

Healthy Youth Development

About the Title V Block Grant

The federal Title V Maternal and Child Health (MCH) Block Grant helps states ensure the health of all mother and children. As part of Minnesota's Title V Block Grant activity requirements, the MDH conducts a statewide needs assessment every five years. The needs assessment provides guidance to Title V activities for the next five years by identifying priority issues. This fact sheet describes one of Minnesota's priority issues.

Seriousness of the Issue

Many health problems facing young people have failed to respond to traditional approaches¹. Healthy youth development is an evidence based public health approach that seeks to empower youth by engaging them in activities and experiences that increase connectedness to caring adults, a sense of competence or mastery, and contribution to their community². Healthy youth development recognizes adolescence as a time of significant change and transition. It acknowledges the stages of development of adolescents and believes in the capacity and potential of all young people. This approach has a profound impact on their health and wellbeing.³

Through a healthy youth development lens, health is seen more broadly and can be defined as an optimal state of well being in all areas of life – physical, emotional, social and spiritual. By using this broad youth development definition of health, adolescents are healthy when they engage in healthy behaviors that contribute to a healthy lifestyle; have the capacity to thrive in spite of stressors in life (resiliency); successfully engage in the developmental tasks of adolescence; and experience a sense of wholeness and well-being.⁴

There are a multitude of factors, both positive and negative, that influence the health and well-being of adolescents. Protective factors moderate risk and buffer against hazards and stressors but do not eliminate risk. Risk factors are elements that raise the odds that a poor outcome will occur and diminish the likelihood of successful development. Risk and

protective factors interact together to influence the health of youth⁵.

Results from the National Longitudinal Study of Adolescent Health (Add Health) demonstrate the importance of connections to family and other caring adults, as well as to school and community. Researchers have demonstrated that family and school connectedness are important protective factors for emotional health, pregnancy, violence, and substance use^{6,7}.

Positive relationships between Minnesota youth and their parents have been consistently high over time, especially for younger students – nine out of ten students in 6th grade say their parents care very much. More than three-quarters of 9th and 12th graders give their parents the same high mark.⁸ Communication with parents can also be considered an indicator of parent-child connectedness. All students reported mothers more often being approachable than fathers. Ninth and 12th graders reported connecting with their parents at rates lower than 6th graders.⁹

School connectedness is an important protective factor for young people. In a recent report by the Centers for Disease control, authors stated that “students are more likely to engage in healthy behaviors and succeed academically when they feel connected to school.”¹⁰

Minnesota's students' perceptions of whether teachers are interested in them as individuals have been relatively level over the years: nearly two-thirds of 6th graders, one third of 9th grade students and not quite one-half of 12th grade students feel that all or more teachers are interested in them as people. A great majority at all grade levels report teachers show respect for them. For 6th grade students, this has been constant over the years at a rate over 80%. For 9th grade students, there has been a very gradual increase to 72.9% in 2007. Twelfth-graders, too, have had a gradual increase in their reported rate over time to 73.3%.¹¹

Involvement in out-of-school activities is one way that young people can develop a sense of competence in their unique contributions, and build relationships with peers and other caring adults. In a review of the



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impact of after school programs on young people, researchers concluded, “after-school programs succeeded in improving youths’ feelings of self-confidence and self-esteem, school bonding (positive feelings and attitudes toward school), positive social behaviors, school grades and achievement test scores. They also reduced problem behaviors and drug use.”¹²

The majority of Minnesota youth in 6th, 9th and 12th grades stated they had never been involved in a mentoring program. Between 4% and 10% of 6th, 9th and 12th grade males and females stated that mentoring programs were not available in their community. Many young people are involved in religious activities (religious services, education, youth group, etc.): between 46% and 70% are involved a few times a year to every day. Minnesota teens are also commonly involved in school sports teams, between 48% to as high as 68% are involved a few times a year to as much as every day.¹³

Evidence-Based Strategies

Young people who have more protective factors, such as experiences that help them build positive connections to their parents, other caring adults, and their peers, discover a sense of competence in a given task, and find ways to contribute something back to their community do better than their peers who have more risk factors.¹⁴

The following programs help to build protective factors either by increasing school connectedness, through service learning, or through a multi-component youth development approach. They have been reviewed by national experts and are highlighted as evidence based approaches backed by rigorous research.¹⁵

Teen Outreach Program (TOP)

TOP is a youth development service learning program for teens ages 12-18. Through a rigorous 12 year evaluation study, TOP has been shown to lower the rate of school drop out by 60%, lower the teen pregnancy rate by 33%, lower the rate of school suspension by 14% and lower the rate of course failure by 11%. The three goals of the program are healthy behaviors, life skills, and a sense of purpose. The program is nine-months long, and includes at least 20 hours of service learning, as well as the reflection time necessary to learn from the experience. Strong, consistent adult support, as well as effective facilitation and reflection, are also key components of the model. It can be implemented in schools as part of a core subject area, as a school elective, in after school

programs, or part of an out-of school enrichment program in a recreation center or part of a youth program.¹⁶

Children’s Aide Society (CAS) Carrera Program

This is a comprehensive multi-year youth development program for young people who enter the program at ages 13-15 and remain in it for 3 to 5 years. There are seven key components to the program: Job club, education, family life and sex education, medical and dental services, self-expression, lifetime individual sports, and mental health services. The evaluation showed that “after 2 years and among teen females, the program significantly delayed the onset of sexual intercourse, increased the use of condoms as a secondary method with another highly effective method of contraception, reduced pregnancy rates by about half and reduced birthrates.”¹⁷

Current Resources and Capacity

There are two key healthy youth development programs being implemented statewide that have been or are currently being funded by the Minnesota Department of Health

Teen Outreach Program (TOP)

Fourteen sites have been trained in TOP facilitation and receive ongoing technical assistance from MOAPPP as they implement TOP. Minnesota recently sent three professionals from MOAPPP and Minnesota Department of Health to be trained in TOP replication as TOP trainers, the first TOP trainers trained outside of the Wyman Center in Missouri. Minnesota is in the process of becoming a TOP affiliate. This demonstrates a real commitment by Minnesota to TOP and its successfully replication in various settings statewide.

Eliminating Health Disparities Initiative (EHDI)

The purpose of EHDI is to close the gap in the health status of African Americans/African, American Indians, Asian Americans, and Hispanic/Latinos in Minnesota compared with whites. One area of focus is healthy youth development. These are 21 grants statewide focused on healthy youth development.¹⁸

¹ Hamilton SF, Hamilton MA. *The Youth Development Handbook*. Thousand Oaks, CA: Sage Publications, Inc; 2004

² Ibid.

³ Minnesota Department of Health. *Being, Belonging, Becoming: Minnesota's Adolescent Health Action Plan*. Saint Paul, MN; 2002.

⁴ Ibid.

⁵ Ibid.

⁶ Resnick MD, Bearman PS, Blum RW, et al. *Protecting adolescents from harm: findings from the National Longitudinal Study of Adolescent Health*. JAMA. 1997;278:823-832.

⁷ Kirby D, Lezin N, Afriye RA, Gallucci G. *Preventing teen pregnancy: Youth development and after-school programs*. New York, NY: YWCA, 2003.

⁸ Minnesota Departments of Education, Health, Human Services, and Public Safety. *Minnesota Student Survey 1992-2007 Trends: Behaviors, attitudes and perceptions of Minnesota's 6th, 9th and 12th graders*. Saint Paul, MN, 2008.

⁹ *Minnesota Student Survey 1992-2007 Trends: Behaviors, attitudes and perceptions of Minnesota's 6th, 9th and 12th graders*

¹⁰ Centers for Disease Control and Prevention. *School Connectedness: Strategies for Increasing Protective Factors Among Youth*. Atlanta, GA: U.S. Department of Health and Human Services; 2009.

¹¹ *Minnesota Student Survey 1992-2007 Trends: Behaviors, attitudes and perceptions of Minnesota's 6th, 9th and 12th graders*

¹² Durlak JA, Weissberg RP. *The impact of after-school programs that promote personal and social skills*. Chicago, IL: Collaborative for Academic, Social and Emotional Learning. 2007.

¹³ Minnesota Departments of Education, Health, Human Services, and Public Safety. *Minnesota Student Survey Statewide Tables*. Saint Paul, MN, 2008

¹⁴ *Being, Belonging, Becoming; 2002*

¹⁵ Kirby D. *Emerging Answers 2007: Research Findings on Programs to Reduce Pregnancy and Sexually Transmitted Diseases*. Washington, DC: National Campaign to Prevent Teen and Unplanned Pregnancy, 2007.

¹⁶ Allen JP, Philliber S, Herring S. *Preventing teen pregnancy and academic failure: Experimental evaluation of a developmentally-based approach*. Child Development; 64:729-742; 1997.

¹⁷ Kirby D, Lezin N, Afriye RA, Gallucci G. *Preventing teen pregnancy: Youth development and after-school programs*. New York, NY: YWCA, 2003.

¹⁸ Minnesota Department of Health, Eliminating Health Disparities Initiative (EHDI): <http://www.health.state.mn.us/ommh/grants/ehdi/index.html>. Retrieved 8/21/09.