff they see every day walking to and from school, walking home at night. We try to be that other voice saying, there's a better option for you ... one that represents a better outcome."

"This program is really important," says 13-year-old Asli, an ESLAsC student who's been in the program nine months and has already seen major improvements on her report card. "They teach us about how to say no to drugs and gangs. They teach us about our health. They help us with our homework. We do exercises and things to boost our confidence."

At its heart, ESLAsC attempts to instill skills in the students that will empower them to make better choices for themselves than those they've made previously. It's working: The number of behavioral incidents in 2010-11 decreased by 36% compared to the previous school year, and suspensions were down 38%, as well. The program's not just helping them get by, it's helping them succeed.

"This program has really helped us a lot," says Asli. "It's made a huge difference in my life."

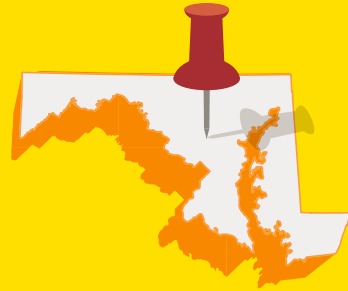
Asli's classmate, Maryan, feels the same way. "I used to never care about school. But since I joined this program, I've made the Honor Roll twice, and I've learned how to control my anger."

"We're giving these kids hope," says Plagenz. "We're giving them a chance ... a chance for happiness in life. A chance for success."

With the help of ESLAsC, Bantu Tribal youth are setting a course for a better life. Says Asli: "I want to go to college when I grow up. Thanks to this program, I'm really excited about my future." ●

PHOTOS: (Top row left, and Second row center) Isho, ESLAsC student, (Top row middle, and Third row right) Koos Mahad, Mentor, (Top right and third row left) Abdukadir Matan, Bantu Elder, (Second row left and bottom center) Asli, ESLAsC student, (Second row right) Haji, ESLAsC student, (Third row right) Mujiwa, ESLAsC student

PROGRAM NAME PALS Program PROGRAM ENROLLMENT 25 RACE Black non-Hispanic SEX Male/Female AGE RANGE 10-13 TIME COMMITMENT 6 hrs/week (academic year); 120 hrs (summer program) FOCUS Health & Nutrition, Anti-Drug & Alcohol, Academics ENRICHMENT Journaling, Mentoring/Tutoring, Physical Activity



Cherry Hill is a community with generational poverty. Attempting to break the cycle is the Partners in Academic and Life Success (PALS) Program, which has positively impacted parents as well as youth.

THE CHERRY HILL neighborhood in Baltimore, Maryland, is 97% Black non-Hispanic, with unemployment at 24%, and 68% of its households headed by single females. Home to the largest concentration of public housing east of Chicago, it is a community that remains largely poor, where the crime rate is high and youth struggle with health issues like asthma and childhood obesity.

"When you live in these types of surroundings," says community organizer Cathy McClain, who works and volunteers for the PALS Program, "it's hard to convince people that there's hope, but that's what this program brings ... *hope*."

PALS provides the opportunity to exercise creativity through positive expressions like journaling, while also presenting opportunities for physical activity. It is designed to increase self-confidence in a small segment of Cherry Hill youth and develop their social skills. As one of its main sources of hope, McClain extends positivity beyond the youth in the program to their parents — something that, in a community like Cherry Hill, is easier said than done.

"It's not easy for parents to attend meetings," says McClain. "But there's not a week that goes by when I don't talk to those families. I call them on the phone, I make home visits. There's always an open line of

communication. I make sure their basic needs are met so nothing can deter them from participating in the program."

"Cathy is our major link to the community," says principal investigator Dr. Marcie Weinstein. "Her presence and participation provide a comfort level that helps our families become more engaged."

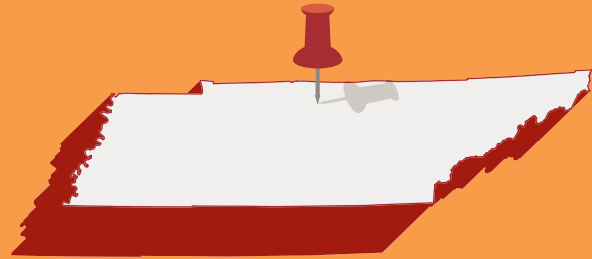
McClain's outreach has, indeed, worked wonders in keeping parents informed and involved. It also sets a great example for the children, who recognize McClain's genuine concern for their well-being and their future — the sort of thing that leaves an indelible mark on youth.

"Having somebody outside the home take interest in their lives and in their successes makes parents feel valued," says McClain, "and it increases self-esteem in the youth. The impact this program has had on these kids is indescribable. Their participation in school has improved, their involvement in the community has improved, and it's even had a ripple effect on their families."

"It's inspiring to see these kids blossom," McClain continues, "to see them go from being clearly headed in the wrong direction and performing poorly in school to *excelling* ... that really makes this all worthwhile." ●



PROGRAM NAME Triple Impact PROGRAM ENROLLMENT 50 RACE Black non-Hispanic SEX Male/Female AGE RANGE 13-16
TIME COMMITMENT 4 hrs/week (academic year); 180 hrs (summer program) FOCUS Academic Enrichment, Healthy Behaviors,
Anti-Violence, Career Development ENRICHMENT Mentoring/Tutoring, Life Skills Development, Civic Engagement, Personal Development
and Wellness, Cultural Enrichment



Five low-rent housing projects supply the student population at Pearl-Cohn High School in Nashville, Tennessee. By partnering with mentors from an Historically Black College and University (HBCU) — Tennessee State University — the Triple Impact Youth Empowerment Program (YEP) has inspired unlikely dreams of higher education.

WIDELY ROMANTICIZED AS THE Country music capital of the world, Nashville, Tennessee, struggles with a very real presence of poverty. On the city's north side is a neighborhood — dubbed "Dodge City" — notorious for gun violence and home to a number of students who attend Pearl-Cohn High School, home base for Nashville's Triple Impact Youth Empowerment Program.

"When I first arrived here," says Dr. Milton Threadcraft, Pearl-Cohn's first-year executive principal, who retired specifically because he saw an opportunity to help students in need, "I walked the community and saw firsthand the blight that exists here. One of the greatest assets we have in battling this neglect is our Youth Empowerment Program. It's helped these kids remain focused and given them the understanding that they can be successful if they just believe in themselves."

Many of Pearl-Cohn's students hail from one-parent or no-parent homes. The parents who are present are often unemployed and receive public assistance. In fact, many have been incarcerated. With so much working against these students, the need for such a program as this YEP is more than great, it's essential.

"I believe in this program," says Dr. Threadcraft. "If it wasn't for the YEP, many of these kids would be dropouts, many of these girls would be young mothers. These students are so caught up in whatever they have going on in their lives, they haven't even had the opportunity to really be kids. They've had to fight for themselves from day one. We're trying to make a difference here. And the YEP has given belief and support to their dreams and ideals. It's bridged the gap in providing exposure and opportunities for them. It's supported them, encouraged them, and nurtured them."

Nashville's Triple Impact YEP represents a close partnership between the Oasis Center, a local youth-serving non-profit, and two HBCUs — Tennessee State University (TSU) and Meharry Medical College. Says Triple Impact »

"youth can walk
around trouble
if there is some
place to walk to
and someone to walk with"

Tito, Former Gang Member



“The YEP inspires us to have the mentality that we’re going to make it. That we’re going to go to college.”

— BREA, age 16

Program Director at TSU, Dr. Deena Sue Fuller, “The Oasis Center has a long history of empowering youth through civic engagement. It has effectively bridged community and academic resources. Both the high school and college students benefit from the service learning experiences, which are guided by caring and competent Oasis staff.” By pairing high school youth with college mentors from HBCUs, the program provides role models of success who share the same racial and socio-economic background as the students. In doing so, the Triple Impact Program equips them with a new lens through which they can see their futures in a positive way for the first time.

One such student working hard to break that cycle is 15-year-old Donnika. “I lost my momma when I was six years old,” she says. “And I used to carry this burden on my shoulders, thinking, if I don’t have my momma and my daddy’s not in my life either, what’s the point in going on? But the YEP has helped me realize I can do better in life. I’m thankful for this program because, for the first time, I have others telling me I can be anything I want to be in life. And that’s all I needed, really ... somebody to tell me I could be somebody.”

“Our mentors serve as living, breathing examples of what these kids can accomplish,” says Brittany Sims, Graduate Assistant at TSU and Mentor Coordinator for the YEP. “The kids can better relate to the mentors because they come from similar backgrounds. Not only are these kids able to look at their mentors and see themselves in them, they’re able to see themselves becoming them.”

“The reality is,” says Dr. Threadcraft, “many of these kids don’t think very highly of themselves because, frankly, they don’t have anybody in their lives who thinks very highly of them. So to have this kind of one-on-one attention from their mentors does a world of good for these students.

“We’re trying to help our kids’ dream beyond their reality,” Dr. Threadcraft continues. “We’re trying to help their dreams become a reality.”

Dejanel Henry, for instance, is one mentor whose resiliency has inspired her mentees. Growing up in a rough neighborhood, Dejanel was the oldest of eight children, living without a father in a struggling household. Today, she is a senior at TSU and will soon become the first in her family to earn a college degree. Her mentees look at her with the hope they too might someday be the first in their families to attend college.

Thanks to the YEP, those dreams now, for the first time, include college. Dreams that are now within reach.

“Before I joined the YEP,” says 16-year-old sophomore Brea, “I’d already made up my mind that I wasn’t going to college. I just felt it wasn’t for me. But this program turned my attitude completely around.”

“Growing up, I didn’t have anyone to guide me,” says Dejanel. “Things were hard, but I’m able to use my experiences to relate to my mentees. The same goes for all our mentors. These kids see us in light of our challenges and in the face of our successes, and it inspires them to succeed as well. It sends the message, *You, too, can do this. You can break this cycle. You can do something more with your life than you ever believed possible!*”

The power of this program lies in its ability to give youth choices. The Triple Impact YEP does more than just help them; it empowers them to help *themselves*. It empowers them to go to college, and to make the choices in their lives that will help them be successful in everything they do.

“This program is changing lives,” says Sims. “I can see it in the faces of all our kids. I knew them when they were in 8th grade, and now they’re in 10th, and I can see their growth, their maturation. I can see them becoming the adults we’ve worked so hard to help them become.” ●



PHOTOS: (Top row, left) Dr. Milton Threadcraft, Principal, (Middle) Dejanel Henry, Mentor, (Bottom row, left) Jasmine Jackson and Dimetrius James, Mentors, (Bottom row, right) Ashley, Triple Impact student and Shayla Tumbling, Mentor



PROGRAM NAME YES! SÍ SE PUEDE **PROGRAM ENROLLMENT** 34 **RACE** Hispanic **SEX** Male/Female **AGE RANGE** 10-16 **TIME COMMITMENT** 10.5 hrs/week (academic year); 210 hrs (summer program) **FOCUS** Academic Enrichment, Physical Fitness, Cultural Enrichment **ENRICHMENT** Mentoring/Tutoring, Physical Fitness, Cultural Awareness, Life Skills Development, Digital Media, Personal Development



Hispanic youth in Long Beach, California suffer heightened health risks due to soaring poverty rates. The Youth Empowerment for Success (YES!) Sí Se Puede (“it can be done”) Program has inspired healthier living among a group of Hispanic youth and their families.

IN LONG BEACH, CALIFORNIA, Hamilton Middle School is located just three blocks from the infamously violent Compton — 8th on the FBI’s list of most dangerous cities in the United States. Historically Black non-Hispanic, today Hamilton is predominantly Latino, with 94 percent of its student body qualifying for free or reduced price meals. Hamilton Middle School students struggle to hold onto their culture in the midst of poverty from an area whose poverty rate is twice the national average. Doing all they can to keep the family unit together, this population is just barely keeping its head above water.

“Many of these students come to California under very high-stress situations,” says Dr. Britt Rios-Ellis, Director of the National Council of La Raza (NCLR)/CSULB Center for Latino Community Health, Evaluation and Leadership Training. “They’re basically in survival mode. Our students and their families are struggling. College isn’t even on their radar. But with YES!, we’re putting it on the radar.”

YES! is a program that promotes academic success and healthy lifestyles for a group of 34 at-risk Latino youth (ages 10-16), from Hamilton Middle School. The students engage in after school programming such as academic tutoring and physical fitness, as well as monthly health workshops and bi-monthly digital media classes. In a district where 7th graders are 47% percent obese or overweight, the latter is not just important, it’s imperative. Thankfully, the YES! fitness program has rendered extraordinary results.

“We were thrilled,” says Dr. Rios-Ellis. “Our program actually decreased their total body fat from 27 to 24 percent, moving from unhealthy ranges into healthy ranges, which is amazing. The parents were amazed too, telling us, *Their bodies are changing, they’re more active, they’re coming home at night and they don’t even want to play video games!* They were as thrilled as we were!” »

“Every time I found myself doubting myself or thinking I was a failure or feeling down, I would think about the YES! Program and what they taught me ... to always lift my head up.” — BEYANSE, age 13

The summer program — and YES! as a whole — has had other positive effects as well, such as an increase in self-esteem and healthier dietary choices. According to Dr. Rios-Ellis, these changes are inherently linked to the cultural pride the YES! Program instills in each of its students.

“Health is very much engendered with culture,” says Dr. Rios-Ellis. “The more in tune Latino youth are with their culture, the more they understand their rich cultural heritage, the fewer risky behaviors they engage in. The greater their cultural pride, the less likely they are to use drugs and engage in sexual behavior at an early age. Conversely, the *more* likely they are to make responsible choices, and to look at their future and see real potential.”

Thanks to the YES! Program, 13-year-old Beyanse has gained a newfound appreciation for her El Salvadorian and African-American background. It’s also helped her become a healthier young lady.

“The YES! Program had a great impact on me,” says Beyanse. “It taught me how to appreciate my culture.” It also helped her transform her report card. “Before the YES! Program, I was getting straight Fs across the board. Now, thanks to YES!, I made Honor Roll ... *twice!*”

“Not only are students’ grades going up, they are glowing with good health,” says YES! Program Coordinator Dr. Mara Bird. “This program is working!”

Such a remarkable turnaround is indicative of the strong mentors available through the program. But YES! goes beyond simply featuring strong mentors. It features strong mentors who have faced — and overcome — the same obstacles the students themselves face. In that way, the mentors become symbolic of the very lesson they try to impart: Believe in yourself, work hard, and you can accomplish your highest goals.

“I don’t think I could have made it to med school were it not for the people in my life who told me I could be anything I wanted to be,” says YES! mentor

Kim Ramirez, a fourth-year medical student at the University of California — Irvine and graduate student at CSULB. Ms. Ramirez’s mother was a Filipino immigrant, and her Mexican-American father never graduated from high school. “As a mentor, that’s what I’m here to do for *them*. To be that person who tells them they can accomplish anything. And being that I’m from the same ethnic background and the same modest upbringing, they can relate to me. And so they listen.”

It’s a message that resonates — with students as well as with parents who accompany their children on YES! health and cultural workshops, and physical fitness activities at the university.

“We try to include the families in everything we do,” says Dr. Rios-Ellis. “Because families are an important strength within the Latino community. Really, it’s an underutilized tool we can use to better fight health and educational disparities in this community. Looking into a parent’s eyes, hearing them say, *Wow, my kid could be here. This could be his future ... That was a moving experience!*”

The health improvements this program inspires in these youth — and their families — exemplify the ability of the Latino community to make positive change in a collective fashion.

“In terms of national schemata,” concludes Dr. Rios-Ellis, “This program has the potential to reduce healthcare and incarceration costs, while contributing to career transformations and educational achievement. YES! underscores our ability to reach out to 6th, 7th, and 8th graders in a way that will help them chart a course that leads to college. It’s helping them gain new skills so they can lead healthy, vibrant, productive lives. There’s a lot of hope here. Because these kids now know — for the first time in their lives — that they have something valuable to contribute to society. And I have no doubt that they will.” (See thumb drive for YES! video story.) ●



PHOTOS: (Top row, left) Beyanse, YES! student, (Top row, center) YES! Mentor and students, (Top row, right) Marco, YES! student, and Leahmay Castillo, YES! Mentor, (Second row, center) Isaias, YES! student, (Second row, right) Natalie, YES! student, (Third row, left) Dr. Mara Bird, YES! Program Coordinator, (Bottom row, center) YES! students’ digital media class, (Bottom row, right) Kim Ramirez, YES! Mentor and Medical Student

The ripple effect of the YEP in altering the paths of adolescents is transformational to family, community, city, and ultimately to the country. This initial return on investment for adolescent intervention and empowerment programs is just the beginning. It will linger and impact the financial future of us all.



PROGRAM CONTACTS

CALIFORNIA STATE UNIVERSITY LONG BEACH

Dr. Britt Rios Ellis, *YES! Sí Se Puede Program*,
6300 State University Drive, Suite 125, Long
Beach, CA 90815 BE

CALIFORNIA STATE UNIVERSITY SAN MARCOS

Dr. Arcela Nuñez-Alvarez, *REACH Higher Project*,
333 S. Twin Oaks Valley RD. San Marcos, CA
92096-0001 BE

CENTRAL STATE UNIVERSITY

Dr. Jamaal Scott, *K4L Program*,
1500 West Third Street, Dayton, OH, 45402

CHICAGO STATE UNIVERSITY

Dr. Troy Harden, *Project MENTOR*,
9501 S. King Drive, Chicago, IL 60628

COLUMBUS STATE COMMUNITY COLLEGE

Ms. Suzanne Schaefer,
ESL Afterschool Communities,
550 East Spring Street, Columbus, OH, 43215

HUNTER COLLEGE-CUNY

Dr. Robert Abramovitz, *Bridges Program*,
129 E. 79th Street, New York, NY, 10075

KENTUCKY STATE UNIVERSITY

Dr. Herman Walston,
Youth Empowerment Project,
400 East Maine Frankfort, KY, 40601

MARQUETTE UNIVERSITY

Dr. Lawrence G. Pan, *YES Program*,
PO Box 1881, Milwaukee, WI, 53201

MEDGAR EVERS COLLEGE-CUNY

Dr. Veronica Udeogalanya, *EYES Project*,
1650 Bedford AV, Brooklyn, NY, 11225

OREGON HEALTH AND SCIENCE UNIVERSITY

Dr. William Lambert, *Native STAND program*,
3181 SW Sam Jackson Park RD,
Portland, OR, 97239

STONE CHILD COLLEGE

Ms. Mary St. Pierre, *PEAK Project*,
8294 Upper Box Elder Road, Box Elder, MT, 59521

SWARTHMORE COLLEGE

Ms. Imaani Greene, *Project Blueprints*,
500 College AV, Swarthmore, PA, 19081

TENNESSEE STATE UNIVERSITY

Dr. Deena Sue Fuller, *Triple Impact Youth
Empowerment Collaborative*,
3500 John A. Merritt Blvd., Nashville, TN, 37209

TOWSON UNIVERSITY

Dr. Marcie Weinstein, *PALS program*,
8000 York Rd
Towson, MD 21252

UNIVERSITY OF PENNSYLVANIA

Mr. Danny Gerber, *Growing Together: University
Community School Partnerships
and Community Food Systems as a Context for
Youth Empowerment*,
133 South 36th ST, Philadelphia, PA, 19104

UNIVERSITY OF UTAH

Dr. Rosemary Alvarado, *Latinas Adelante: Hispanic
Teen Moms, or La Familia*,
395 S. 1500 E., Rm 111, Salt Lake City, UT, 84112

WICHITA STATE UNIVERSITY

Dr. Rhonda Lewis, *Youth Empowerment
Implementation Project*,
1845 Fairmont, Campus Box 34,
Wichita, KS, 67260

REFERENCES

1. U.S. Department of Health and Human Services Office of Minority Health. Youth Empowerment for Success (YES!). <http://minorityhealth.hhs.gov/templates/content.aspx?ID=8896&lvl=3&lvlID=576> Last accessed 2012.
2. U.S. Department of Health and Human Services Office of Minority Health. REACH Higher. <http://minorityhealth.hhs.gov/templates/content.aspx?ID=8903&lvl=3&lvlID=576> Last accessed 2012.
3. U.S. Department of Health and Human Services Office of Minority Health. K.R.U.N.K.E.D. (keepin' it real through unity, nonviolence, kreativity, education, and determination) for Life (K4L). <http://minorityhealth.hhs.gov/templates/content.aspx?ID=8890&lvl=3&lvlID=576> Last accessed 2012.
4. U.S. Department of Health and Human Services Office of Minority Health. Project MENTOR. <http://minorityhealth.hhs.gov/templates/content.aspx?ID=8891&lvl=3&lvlID=576> Last accessed 2012.
5. U.S. Department of Health and Human Services Office of Minority Health. ESL afterschool communities. <http://minorityhealth.hhs.gov/templates/content.aspx?ID=8892&lvl=3&lvlID=576> Last accessed 2012.
6. U.S. Department of Health and Human Services Office of Minority Health. Bridges youth empowerment program. <http://minorityhealth.hhs.gov/templates/content.aspx?ID=8893&lvl=3&lvlID=576> Last accessed 2012.
7. U.S. Department of Health and Human Services Office of Minority Health. Promising Youth Center for Excellence. <http://minorityhealth.hhs.gov/templates/content.aspx?ID=8895&lvl=3&lvlID=576> Last accessed 2012.
8. U.S. Department of Health and Human Services Office of Minority Health. Youth Empowered to Succeed (YES) II project. <http://minorityhealth.hhs.gov/templates/content.aspx?ID=8897&lvl=3&lvlID=576> Last accessed 2012.
9. U.S. Department of Health and Human Services Office of Minority Health. Empowering youth to Excel and Succeed initiative. <http://minorityhealth.hhs.gov/templates/content.aspx?ID=8894&lvl=3&lvlID=576> Last accessed 2012.
10. U.S. Department of Health and Human Services Office of Minority Health. Nurturing Healthy and Empowered Youth in American Indian communities. <http://minorityhealth.hhs.gov/templates/content.aspx?ID=8898&lvl=3&lvlID=576>
11. U.S. Department of Health and Human Services Office of Minority Health. SCC Positive Empowered Active Kids (PEAK) project. <http://minorityhealth.hhs.gov/templates/content.aspx?ID=8900&lvl=3&lvlID=576> Last accessed 2012.
12. U.S. Department of Health and Human Services Office of Minority Health. Blueprints (phase II). <http://minorityhealth.hhs.gov/templates/content.aspx?ID=8901&lvl=3&lvlID=576> Last accessed 2012.
13. U.S. Department of Health and Human Services Office of Minority Health. Triple Impact Youth Empowerment Collaborative (TIYEC). <http://minorityhealth.hhs.gov/templates/content.aspx?ID=8906&lvl=3&lvlID=576> Last accessed 2012.
14. U.S. Department of Health and Human Services Office of Minority Health. Partners in Academic and Life Success (PALS). <http://minorityhealth.hhs.gov/templates/content.aspx?ID=8902&lvl=3&lvlID=576> Last accessed 2012.
15. U.S. Department of Health and Human Services Office of Minority Health. Growing Together. <http://minorityhealth.hhs.gov/templates/content.aspx?ID=8899&lvl=3&lvlID=576> Last accessed 2012.
16. U.S. Department of Health and Human Services Office of Minority Health. Hispanic Teen Moms and "La Familia". <http://minorityhealth.hhs.gov/templates/content.aspx?ID=8904&lvl=3&lvlID=576> Last accessed 2012.
17. U.S. Department of Health and Human Services Office of Minority Health. Wichita's Youth Empowerment Implementation Project. <http://minorityhealth.hhs.gov/templates/content.aspx?ID=8905&lvl=3&lvlID=576> Last accessed 2012.
18. U.S. Department of Health and Human Services Office of Minority Health. 2009 Youth Empowerment Program Grants. FY 2009 Grantees Web site. <http://minorityhealth.hhs.gov/templates/content.aspx?ID=8222&lvl=2&lvlID=6> Last accessed 2012.
19. U.S. Department of Health and Human Services. Healthy people 2020. Healthy People 2020 Web site. <http://www.healthypeople.gov/2020/> Accessed 11/03, 2011.
20. U.S. Department of Health and Human Services Office of Minority Health. National Partnership for Action to End Health Disparities Web site. <http://minorityhealth.hhs.gov/npa/> Accessed 11/03, 2011.
21. Center for Disease Control and Prevention. Injury prevention

- and control: Data and statistics (WISQARS). <http://www.cdc.gov/injury/wisqars/index.html>. Accessed 07/01, 2011.
22. U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. Child Health USA 2011 Web site. <http://mchb.hrsa.gov/chusa11/> Accessed 11/03, 2011.
23. Center for Disease Control and Prevention. Injury prevention and control: Motor vehicle safety. http://www.cdc.gov/motorvehiclesafety/teen_drivers/ Accessed 11/03, 2011.
24. Insurance Institute for Highway Safety, Highway Loss Data Institute. Fatality facts 2008: Teenagers. <http://www.iihs.org/research/topics/teenagers.html> Accessed 11/20/2011.
25. Insurance Institute for Highway Safety. Fatality facts: Teenagers 2008. <http://www.iihs.org/research/qanda/underage.html> Last accessed 4/19/2012.
26. Center for Disease Control and Prevention. Injury center: Youth violence. <http://www.cdc.gov/ViolencePrevention/youthviolence/> Accessed 11/03, 2011.
27. Center for Disease Control and Prevention. Injury prevention and control: Data and statistics (WISQARS). <http://www.cdc.gov/injury/wisqars/index.html>. Last accessed 4/23/2012.
28. Center for Disease Control and Prevention. Alcohol and drug use. <http://www.cdc.gov/healthyyouth/alcoholdrug/index.htm> 2011.
29. Center for Disease Control and Prevention. Youth Risk Behavior Surveillance System (YRBSS). <http://www.cdc.gov/HealthyYouth/yrbss/index.htm> 2011.
30. Center for Disease Control and Prevention. Sexual risk behavior: HIV, STD, & teen pregnancy prevention. <http://www.cdc.gov/healthyyouth/sexualbehaviors/>. Accessed 10/12, 2011.
31. Center for Disease Control and Prevention. HIV surveillance report, volume 21. Diagnoses of HIV Infection and AIDS in the United States and Dependent Areas, 2009 <http://www.cdc.gov/hiv/surveillance/resources/reports/2009report/>
32. Weinstock H, Berman S, Cates W. Sexually transmitted diseases among American youth: Incidence and prevalence estimates, 2000. *Perspectives on Sexual and Reproductive Health*. 2004;36(1):6-10.
33. Center for Disease Control and Prevention. STD trends in the united states: 2010 national data for gonorrhea, chlamydia, and syphilis. 2010 Sexually Transmitted Diseases Surveillance Web site. <http://www.cdc.gov/std/stats10/trends.htm> Last accessed 4/23/2012.
34. Center for Disease Control and Prevention. Figure 6. Chlamydia—Rates by Race/Ethnicity, United States, 2001–2010. 2010 Sexually Transmitted Diseases Surveillance Web site. <http://www.cdc.gov/std/stats10/figures/6.htm>. Last accessed 4/23/2012.
35. Center for Disease Control and Prevention. Figure 22. Gonorrhea—Rates by Race/Ethnicity, United States, 2001–2010. 2010 Sexually Transmitted Diseases Surveillance Web site. <http://www.cdc.gov/std/stats10/figures/22.htm> Last accessed 4/2012.
36. Center for Disease Control and Prevention. April is STD awareness month. <http://www.cdc.gov/Features/STDAwareness/> Last accessed 4/2012.
37. Center for Disease Control and Prevention. About teen pregnancy: Teen pregnancy in the United States. Teen Pregnancy Web site. <http://www.cdc.gov/teenpregnancy/>
38. National Campaign to Prevent Teen Pregnancy. By the numbers: the public costs of teen childbearing. <http://www.thenationalcampaign.org/costs/default.aspx> Last accessed 4/2012.
39. U.S. Department of Agriculture Center for Nutrition Policy and Promotion. Dietary guidelines for Americans: 2010. <http://www.cnpp.usda.gov/DietaryGuidelines.htm> Last accessed 4/2012.
40. Center for Disease Control and Prevention. Nutrition facts. Adolescent and School Health Web site. <http://www.cdc.gov/healthyyouth/nutrition/facts.htm> Last accessed 4/2012.
41. U.S. Department of Health and Human Services. 2008 physical activity guidelines for Americans. <http://www.health.gov/paguidelines/guidelines/default.aspx> Last accessed 4/2012.
42. Center for Disease Control and Prevention. Childhood obesity facts. Adolescent and School Health Web site. <http://www.cdc.gov/healthyyouth/obesity/facts.htm> Updated 2011.
43. Center for Disease Control and Prevention. Childhood overweight and obesity. Overweight and Obesity Web site. <http://www.cdc.gov/obesity/childhood/index.html> Accessed 11/04, 2011.
44. U.S. Department of Health and Human Services, Office of the Surgeon General. The surgeon general's vision for a healthy and fit nation. <http://www.surgeongeneral.gov/library/obesityvision/obesityvision2010.pdf> Last accessed 4/2012.
45. Center for Disease Control and Prevention. Obesity among children and adolescents 12–19 years of age, by selected characteristics: United States, selected years

- 1963–1965 through 2007–2010 <http://www.cdc.gov/nchs/data/hus/2011/075.pdf>. Accessed 6/04, 2012.
46. Daniels S, Arnett D, Eckel R, et al. Overweight in children and adolescents: Pathophysiology, consequences, prevention, and treatment. *Circulation*. 2005;111:1999-2012.
47. Freedman D, Zugno M, Srinivasan S, Berenson G, Dietz W. Cardiovascular risk factors and excess adiposity among overweight children and adolescents: The Bogalusa heart study. *Journal of Pediatrics*. 2007;150(1):12-17.
48. Serdula M, Ivery D, Coates R, Freedman D, Williamson D, Byers T. Do obese children become obese adults? A review of the literature. *Division of Nutrition, National Center for Chronic Disease Prevention and Health Promotion*. 1993;22(2):167-177.
49. Marcus L, Baron A. Childhood obesity: The effects on physical and mental health. New York University Child Study Center Web site. http://www.aboutourkids.org/articles/childhood_obesity_effects_physical_mental_health. Accessed 10/18, 2011.
50. Search Institute. The power of assets. <http://www.search-institute.org/research/assets/assetpower>. Last accessed 4/2012.
51. Benson P, Scales P, Leffert N, Roehlkepartain E. The Fragile Foundation: The State of Developmental Assets Among American Youth. 2nd Ed. Pdf only. <https://www.searchinstitute.org/ProductDetails.asp?ProductCode=E533%2DW&CartID=1> Search Institute.2011.
52. Robert Wood Johnson Foundation Commission to Build a Healthier America. Education matters. <http://www.commissiononhealth.org/Calculator.aspx> Last accessed 4/2012.
53. Center for Disease Control and Prevention. Health and academics data and statistics. http://www.cdc.gov/healthyyouth/health_and_academics/data.htm Last accessed 4/2012.
54. Oman R, Vesely S, Aspy C, McLeroy K, Luby C. The association between multiple youth assets and sexual behavior. *American Journal of Health Promotion*. 2004;19(1):12-18.
55. Markham C, Lormand D, Gloppen K, et al. Connectedness as a predictor of sexual and reproductive health outcomes for youth. *Journal of Adolescent Health*. 2010;46:S23-S41.
56. Oman R, Vesely S, Aspy C. Youth assets and sexual risk behavior: The importance of assets for youth residing in one parent households. *Perspectives on Sexual and Reproductive Health*. 2005;37(1):25-31.
57. Vesely S, Wyatt K, Oman R, et al. The potential protective effects of youth assets from adolescent sexual risk behaviors. *Journal of Adolescent Health*. 2004;34:356-365.
58. Murphey D, Lamonda K, Carney J, Duncan P. Relationships of a brief measure of youth assets to health-promoting and risk behaviors. *Journal of Adolescent Health*. 2004;34:184-191.
59. Donna E. Shalala, Secretary of Health and Human Services. Youth violence: A report of the surgeon general. <http://www.surgeongeneral.gov/library/youthviolence/report.html> Last accessed 4/2012.
60. Marquette University. Youth Empowered to Succeed (YES) program. http://www.marquette.edu/programs/hcop_yes_about.shtml
61. United Community Center Inc. <http://www.unitedcc.org/index.htm> Last accessed 4/2012.
62. Wisconsin Information Network for Successful Schools. Enrollment by economic status non-district charter schools: Bruce Guadalupe <http://data.dpi.state.wi.us/data/GroupEnroll.aspx?GraphFile=GR OUPS&SCounty=47&SAthleticCount=45&SCESA=05&FULLKEY=01812303%60%60%60%60&SN=None+Chosen&DN=Non-district+Charter+Schools%3a+Bruce+Guadalupe&OrgLevel=di&Qquad=demographics.aspx&Group=EconDisadv> Last accessed 4/2012.
63. Lewis R, et al. Data and background information on Wichita State University YEIP partnerships. 2012.
64. Strengthening Families Program. <http://www.strengtheningfamiliesprogram.org/2012> Last accessed 4/03/2012.
65. Botvin Life Skills Training. <http://www.lifeskillstraining.com/> Last accessed 4/2012.
66. Girls Circle Association. <http://www.girlscircle.com/> Last accessed 4/2012.
67. Men to Boys Program. The Council for Boys and Young Men. <http://www.boyscouncil.com/> Last accessed 4/2012.
68. Search Institute. Search Institute statement regarding asset 19: Religious community. www.search-institute.org/system/files/Asset19-FAQ.pdf Last accessed 4/2012.
69. NCLR/CSULB Center for Latino Community Health. Evaluation & Leadership Training. <http://www.csulb.edu/centers/latinohealth/aboutus/> Last accessed 4/2012.
70. Vista Community Clinic. REACH and REACH Higher. <http://www.vistacommunityclinic.org/Home> Last accessed 4/2012.
71. Nunez-Alvarez A, et al. Data and background information on California State University San Marcos REACH Higher partnerships. 2012.

REFERENCES

72. Brown S, Taverner B. Streetwise to sex-wise : Sexuality education for high-risk youth. Morristown, NJ: Center for Family Life Education, Planned Parenthood of Greater Northern New Jersey; 2001.
73. Kaplan S. Data and background information on Hunter College of the City University of New York YEP program. 2012.
74. Lois V. and Samuel J. Silberman School of Social Work at Hunter College. About Silberman SSW. <http://www.hunter.cuny.edu/socwork/about/about-hunter-ssw.html> Last accessed 4/23/2012.
75. Union Settlement Association. <http://www.unionsettlement.org/> Last accessed 4/19/2012.
76. El Museo del Barrio NEW YORK. <http://www.elmuseo.org/> Last accessed 4/19/2012.
77. The Henry J. Kaiser Family Foundation. Number of Live Births by Race/Ethnicity, 2009. <http://www.statehealthfacts.org/comparemaptable.jsp?ind=36&cat=2> Last accessed 4/19/2012.
78. Alvarado R. Data and background information on University of Utah YEP program. 2012
79. Utah Department of Health Bureau of Communicable Disease Control. Chlamydia and gonorrhoea epidemiological profile Utah 2003-2007. <http://health.utah.gov/cdc/sp.htm> Last accessed 2012.
80. CQ Press using reported data from the F.B.I. "Crime in the United States 2009". CityCrime2009_Rank_Rev.pdf at <http://os.cqpress.com/citycrime/2009/CityCrimeRankings2009.htm> Last accessed 2012.
81. Ohio Office of Criminal Justice Services. Violent crime in Ohio's primary and secondary schools. www.publicsafety.ohio.gov/links/ocjs_Violentcrimeinschools.pdf 2007. Last accessed 2012.
82. Scott J. Data and background information on Central State University K4L program. 2012.
83. U.S. Census Bureau. American Community Survey 2005-2007. http://www.nyc.gov/html/dcp/pdf/census/nyc_boros_acs_05_06_07_profile_demo.pdf Last accessed 2012.
84. Udeogalanya V, Jackie L. Data and background information on CUNY/Medgar Evers EYES program. 2012.
85. Channing Bete. Chester Upland School District youth survey. Communities that Care Report. 1994, 1999, 2003.
86. Blackburn K, Greene I. Data and background information on Swarthmore Blueprints program. 2012.
87. St. Pierre M, Sangrey D. Data and background information on Stone Child College PEAK program. 2012.
88. Rocky Boy's Reservation Tribal Law Enforcement and Tribal Courts Data 2009, 2012. <http://www.chippewacree.org/> Last accessed 2012.
89. U.S. Bureau of Labor Statistics. Table A-4. Employment status of the civilian population 25 years and over by educational attainment. <http://data.bls.gov/cgi-bin/print.pl/news.release/empsit.t04.htm> Last accessed 2012.
90. Baltimore Neighborhood Indicators Alliance-The Jacob France Institute. Cherry Hill. http://bniajfi.org/vs/vital_signs?csa=7 Last accessed 2012.
91. Weinstein M. Data and background information for Towson University YEP program. 2012.
92. American Camping Association I. Camper Growth Instrument — national outcomes study. <http://www.acacamps.org/research/enhance/directions/CGI> Last accessed 2012.
93. Pan L, Papanek P. Data and background information on Marquette University YES program. 2012.
94. Harden T. Data and background information for Chicago State University YEP program. 2012.
95. Chicago Public Schools. Hyde Park Academy high school at-a-glance. <http://www.cps.edu/Schools/Pages/school.aspx?id=609713> Last accessed 2012.
96. Education Data Partnerships (California). 2010-11 Fiscal, Demographic and Performance Data on California's K-12 Schools. School profile report on students. http://www.eddata.k12.ca.us/App_Resx/EdDataClassic/fsTwoPanel.aspx?#!bottom=/_layouts/EdDataClassic/profile.asp?tab=1&level=07&ReportNumber=16&County=19&fyr=1011&District=64725&School=6057780 Last accessed 2012.
97. Claremont Graduate University and ReThinking Greater Long Beach. Public health 2009-10 total 5th grade by long beach planning districts. <http://lbcdb.cgu.edu/datatables2012.aspx?EDAB2012> Last accessed 4/19/2012.
98. Rios-Ellis B, Bird M. Data and background information for California State University Long Beach YEP program. 2012.
99. Milwaukee Public Schools. Bruce-Guadalupe Community School 2008-2009 report card. http://www2.milwaukee.k12.wi.us/acctrep/0809/2009_E8_0485.pdf
100. United States Department of Agriculture - Food and Human Service. Final rule nutrition standards in the national school lunch and school breakfast programs. <http://www.fns.usda.gov/cnd/Governance/Legislation/dietaryspecs.pdf>. Accessed 01/01, 2012.



THE YOUTH EMPOWERMENT PROGRAM:
Promoting Healthy Behaviors in Minority Youth

The United States Department of Health and Human Services, Office of Minority Health