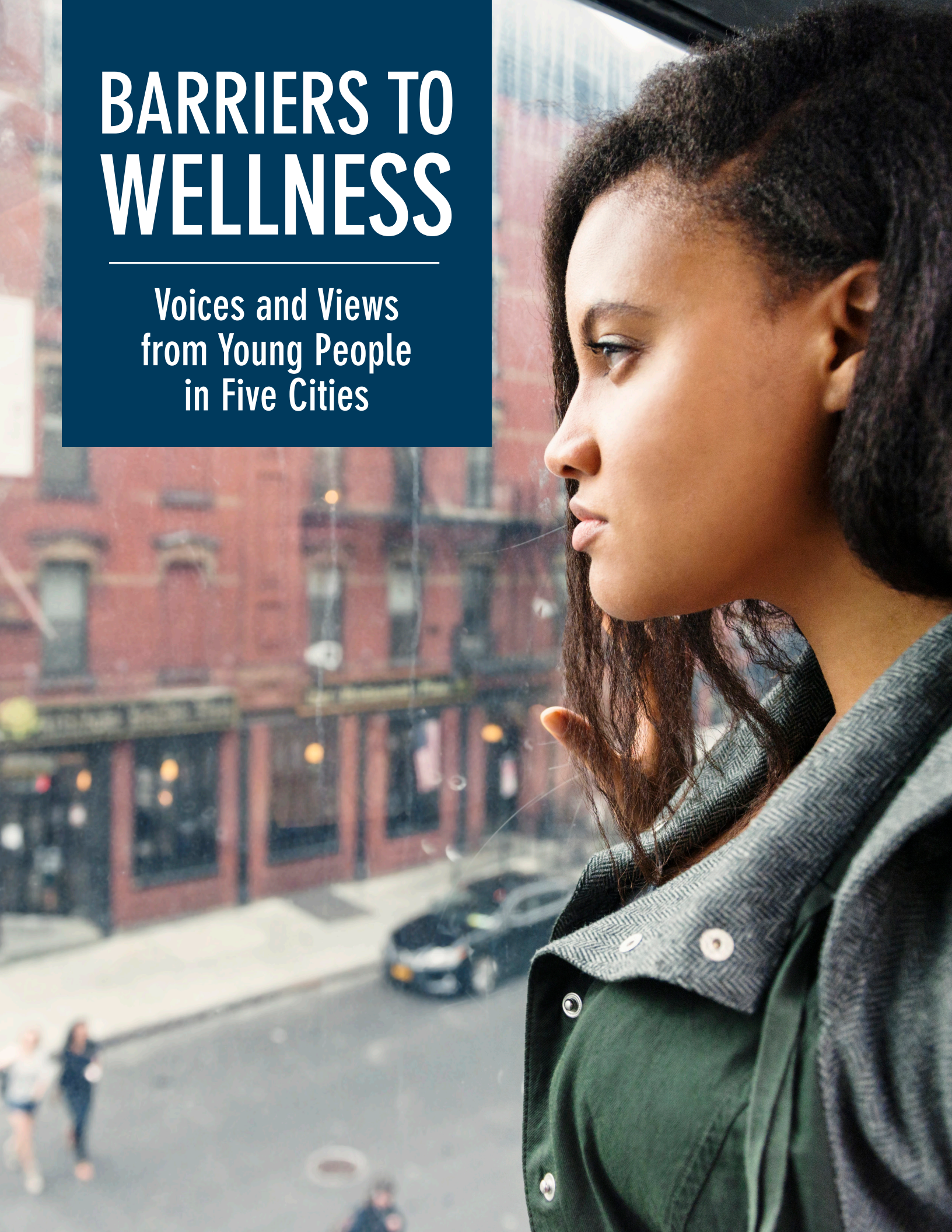# BARRIERS TO WELLNESS

Voices and Views
from Young People
in Five Cities

INTRODUCTION

Parents want their children to grow up to be caring, compassionate, hard-working adults who are physically and psychological healthy. In short, parents—and adults in general—want children to be "well."[1] Unfortunately, these basic aspirations are threatened when children are not exposed to the supports, opportunities, and experiences that science tells us are essential to well-being. Young people need safe places to learn and play, developmentally appropriate access to health resources, enriching learning environments, caring adults who can serve as guides, and opportunities to be actively engaged in the development of their own well-being and the well-being of their communities.[2] Youth in low-income communities and youth from racial and ethnic minority groups have fewer opportunities for and less access to these supports. As a result, their well-being suffers.[3]

Young people of color and young people from low-income communities are at heightened risk of poor health both during early childhood and across the lifespan for a wide variety of reasons. These include pervasive stress and trauma; lack of access to resources such as high-quality nutrition, medical care, child care, stable housing, parks and play spaces, and public schools; as well as the legacy of racial discrimination and discriminatory public policies that strip resources from communities of color.[4] Health inequity has an immense social and economic impact not only on individual lives, but also on the life of a community, the health care system and the larger society.[5]

People of color comprise the majority population in about half of the 100 largest cities in the U.S.,[6] and are estimated to represent the numerical majority of the population by mid-century.[7] Meanwhile, youth of color are the fastest growing segment of the child population in the United States. Identifying promising practices to improve the health and well-being of youth of color and low-income youth is therefore critical to the vitality of our nation and will remain so well into the future.

Despite their heightened risk profile and their growing numbers, young people of color and young people growing up in low-income communities are rarely consulted by policymakers and community leaders as stakeholders when decisions are made that affect their health and well-being. Similarly, young people are often overlooked as potential stakeholders in research and assessment. As

a result, adult decision-makers make decisions based on their own perceptions of what needs to be done. This approach misses the opportunity to create pathways to improved health that are aligned with the lived experiences of young people. Thus, the authors of this paper argue, young people will be healthier if they are involved in decisions that affect their quality of life.[8]

To better understand the obstacles to well-being experienced by young people of color in low-income urban communities, the Center for Promise (CfP) conducted a multi-site, youth-led health and wellness pilot assessment. This assessment is designed to serve as a pilot for future research. Suggestions for further research are discussed on page 16.

> " We're afraid to talk about our problems because we either feel like no one's listening, cares, or we don't want to seem inferior...It boils down to the environment, in my opinion. If we don't see more positivity around us we're likely to behave negatively, and in an already impoverished state of mind we act based off of survival."

Wellness initiatives are part of a promising health promotion and disease prevention strategy that are well-aligned with current health care reform efforts. However, "wellness" approaches are less common in communities of color. Therefore, a significant goal of this health and wellness assessment was to inform wellness policy, programming, and related initiatives from a new perspective—that of urban youth of color.

Youth participation in community research partnerships is an emerging field. To our knowledge, this is the first youth-led assessment conducted simultaneously in multiple U.S. cities. This youth-led health assessment was designed to tap into young people's perspectives by engaging them not only as partners, but as leaders in community health research and assessment.

In order to conduct this research, the university-based research team partnered with youth development organizations and grassroots organizers to pilot a training program to engage young people in the design and implementation of youth health assessments in five U.S. cities (Boston, Chicago, Denver, Philadelphia and St. Paul) between May and September 2016.

Young people involved in the pilot program selected areas of health or health threats to prioritize, and they led the process to design the assessment to measure these assets and threats in their communities.

The genesis of the project was to work with youth as partners to understand the barriers to and opportunities for wellness in their communities. The research design honors another underlying, perhaps more powerful, purpose. That is, the project elevates the notion that young people need to be "at the table" to inform policymakers and other decision-makers who want to assess and resolve the health issues that young people are facing. Therefore, this report describes the overall process employed to train the young people as research leaders as well as the outcomes of the youth-led health assessment.

Two major bodies of literature—the health and well-being of communities of color and community partnership research—informed our research. The report gives a brief background on each of these. We present a detailed description of the youth-led health assessment training, implementation procedures, and outcomes, followed by the evaluation methods and findings. The report culminates with a discussion of lessons learned during the implementation process and recommendations for engaging youth in future health research and action. The university-based research team's goal is that this project will encourage future efforts to develop programs and policies that are responsive to the priorities, values, and life circumstances of young people.

RELATED LITERATURE

Over the past decade, there has been a marked shift in the health field from a narrow focus on the individual to an expanded view that recognizes environmental contributions to health and well-being. As a result, efforts to promote health and health equity now emphasize the importance

of the social determinants of health (SDOH). SDOH are contextual factors that influence individual health and well-being, such as education, economic stability, social and work environments, and racism. Because these factors vary across communities, there has been an increased recognition of the value of community engagement—including the participation of youth—in health and development initiatives. Although youth participation is new in the context of health research, it has been employed in other fields such as education, youth development and social work.

Health and Well-being of Communities of Color: A Systems View of Health Inequity

In the U.S., there are significant racial inequities in physical and mental health status observable from birth to childhood and persistent over the life course.[9] Stress and adversity have been implicated in the proliferation of racial inequities in health.[10] Chronic stress speeds up cell deterioration, interfering with the regulation of biologic processes in the body, resulting in higher disease morbidity and premature death.[11]

Stress and adversity are, in part, spurred by historic, social, and economic inequities and by race-based policies that have oppressed communities of color. As a result, many people of color are at a significant disadvantage when trying to pursue healthy lives, achieve their potential, and make meaningful social contributions. Macro-level social, economic, and political factors create inequitable living environments characterized by adversity and distress, which shape and influence health behavior, stress, and social dynamics, contributing to disparate health outcomes and disease burden.[12]

We examine health and inequity through an ecological systems lens[13] and, more specifically, through a *youth systems framework*. Youth development (and overall human development) is defined by the dynamic relationship between a person and her/his context.[14] "Context," though, is not a homogeneous construct. Rather, youth are embedded within a multi-layered ecology; an ecology within which young people are active agents continually influencing and being influenced by relationships with people, institutions, and the broader environment.[15] We consider this dynamic to be a "youth system."[16] When young people's needs and strengths are aligned with the assets and supports in a

community, young people are embedded within a "supportive youth system"—an ecological system that increases the probability that they will be on a positive health and wellness trajectory.

Focusing on factors that influence the health and well-being of youth may provide communities of color with living environments and social conditions conducive to good health early on. Growth and development during childhood and adolescence can influence health and determine life chances in adolescence and adulthood.[17] Development during early childhood is very sensitive to socio-environmental influences;[18] for example, patterns of health behavior are often established during childhood. These behaviors can put people at heightened risk for health problems, including obesity, diabetes, and depression. Although patterns can be set in motion in the early years, they can be sustained, magnified, or reversed throughout the first decades of life (and beyond).[19]

Community-Based Participatory Research and the Benefits of Engaging Youth

To tackle health inequities, we will need innovative solutions that reflect the needs, life circumstances, and socio-environmental conditions of diverse communities and demographic groups. Community-based participatory research (CBPR) is steeped in theories of empowerment and complements a youth systems perspective.[20] It emphasizes building on existing community knowledge, relationships, strengths, and resources to create sustainable interventions that reflect local priorities and concerns.

Through CBPR, researchers and community stakeholders work collaboratively to address community priority areas—engaging those traditionally left out of the research process as active agents.[21] This authentic engagement can facilitate research dissemination by creating a common understanding among research stakeholders[22] and

deciphering the science so that it can be incorporated into practice and policy settings. These partnerships therefore equitably benefit providers, policymakers and participants at the local level.[23]

Existing studies about engaging young people in research partnerships emphasizes that young people should be viewed as community assets with the right and responsibility to participate in decisions that impact their lives.[24] This perspective assumes democracy is fortified by the active participation of young people and that community health and well-being are linked to the civic engagement of all, including youth.[25]

What is Community-Based Participatory Research?

Community-based participatory research (CBPR) is an applied research approach designed to link theory, research, policy and practice to inform decision making and foster positive change. CBPR provides academic institutions with a model to bring students, researchers, and community members together with a shared purpose to work towards mutually beneficial goals. In addition, CBPR incorporates knowledge sharing between community and academic partners, and collective social action to address societal inequities.

Source: Martinez, L. S., & Peréa, F. C. (2012). Community-Based Participatory Research *Encyclopedia of Immigrant Health* (pp. 480-483): Springer.

Youth engagement in research provides professional development opportunities in addition to contributing to the development of civic-minded, healthy, and caring adults.[26] Studies have found that youth who are involved in participatory research show growth in their sociopolitical skills, an increased motivation to participate in their schools and communities,[27] and growth in their leadership skills.[28]

STRIVING FOR WELLNESS: A YOUTH-LED HEALTH ASSESSMENT

This youth-led health assessment was initially conceptualized as a pilot project that would identify:

- health priority areas;
- health risk and protective factors embedded in living and social environments that impact young people; and
- strategies for closing the gap between health-promoting assets that appear to be available in communities and youth engagement of those assets.

What emerged, however, once the adults who conceptualized the study began collaborating with young people, was a complex story about community-level stressors that threaten young people's health and well-being.

Young people described feeling unsafe and unwelcome in their own communities because of interactions with the police, fear of violence, the impact of stereotyping, or the results of gentrification. All of these stressors can be major barriers to youth wellness.

The project was implemented in three phases over a five-month period:

- pre-implementation planning and team formation, including selecting partners in each local site;
- training and protocol development; and
- assessment implementation, including analysis and local dissemination.

Figure 1 outlines the project period from early May, when cities were being identified, through September, when sites completed the implementation phase.

PHASE ONE

Pre-implementation Planning, Site Selection, and Recruitment of Research Teams

The project began with the development of a strategy for conducting a multi-city youth-led health assessment. A community-academic partnership approach was used to frame the pilot project. Boston University-based researchers partnered with youth development or grass-root organizers in each of the five cities to implement the assessment.

Site selection. The university-based research team initially identified eight potential cities. The cities were located in the northeast, midwest and western parts of the United States. Once a short list of cities and a long list of potential organizations were compiled, the university team examined organizational fit. This involved exploring whether youth-led research was in line with the organization's mission, the organization's capacity to carry out a youth-led health assessment, and the organization's access to young people during the project time period.

Figure 1: Striving for Wellness Project Timeline

Youth-led Community Health Assessment
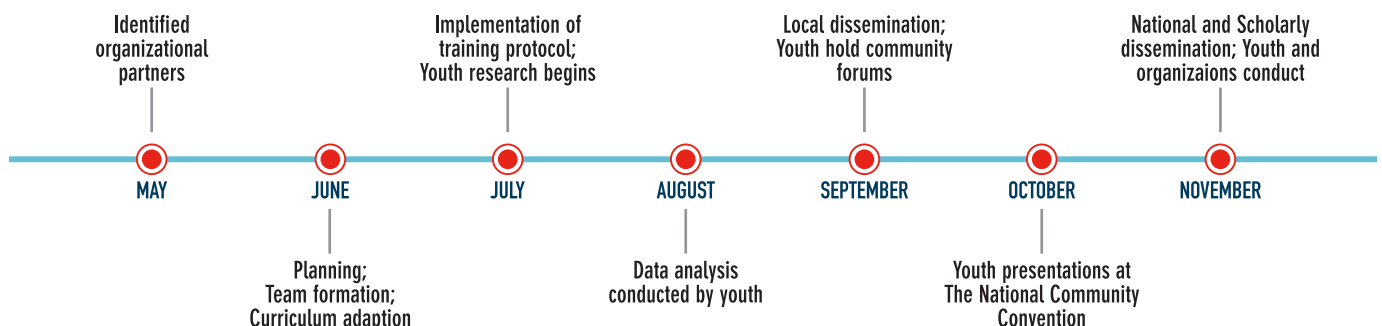
Through this process, the potential site list was narrowed from eight sites to six. Potential sites were contacted and provided with an overview of the initiative. Of the six sites, five expressed interest and agreed to participate. These sites were located in Boston, Chicago, Denver, Philadelphia, and St. Paul.

Although diverse in nature, the five selected partners fell into two main categories: grassroots youth organizers and nonprofit youth development organizations. All sites described engaging in youth-led programming; however, only one site had experience with youth-led research. One site provided direct health services to youth, one had public health experience, and the others expressed an interest in further exploring health and wellness. All described the opportunity and experience for their youth constituents and the youth-led research training opportunity as primary drivers for their participation. All welcomed the opportunity for youth to develop critical research and thinking skills and to apply these skills to explore how their lived experiences are affected by and can help them speak to major community issues.

Here is a short description of the five partner sites. A longer description appears in Appendix B.

- **Boston:** Youth researchers were recruited by a grassroots youth organizer.
- **Chicago:** Youth researchers were recruited through Little Black Pearl, a cultural arts center that is home to a project-based learning Chicago Public School called Little Black Pearl Academy. The school serves students who are ages 14-19 years old, or who are enrolled in 9th through 12th grades.
- **Denver:** Youth researchers were recruited by a grassroots youth organizer.
- **Philadelphia:** Youth researchers were recruited through JEVS, a nonprofit human services organization, whose mission is to enhance the employability, independence, and quality of life of individuals through a broad range of programs.
- **St. Paul:** Youth researchers were recruited through Ujamaa Place, a nonprofit organization that assists young African American men primarily between the ages of 18 and 30, who are economically disadvantaged and have experienced repeated cycles of failure.

Recruitment of Research Teams. Each of the local sites was responsible for assigning an adult coordinator and identifying young people interested in serving on the research team. Sites were asked to recruit teams of six to 10 young people who could commit at least 20 hours per week over a four- to five-week period. The university-based researchers were responsible for providing technical assistance, training, and support. They also provided each site with data reports and copies of the raw data.

The training and assessment was a part-time summer employment opportunity for young people interested in community health research and/or community action. Funds were allocated for sites to cover the costs of the adult coordinator's time, youth researcher stipends, and travel for two youth team members and the coordinator to Washington, DC in October 2016 to present their findings at the America's Promise Alliance National Community Convention.

There were a total of 35 youth researchers across five project sites. Youth researchers ranged in age from 13 to 34 years;[29] the mean age was 18.46 years. The majority of youth researchers (57 percent) were 16 or 17 years of age. There were more female than male researchers, 57 percent and 43 percent respectively. Seventy-seven percent of youth researchers identified as Black or African American.

PHASE TWO
Training and Protocol Development

The youth research team training protocol was developed based on the Nuestro Futuro Saludable (NFS) afterschool program intervention. NFS is a critical service-learning program that engages low-income youth of color in health equity research and action.[30] Critical service-learning, also known as social justice service-learning, allows young people to connect what they are learning to the conditions under which they live.[31] Youth researchers themselves are agents of change, challenging community inequity through service.[32] The service is the application of the health assessment skills that they learn in the context of the training.

Throughout the training, the research team guided teams through a process of protocol development to use when evaluating the health and wellness of a community and prepare them to implement the protocols they developed. To that end, the objectives were focused on:

- group development,
- fostering a shared understanding of health, health

Table 1: Data Collection Schedule and Procedures

PROCEDURE	MEASURES	PRE	POST
Site coordinator interviews	Program processes and perceptions of youth participation and engagement as well as program content and materials	✔	✔
Youth exit surveys	Program processes and perceptions of program and materials		✔
Youth protocols and findings	Threats to health and wellness, as well as barriers to health promoting assets		✔
Trainer debriefs	Program processes and youth engagement	Continuous	
Program observations	Interactions, participation and engagement	Continuous	
Training products and activities	Participation, knowledge, engagement	Continuous	
Document review: facilitation session notes and meeting minutes	Program processes	Continuous	

inequities and the social determinants of health and inequity,

• building a basic understanding of health assessment and data collection methods, and

• cultivating field work skills since data collection occurred in the field.

For a detailed description of the training pedagogy, curriculum elements, training procedures, and the relationship between the research protocols and the Boston University Institutional Review Board (IRB), please see Appendix A.

PHASE THREE
Implementing the Health Assessment

The adult site coordinators in each city worked with youth researchers to schedule data collection and weekly team meetings. Data collection methods varied by site, depending on the final protocol developed. (See Table 2 on page 7 for more information.) Site coordinators held weekly meetings with young people, which the university-based researchers joined remotely. During these meetings, the youth researchers provided updates on their data collection efforts. Teams also reflected on their experiences and challenges with data collection and data entry and discussed solutions. Facilitators and site coordinators addressed questions and concerns related to both project logistics and field experiences.

Teams collected data over a four-week period. At the end of the data collection period, the university-based researchers returned to the sites to assist with data analysis and to discuss the dissemination planning process. Teams began to discuss dissemination planning and to determine the audience, mode, and medium by which they might like to disseminate their findings locally and nationally. Full data reports were provided to each site to facilitate local dissemination.

ASSESSMENT PROTOCOL DESIGN AND IMPLEMENTATION

The pre-implementation training described briefly in Phase Two was designed to guide each youth research team through the process of protocol development to prepare them to collect data in their communities. Each youth-led research team received training about field work and data collection methods, providing them with critical skills for the implementation phase. (For more information, see Appendix A.) Once the training was complete, youth designed their assessment protocols and determined how they would collect data.

Across the five sites, common themes emerged in the topic areas research teams sought to explore. There was also overlap in the assessment methods selected by the five teams. Of the five sites, four conducted mixed-methods surveys, two implemented photovoice protocols, and one carried out a mixed-methods protocol that included photovoice, key informant interviews, and observations.

Table 2: Youth Researcher Demographics, Topics, and Methods by City

CITY	YOUTH DEMOGRAPHICS	TOPICS EXPLORED		ASSESSMENT METHODS
Boston	Black/African American (n=4) Multiracial (n=1) Hispanic/Latino (n=2) Mean age (18.14 years) Age range (16-21 years) Gender (4 male; 3 female)	• Police interactions • Gentrification • Stress • Violence and safety	• Food environment • Racism/race relations • Sleep • Mental health	Survey administered in person
Chicago	Black/African American (n=8) Mean age (16.13 years) Age range (15-17 years) Gender (2 male; 6 female)	• Police interactions • Violence and safety • Food environment • Racism/race relations	• Safe sex • Drug use • College access	Survey administered in person
Denver	Black/African American (n=6) Multiracial (n=2) Mean age (16.13 years) Age range (13-18 years) Gender (3 male; 5 female)	• Police interactions • Gentrification	• Racism/race relations • Teen pregnancy	Observation Key informant interviews Photovoice
Philadelphia	Black/African American (n=4) Asian Indian (n=2) Mean age (17.33) Age range (17-19 years) Gender (1 male; 5 female)	• Police interactions • Violence and safety • Food environment • Racism/race relations • Drug use	• Teen pregnancy • Stereotypes • Social media • Peer Pressure	Survey administered in person Photovoice
St. Paul	Black/African American (n=5) Multiracial (n=1) Mean age (26.17 years) Age range (23-34 years) Gender (5 male; 1 female)	• Police interactions • Stress • Unemployment	• Mass incarceration • Quality of education	Survey administered in person

Photovoice is a form of visual ethnography employed by community action and health promotion researchers to catalyze community change. Participants use photography to record and reflect of their concerns and strengths, they then through critical dialogue move from observation and understanding to community action.[33] Methods specific to each site can be seen in **Table 2**.

Boston, Chicago, St. Paul, and Philadelphia assessment protocols included surveys. Youth employed a non-random sampling methodology. They approached people in parks and on the street, reached out to members of their personal networks and to those individuals' networks. See Appendix D for an example of the Philadelphia Youth Health Assessment Protocol.

In total 480 individuals were surveyed across these four sites. The majority of respondents were 16-19 years old and identified as Black or African American. In addition, youth researchers conducted four key informant interviews (Denver), two photovoice projects (Denver & Philadelphia), and 12 observations (three sites in Denver).

See **Table 2** for youth researcher demographics, the topics each team explored, and their chosen assessment methods.

In order to design assessment protocols, youth-led research teams across the five sites brainstormed threats to health as experienced by youth at the peer, neighborhood, and community levels. **Figure 2** depicts these threats to a young person's health and well-being. At the center, individual health conditions and behaviors identified by teams are listed. They included stress, mental health, personal safety, sexual health, and substance use.

At the peer and family, or network level (second ring), important factors influencing health and well-being included personal safety, peer pressure, social media, drug use by family members, stereotypes, and racism.

At the neighborhood and broader community level (outer ring), factors influencing health and well-being included violence, police relations, mass incarceration, gentrification, inadequate education and transportation, unemployment, unhealthy food environment, and inadequate access to transportation. Youth also discussed post-incarceration policies, such as loss of voting rights, and restrictions on access to housing, employment, and higher education.

Figure 2: Threats to Health and Well-being
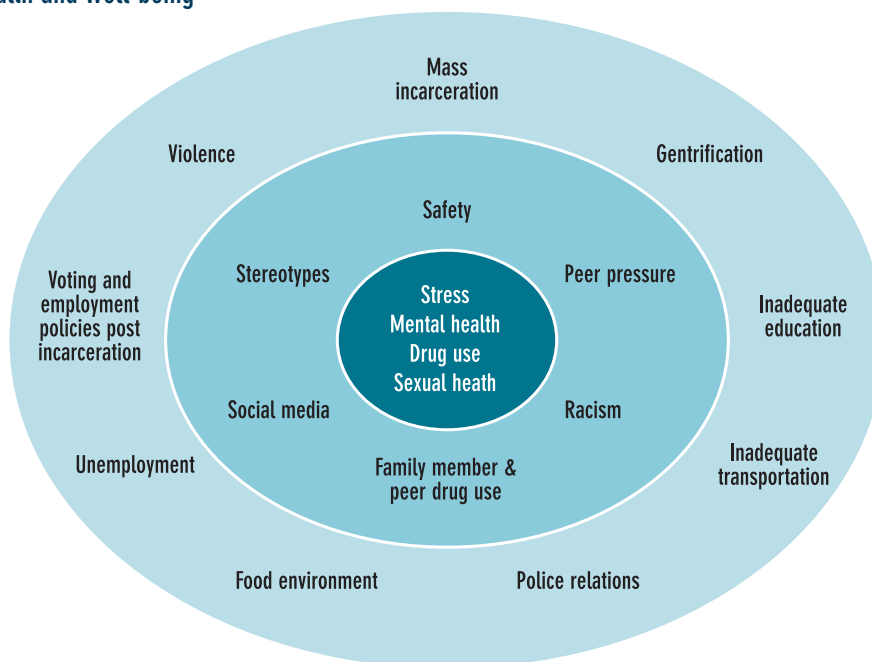
FINDINGS: RESULTS FROM THE YOUTH-LED HEALTH ASSESSMENTS

Although assessments varied from site to site (as described above), there was a great deal of agreement on the threats to health and health-promoting assets. These seven findings emerged when looking across the data collected in all five cities:

Finding 1. Young people are under stress.

Finding 2. Young people feel unsafe.

Finding 3. Young people mistrust and fear police, leading to anxiety and avoidance of public places.

Finding 4. Young people observe and suffer from a lack of access to community resources.

Finding 5. Young people cite stereotyping and racial bias as reasons they feel unsafe and unwelcome.

Finding 6. Young people are engaging in risky behavior to cope with stress.

Findings indicate that young people are living with pervasive stress. They don't feel safe in their schools or in their communities. They are living under siege—over-policed, undervalued, and marginalized. Across sites, the relationship between young people and the police was named as a key impediment to youth wellness. Other frequently mentioned barriers were gentrification, inequitable food environments, and racially-motivated stereotypes and biases. Additional factors threatening the health and well-being of young people included drug use, unsafe sex, and social media.

FINDING 1
Young people are under stress.

Young people at all five sites discussed stress as a threat to health. Here are some of the stressors they cite, in their own words:

> "Lack of jobs, housing, gangs, drugs, lack of parental involvement, broken education system, systematic oppression, just being African."

> "Employment concerns, race relations with police, money, education."

> "The lack of job opportunities and community resources that promote holistic well-being (aka mind, body and soul), without these vital resources our youth is destitute."

> "Underlying racial tension, police brutality, lack of employment, homelessness in environment, violence."

In Boston and St. Paul, the majority of respondents agreed with the statement: "*Youth (young adults) are living under stress,*" 78 percent and 52 percent respectively. In St. Paul, where respondents were asked to name critical stressors, many cited a lack of a sense of safety, the presence of community violence, police relations characterized by racism, and unemployment.

Young people reported feeling over-policed, undervalued, and unsafe in their communities.

FINDING 2
Young people feel unsafe.

In their schools ad neighborhoods, young people report not feeling safe. In Boston, only 5.7 percent of respondents agreed or strongly agreed with the statement, "*Youth feel safe in the community.*" When asked why they felt unsafe, Boston youth cited violence, gangs and shootings. The Chicago youth researchers asked respondents, "*How often do youth feel unsafe?*" and found that nearly a quarter of respondents (24 percent) said "always" and just under half (47.6 percent) replied "sometimes." The Philadelphia team explored perceptions of safety at the school level as opposed to the community level; 6.7 percent responded always feeling unsafe at school, and 40 percent responded sometimes feeling unsafe. High levels

of community violence and relationships with the police characterized by mistrust and fear contributed to youth feeling unsafe.

The Chicago team examined how often youth think about violence. In Chicago, 82 percent of youth responding to the survey think about violence at least some of the time (46 percent of respondents answered "always" and 36 percent responded "sometimes"). *"How does violence impact youth?,"* the plurality of responses was related to having a negative impact (27 responses) or stopping them from going outside (20 responses). One respondent said,

> "Kids can't freely walk or play in the community without being worried about getting beat up or shot and killed."

The Philadelphia team asked how youth are affected by violence. The majority of respondents said that violence turns the community into an unsafe environment where people are afraid to go outside and that many young people imitate the violence around them when they see it.

Examples of responses include:

> "It [violence] creates despair and a desensitization."

> "Seeing violence makes you want to become violent."

> "A lot of families are scared to leave the house."

FINDING 3
Young people mistrust and fear police, leading to anxiety and avoidance of public places.

Despite feeling unsafe because of community violence, only 20 percent of the 123 young people surveyed in Boston agreed with the statement that, *"Young people in my community go to the police if they need help."* The vast majority did not.

This finding was not unique to Boston. In Chicago, where recent violence has been well documented in national and local media, youth researchers explored how the police are perceived to threaten young people.

The Chicago survey asked, *"How do police impact youth in the community?"* and *"How do police treat youth in the community."* Responses for both questions were similar.

Figure 3: Symbols of violence are visible all over the community Violence seemingly happens in cycles and seems unavoidable.

Source: Philadelphia Photovoice.

Out of 156 survey responses in Chicago, 76 respondents said police antagonized youth, 41 responses focused on police helping people and upholding the law and 32 described the police as inattentive to youth. When asked directly how the police treat youth, out of 156 survey responses, 94 said police antagonize youth, 54 said police keep the peace and 16 said police ignore youth.

When describing the relationship between young people and the police, survey respondents said things like:

> "I feel that right now the police are putting fear in the youth...They are supposed to be a positive influence and should be more active in our community."

> "The police are a scary figure to most youth. They are seen to be avoided at all cost."

> "With an increase in police brutality reports, I think it causes youth to distrust police and look at police as enemies. It promotes an "us and them" mentality."

> "Not all police treat you the same. Some mess with you for no reason at all. Others just pass by."

> "They treat youth like savages."

The Philadelphia team explored which populations were most often targeted by the police and found that 80 percent of respondents reported Blacks were most likely to be targeted. During the data analysis session, young people shared stories about being "policed." They described situations after school where groups of their peers were made to "move along when downtown" and recounted not being let off the train at certain stops when there were "too many of them." They reported that this happened more

to young men than young women. Participants reported being upset by these situations but that they also empower the groups of youth to act, resist, and organize.

The St. Paul team examined the relation between government and the community. Respondents were asked on a scale of one to five, with five being the best and one being the worst, to rate the relationship between government and the community. Respondents gave answers of one and two most often, 57 percent and 36 percent, respectively. When asked to explain why, respondents mentioned police brutality and negative treatment by police, lack of trust and perceived corruption in the police force, inequity, and mass incarceration. Therefore, most respondents associated government with police.

The Denver team used photovoice, interviews and observation to capture the impact of police relations on health and well-being. Images captured by youth showed community fliers with messages such as *"Stop Killing Us."* A qualitative interview with a parent and one with a young person described police brutality.

Overall, police were seen by youth as more of a threat than a community resource. But there were some differences by age and race. Chicago young people found that older respondents described the police more positively than younger respondents, while Philadelphia youth researchers found that race was a determinant of police treatment. Police were seen as a resource for some in the community, and a risk to others.

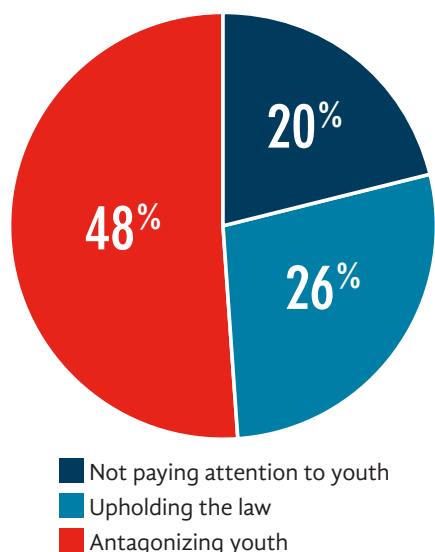## Figure 5: Chicago Youth Survey Responses Regarding Police Relations

- ■ Not paying attention to youth
- ■ Upholding the law
- ■ Antagonizing youth

Figure 4: Reminders of community violence are constant

Source: Boston youth

Young people observe and suffer from a lack of access to community resources.

Access to healthy food. Youth explored additional factors in their living environments that they perceived as threats to their health and well-being. These included the food environment, gentrification and unemployment. The Boston and Chicago teams identified the food environment, specifically access to healthy and affordable foods, as a threat to health. The Boston team found that only 27 percent of respondents agreed with the statement, *"Young people have access to healthy and affordable food."*

The Chicago team found that 63 percent of respondents said young people have access to healthy affordable food. However, when the Chicago team asked specifically about snacks, the vast majority of respondents (75 percent) reported that young people purchase their snacks at gas stations and corner stores. When Boston researchers inquired about where young people get their food, the most commonly cited response was fast food outlets.

Access to healthy food may be impeded by stereotypes of young people as menacing or likely to steal. During the protocol development phase, Chicago youth described being followed by store owners. They explained that after school, young people had to wait in line to enter stores and that they shopped under heavy surveillance, with only a few of them able to enter the store at a time. The Boston team felt that store owners were afraid of being robbed by groups of youth, and although they recognized that some young people rob and loot stores, they said that treating all young people as criminals was not an effective strategy and further undermined their sense of safety and belonging in their own neighborhoods.

Figure 6: Unhealthy food environments Consistent with previous research, we found neighborhoods we assessed were overrun with fast-food establishments, which youth regularly frequented.

Source: Boston youth

Gentrification emerged as a threat to health in four of the five communities. However, only the Denver and Boston teams specifically explored gentrification in their assessments. In Boston, 44 percent of respondents agreed that young people worried about gentrification. When asked about the impact of gentrification on young people, the most common response was related to displacement, followed by difficulty dealing with neighborhood change.

The Denver team captured the impact of gentrification on health and well-being using photovoice, interviews, and observation. Images from the Denver team depict new construction and contrast newly revitalized areas with older sections of the community. Youth reflections on their images tell a story about the creation of a new and enriched community for higher-income White people at the expense of current residents, lower-income people of color. Meanwhile, their reflections on newly developed areas describe feelings of marginalization; for example,

> "I am the only Black person here; I am uncomfortable; people are looking at me."

Denver youth report that cultural hubs have been demolished to make way for new development and report having friends who worry about being displaced. Youth describe gentrification as worsening already-poor relations with local police and impacting their outdoor activity.

Youth report that as areas gentrify, cameras are installed in downtown areas. Places where youth once congregated are now off-limits; their presence is not welcomed by newcomers. To avoid interactions with the police and surveillance, young people say they are now more likely to stay inside and hang out in people's homes as opposed to walking around and hanging out downtown.

Unemployment. The St. Paul team identified unemployment—which the team perceived as part of a broader set of inequitable living conditions including poverty, inadequate education, and mass incarceration—as a major threat to health. The quote below from a survey respondent speaks to the relationship between incarceration and poverty.

> "You're poor, hungry, and desperate. When there's no money to eat or pay the bills, one chooses a path to go down and it's generally based on one's will, character, and knowledge. I was fortunate enough to be able to move away from my problems growing up and to gain some perspective after taking a step back. I didn't know what I was in, until I was out of it. A lot of people are in worse positions and have fewer options."

> "We're afraid to talk about our problems because we either feel like no one's listening, cares, or we don't want to seem inferior—be looked at like a sad puppy... It boils down to the environment, in my opinion. If we don't see more positivity around us we're likely to behave negatively, and in an already impoverished state of mind we act based off of survival."

> "I can't speak for everyone, as we all have different circumstances, but I feel minorities (Blacks in particular) are incarcerated at a higher rate because we've been placed under the perception that we're something to be feared on a surface level (vicious, violent beings who are looking to get a quick buck by whatever means necessary) and so it's easier to slap a fine or sentence on us, or put a bullet in our chests. But if we weren't oppressed and impoverished... would we be more respected and locked away less often?... Those are some of my thoughts."

Figure 7: Revitalization, cultural devastation, displacement, and marginalization

Source: Denver photovoice

The St. Paul research team asked respondents what could be done to reduce unemployment. The most commonly identified theme among responses was to provide a better education. Additional responses included: programs and policy reform designed to alleviate the barriers to employment experienced by individuals in re-entry, resources and training programs focused on preparing people to start small businesses, the creation of more high-quality jobs, and employment counseling and support services.

Similarly, when the St. Paul team asked respondents what would improve living conditions in the community, the majority of responses were focused on increasing employment opportunities, as well as job training and placement programs. Here are some responses:

> "...I will point out specifically that access to quality education and training is key to reducing unemployment. I would also point out that better trained and educated employers are key to this reduction. Having a stronger grasp of the ability, education/training of your community employment/talent pool is important. Having a willingness to give second chances to those who have the skill and wherewithal to perform, but may have made life mistakes..."

> "Increase the number of community jobs that actually go to people that live in that community. Better public transportation to outlying areas to allow people within the community to commute to other jobs."

Young people cite stereotyping and racial bias as reasons they feel unsafe and unwelcome.

Stereotypes and racial profiling along with racism were described as stressors and seen as threats to the health and well-being of young people. The Boston team examined the level of agreement with the statement, *"Young people in my community are discriminated against because of their race."* Nearly 70 percent of respondents (69.6 percent) agreed or strongly agreed with this statement. Sixty-three percent of Chicago respondents agreed with the statement that people are judged based on their skin color.

The Philadelphia team explored factors that influence stereotypes and found that race was the most cited factor, followed by social class and appearance. Blacks were identified by respondents as the group most commonly stereotyped. The youth researchers in Philadelphia also used photovoice to explore stereotypes. They captured images of young people of color seen in **Figure 8**. As they critically reflected on the images, they discussed stereotypes associated with race, gender, style of dress and hair. They then discussed how young people internalize negative stereotypes and the impact of that internalization on their confidence, esteem, and mental well-being.

Figure 8: Teenagers face stereotypes at school and on social media Stereotypes are often based on race, weight, gender, and sexual orientation. These stereotypes are sometimes internalized, like black hair being seen as "lesser" because it's coarse or black males being "aggressive." These internal stereotypes can begin at a young age.
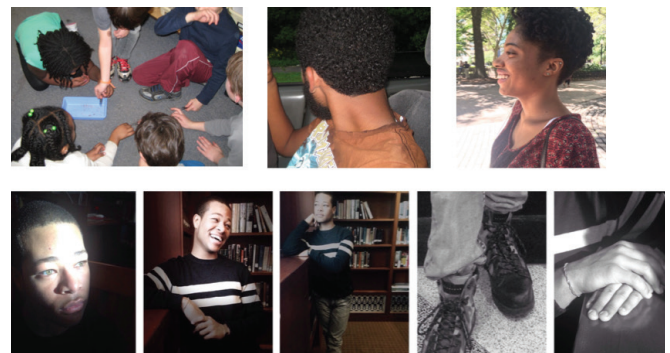
Source: Philadelphia photovoice

Young people are engaging in risky behavior to cope with stress.

Youth identified drug use, sexual health practices, and social media as threats to health. The teams in Chicago and Philadelphia both explored drug use and sexual health. Seventy percent of Chicago respondents agreed with the statement, *"Drug use is an issue among youth in my community."* Respondents said the drugs most commonly used by youth *(n=156)* were *weed* and *pills*, named 131 and 49 times, respectively. *Xanax* was the most commonly listed pill, followed by *ecstasy*. Additional drugs named by respondents included *lean* (Promethazine w/Codeine VC mixed with juice or soda), *heroin, LSD,* and *cocaine*. The most common reasons mentioned for why youth take drugs were stress relief, peer pressure, or to fit in. In addition, respondents said youth use drugs because it feels good.

Just under 60 percent of Philadelphia respondents (59.6 percent) agreed that drug and alcohol use is an issue among high school students. Respondents cited *weed* (80.7 percent) as the most commonly used drug among high school students, followed by *alcohol* (55.7 percent), *pills* (28.8 percent), *tobacco* (28.8 percent) and *crack/cocaine* (11.5 percent). The most common reasons given for drug use were to relieve stress and to have fun, followed by peer pressure and family pressure. In Philadelphia and Chicago, the majority of respondents (61 percent and 64 percent, respectively) agreed with the statement, *"Young people or high school students are impacted by family members who use drugs."*

Both the Chicago and Philadelphia teams asked respondents, *"Are you having safe sex?"* The vast majority of respondents in both cities (72.5 percent) said no. In Chicago the most common reason cited for not having safe sex was not being taught about safe sex. The Chicago and Philadelphia teams asked people where youth get information about safe sex. Responses included school, helpful adults, social media, and clinics.

"WE WERE THE LEADERS": YOUNG PEOPLE'S EXPECTATIONS AND EXPERIENCES

The benefits of youth-led health assessment are many. Youth conceptualizations of their own health and wellness, as well as the determinants of health and wellness, are different from those of adults. Young people are keenly aware of the conditions that produce ill health and the resources needed to improve health and well-being. At the conclusion of the study, we asked young people and the adult program coordinators to reflect on the experience.

Young People's Reflections. Youth reported the program met and exceeded their expectations. Some youth initially signed up because of the stipend but later appreciated the fact that they were able to learn from their peers and communities as they engaged in the research process. Others wanted to learn more about research and researchers. When asked why s/he initially signed up, one young person wrote,

> "I believe that the youth are the future, and their voices need to be heard in order for change to come."

Many of the young people did not have specific expectations going into the program. One participant shared,

> "I didn't have any expectations. I was just excited to be a part of something to do with a university."

Others hoped the program might serve as a platform:

> "I [expected] I would better be able to voice the concerns of the community to people who have no understanding of stress in relation to our lives."

We asked young people what they liked about the program. Responses included:

> "I like the program because we were the leaders and it was our decisions and we were responsible for the choice and activities we picked. The adults worked with us and did not control us."

> "I liked how I was able to meet new people and see how different neighborhoods around my city were living."

> "I liked that it pushed me to step out my comfort zone and socialize more."

> "I like how we got to go out and interact with the community and also how we were/are going to make an impact."

Youth appreciated the leadership opportunity the program afforded them as well as the chance to have an impact on the broader community. In addition, they liked learning more about their communities and that the program challenged them to try new things.

> " **I believe that the youth are the future, and their voices need to be heard in order for change to come.**"

We asked young people what they learned and what they might tell others about the program. They reported learning more about research and the research process. In addition, they learned about the importance of team work and collaboration. They also reported learning to appreciate one another's perspectives and to agree to disagree. Finally, they learned the value of informed decision-making.

> "I learned the difference between qualitative and quantitative data. I also learned that conducting research is not easy, people do not like talking for long periods of time, the questions should be shorter or not as many and you don't have to have as many topics. I learned the importance of having data to make a valid point if you are going to make a point."

> "I learned that team work pays off because in the process of conducting the health assessment in those surveys we had to put the results in the computer so it was tough because all the surveys you got done that day you had to put in the computer and if you didn't finish all your peer/ teammate could help you out and they didn't really have to but they did and I really appreciated it."

"How to pause and listen to other opinions. To sit down and have a civilized conversation."

"To disagree, or agree. Give a hug or hand shake and walk away like adults."

"I learned that you can't just look at a community and judge it based off the looks, you have to really get information and know what's going on in a community to have something to say about it."

Young people shared what they would tell others about the program. Responses included:

"If you want to see change in the world, it MUST start with You!"

"I would tell young people that it is worth it. It might be hard at first, but you learn so much about yourself and other people."

"To make sure you're open to collaborating and sharing your thoughts with others and to not be shy when talking to people."

Coordinators' reflections. During exit interviews, adult co-ordinators across sites appreciated the leadership development opportunity the program afforded youth. Over the course of the program, youth were able to develop, practice, and then demonstrate community leadership as they engaged their peers and the broader community in the research and dissemination process. Additionally, site coordinators highlighted the value of critical thinking and decision-making skills young people cultivated throughout the course of the program.

Coordinators reported being impressed with the program content, and share that they planned to integrate curricular components into their work. Coordinators also appreciated having the data youth were able to collect. Some sites reported the data would inform local program development and policy advocacy.

The program was not without challenges. Coordinators were disappointed that university-based researchers were unable to connect more across sites. In addition, program logistics and communication were at times difficult given the number of sites and the brief implementation period.

SUGGESTIONS FOR FURTHER RESEARCH

This youth-led health assessment was designed to tap into young people's perspectives by engaging them not only as partners, but as leaders in community health research and assessment. This study views health in communities of color through a wellness lens, rather than a health literacy or health promotion lens. Our findings suggest that additional research that engages a community's youth as leaders could offer new insights into the health and well-being of young people of color residing in urban areas as well as offer a window into young people's health more broadly. This could lead to more effective policies and more efficient spending of limited health promotion resources.

Like all research, however, this study has its limitations. Through our research, we gained knowledge that may be helpful in the design of future studies. For example, the program timeline and part-time nature of the program impeded the amount of data the young people were able to collect. Similarly, surveys conducted by the young people involved a convenience sample; that is, the researchers

surveyed youth who they could find instead of randomly selecting youth in their communities. In addition, youth in each site developed their protocols independent of one another. These two features of the methodology mean that the results cannot be generalized beyond the sites in which the studies were conducted. Future research could have greater impact if youth teams work collectively across cities, creating one protocol for use across sites. Nevertheless, the youth researchers' findings open important lines of inquiry in each community, as well as nationally.

We found young people exiting the program felt empowered and confident in their ability to engage as leaders in community research. The fieldwork enhanced their connection to the community and provided them with a new perspective through which to process their lived experience. Moreover, in the context of analysis, the youth picked up on nuances in the data that may otherwise be missed by adults. Listening to young people (the "end-user" of our work) provides critical insights into how best to support them.

RECOMMENDATIONS

The study's findings send a clear message that including young people's voices in decisions related to health and wellness changes the conversation. When we listen to what young people in the five urban communities say about striving for wellness against the odds that adversity creates, we hear that feeling safe and welcome in their own communities is an essential precursor to improving health. Therefore, we recommend that a variety of community decision-makers consider taking these steps.

- Funders of health-related efforts, including public health practitioners, should consider a holistic wellness approach to investing in urban communities and communities of color and seek youth input to inform it.

- Urban planners, developers, and housing advocates should engage community residents including youth to conduct a neighborhood health assessment, identifying assets and challenges in the community in order to avoid the unintentional loss of social, cultural and recreational spaces.

- Youth-serving organizations, educators, and local political officials should be equipped with the appropriate training to create safe spaces for racial healing, particularly for youth of color who have experienced traumatic events with community violence and police brutality.

- Public safety officials and mayors should invest resources to engage key stakeholders in the public safety and juvenile justice system and youth of color in safe and structured dialogues to rebuild trust and improve police-community relations.

- All adults involved with the justice system—police officers, juvenile court judges, parole officers, and caseworkers—should look for opportunities for positive interactions with young people, seek to examine their own biases about individual youth and groups of youth, and watch out for negative behavior among their peers.

- Cities, counties, and states should create pipeline programs to increase racial, cultural, gender, and age diversity in municipal and state leadership.

- State and local decision-making bodies—e.g., citizen advisory boards, school boards, state boards of education, local boards of health, city and county councils—should include one or more positions for young people to serve as full voting members.

IN CONCLUSION

The authors of this report set out to implement a youth-led health assessment to encourage a dialogue on young people's health and well-being. By partnering with young people and providing them with research leadership opportunities, the authors believe that a more accurate and valid description of the opportunities and barriers that face youth emerges. The findings suggest young people experience pervasive stress in their day-to-day lives. One clear stressor is that they do not feel safe in their schools or in their communities. Perhaps most significant, though, was the finding related to the relationship between youth and the police. Coupled with already feeling unsafe, if young people live in fear of being brutalized by the police, it is difficult for them to develop a sense of security. Moreover, young people view community improvement efforts or gentrification as further complicating their relationship to the police, and restricting the places where they feel safe and welcome. Young people of color and those from low-income communities will not be well until we recognize them as citizens and engage them as partners.

APPENDIX A
Youth Training, Protocol Development, and Related Research Methods

Training and Protocol Development

The youth research team training protocol was developed based on the Nuestro Futuro Saludable (NFS) afterschool program intervention. NFS is a critical service-learning program that engages low-income youth of color in health equity research and action. It was developed by the JP [Jamaica Plain] Partnership for Healthy Carribean Latino Youth and funded by the National Institutes from Minority Health and Health Disparities (R24MD005095).[34] Critical service-learning, or social justice service-learning, allows young people to connect what they are learning to the conditions under which they live.[35] Youth researchers themselves are agents of change, challenging community inequity through service.[36] The service is the application of the health assessment skills that they learn in the context of the training.

The primary goals of the training our team developed for the youth-led health assessment were to (1) guide teams through a process of protocol development and (2) prepare them to implement the protocols they developed. To that end, the objectives were focused on:

• group development,

• fostering a shared understanding of health, health inequities and the social determinants of health and inequity,

• building a basic understanding of health assessment and data collection methods, and

• cultivating field work skills.

Training Pedagogy. The training was asset-based and stressed the importance of creating space for learners to reflect on and challenge what they are experiencing, as well as to take action to ameliorate injustice.[37] Building on the strengths of the youth researchers and adult coordinators, the training acknowledged young people as a knowledgeable resource, valuing their perspective and lived experience. Co-learning was emphasized throughout the training, in order to minimize youth-adult and expert-learner power dynamics, assuring that all voices were equitably valued.[38] Activities were embedded in the training program that allowed the youth researchers to shape discussions based on their experiences. They were encouraged to think critically about what they were observing in their communities in the context of the information they were learning about health and the social determinants of health.

Training Procedures. The initial training was delivered in person at each site by a researcher-youth worker dyad over a three to four day time period. Trainings began with introductions and group development activities, during which participants learned about the project background and developed group goals. Groups members also developed expectations during the initial introductory phase. As participants came to know one another, concepts of health and well-being were introduced. During brainstorming activities teams reflected on health, what it means to "be healthy" and the conditions that support health and well-being, as well as barriers to health and well-being.

Participants then took part in short lectures exploring health and the determinants of health, during which they were introduced to the socio-ecological model and as well as the concept of health equity.[39] Participants were asked to reflect on their own personal health and well-being and developed ecological models on newsprint, outlining health risk and protective factors they experienced at the individual, peer-group, and community levels. As participants shared their models with the larger group, facilitators recorded responses on a "team ecological model," and generated a list of health risk and protective factors, which were called "health promoting assets and threats to health."

Participants also viewed Unnatural Causes: Place Matters,[40] after which they worked in small groups to further identify the social determinants of health for young people in their given communities. As they shared their findings with the larger group, facilitators again recorded themes on the wall with their lists of health promoting assets and threats to health. Youth repeatedly revisited lists prioritizing and clarifying emergent themes.

Young people then explored health risk and protective factors and were challenged to think about how the impacts of these factors varied across geographic and population-based communites. They grappled with the notion of equity and explored the impact of oppression and, more specifically, racism.

The term *community* was reintroduced to teams and they were asked to brainstorm its meaning. As a group they, then, began to construct parameters around the meaning of community for their health assessments. At this point in the curriculum, the notion of assets was revisited and groups reflected on community assets present in the parameters of the their communities. Once lists were generated they assessed barriers and/or challenges associated with the health promoting community resources they identified.

In order to further connect the content to young people's personal narratives, faciltiators guided groups through a visual story telling activity. Each person drew an image conveying three things that impacted: 1) them, 2) their family and 3) their community. As group members shared their narratives, facilitators recorded emergent themes. At the end of the activity, the group explored the themes reflecting on implications for health and wellness. Health promoting assets and threats to health were extracted from the list and placed with the others on the wall.

Youth, again, prioritized and clarified potential areas of health assessment based on their lists of health promoting assets and threats to health. Each young person was given a set of four stickers to vote on issues. Votes were tallied and each topic was discussed. Youth were given the opportunity to bring back items without stickers that did not make the list for discussion. After items were clarified, the process was repeated and a final list was generated. Topics were listed on newsprint around the room and youth were asked to write questions and/or a hypothesis about each item.

Then groups participated in a mini lecture on assessment and were introduced to assessment methods. Methods included, audits and observation, photovoice, surveys and interviews. Youth revisited their topics and discussed methods they were most interested in. Facilitators shared examples of the data they would be able to collect dependent on the question and methods they selected. Based on the methods youth selected, the researcher developed sample protocols and, in the case of groups that selected surveys or interviews, sample items were developed drawing on youth questions and themes related to prioritized items. When possible, exisiting survey items were identified. Protocols were presented to youth groups and reviewed by group members. Youth met in teams to discuss the protocol and then provided faciltiators with revisions and edits. New protocols were developed based on the group discussions.

Groups received training in field methods that included a discussion of human subjects research and research ethics. Teams participated in role plays and developed elevator speeches explaining the goals of their assessments. In addition, teams practiced their assessment protocols. Upon culmination of the training, protocols were submitted to the Boston University Charles River Campus Institutional Review Board (BU IRB), for exempt status review. In the case of survey, observational, and interview protocols, databases were developed in Qualtrics to allow participants to upload collected data. Photovoice data was shared electronically.

Project Implementation

Upon approval from the BU IRB, teams began to implement their protocols. The adult site coordinators in each city worked with youth researchers to schedule data collection and weekly team meetings. Data collection varied by site, depending on the final protocol developed. (See Table xx for more information.) Site coordinators held weekly meetings with young people, which the university-based researchers joined remotely. During these meetings the youth researchers provided updates on their assignments. Teams also reflected on their experiences and challenges with data collection and data entry; as well as discussing solutions. Facilitators and site coordinators addressed questions and concerns related to both project logistics and field experiences.

Teams collected data over a four-week period. At the end of the data collection period, the university-based researchers returned to the sites to assist with data analysis and to discuss the dissemination planning process. Teams began to discuss dissemination planning and to determine the audience, mode and medium by which they might like to disseminate their findings locally and nationally. Full data reports were provided to each site to facilitate local dissemination.

Research Methods

Research protocols for each site as well as the program evaluation were reviewed by the BU IRB, protocol numbers 4130X, 4175X and 4186X, and determined to be exempt from human subjects research review. Beyond understanding the obstacles to health and well-being experienced by young people of color in urban communities and identifying strategies for closing the gap between health-promoting assets that appear to be available in communities, and youth engagement of those assets, we set out to determine best practices and develop tools for youth serving organizations seeking to engage youth in health and wellness assessment. Qualitative baseline and exit interviews were conducted with organizational staff. In addition, we relied on training observations, meeting minutes, facilitator debriefs, project documents, photographs, audio recordings and videos as well as data collected by youth and surveys capturing youth perceptions of the program. **Table 2** describes each of the data sources, as well as the data collection time points.

Interview data were recorded and transcribed. Research team members reviewed the transcripts and identified key themes by question. Themes were discussed and agreed upon by the team. Our team debriefed regularly on the acceptability of the training and lessons learned. All project notes, meeting minutes, training materials and youth products were analyzed thematically at the culmination of the pilot by the researchers.

APPENDIX B
The Five Selected Partner Sites

See **Table 2** for additional details.

CITY	YOUTH RESEARCHERS RECRUITED BY	YOUTH RESEARCHER DEMOGRAPHICS
Boston	Boston youth were recruited by a grassroots youth organizer.	7 young people, ages 16-21
Chicago	**Little Black Pearl/Little Black Pearl Academy (LBPA)** Little Black Pearl is a cultural arts center that provides opportunities in art, culture, and entrepreneurship to youth, adults and families across Chicago. It is home to Little Black Pearl Academy (LBPA), a project-based learning Chicago Public School. The school serves students ages 14-19 years or enrolled in 9th-12th grades. Priority for enrollment is given to students who are academically "off track" and were enrolled in school the previous year.	8 young people, ages 15-17
Denver	Denver youth were recruited by a grassroots youth organizer.	8 young people, ages 13-18
Philadelphia	**JEVS Human Services** JEVS, a nonprofit human services organization provides programming for youth enrolled in school and those who have left school before graduation. A wide variety of programming is offered through JEVS' Youth and Young Adult Division. Programs include test prep and college counseling; GED preparation; life skills and employment training; transitions programming and a diversion program for first-time nonviolent felony drug offenders.	6 young people, ages 17-19
St. Paul	**Ujamaa Place** Ujamaa Place focuses on assisting young African American men in Saint Paul (primarily aged 18-30), many of whom suffer multiple barriers to becoming stable, productive members of the community. The mission is rooted in African American culture and empowerment—embracing the philosophy that everyone is important, valuable, worthy, and loveable.	6 young people, ages 23-34 *Please note: The young people at Ujamaa may have been formerly incarcerated or gang-affiliated before seeking new pathways to education and stable employment. Therefore, they are slightly older than participants at other sites.*

APPENDIX C
Sample Key Informant Interview Protocol–Denver

Hello! We are part of a youth led research team exploring factors that influence the health and wellbeing of youth. We are specifically interested in understanding teen pregnancy, youth-police relations, racism and gentrification. We are focusing on the Montbello, Park Hill, East Side, Hampton South, City Park and East Colfax neighborhoods. If you are 18 or older we are hoping you might have a few moments to share your reflections on teen pregnancy.

This is an anonymous interview. It is voluntary and you can choose not to respond.

- Are you interested in participating? It will take about 10-15 minutes
- Do you mind if I record your responses for note taking purposes?

Age
- 18-25
- 26-35
- 36-45
- 45-55
- 55 and older
- How long have you lived in Denver?

Gender
- Male
- Female
- Other

1. **Why do you think teen pregnancy is happening?**
   a. What do you think contributes to teen pregnancy in your community?
   b. What family level factors contribute to teen pregnancy?
   c. What individual characteristics contribute to teen pregnancy?

2. **What can be done to reduce teen pregnancy?**
   a. At the community level?
   b. Family level?
   c. Individual level

3. **If you were to implement a health education program focused on teen pregnancy...**
   a. What would you include?
   b. Who would you target?
   c. How would you deliver it?

4. **How would you describe the relationship between police and young people here?**

5. **How do young people experience racism? Can you give an example(s)?**

6. **How would you describe race relations here? (Between different races? Same races?)**

7. **If you were to design a program to address racism...**

    a. What would you focus on?

    b. Who would you target?

    c. What would you include?

    d. How would you go about it?

8. **What do you think about when you hear gentrification?**

9. **What are some changes you notice in your community? (Buildings, houses, businesses, culture, etc....)**

10. **What is the impact of the changes in your community?**

11. **How do you feel about the changes in your community?**

12. **How are youth impacted?**

13. **How is the broader community impacted?**

14. **What is happening in the community to address the changes here?**

    a. Organizing initiatives? (What are people doing about it?)

    b. Policies?

    c. Other?

INTERVIEWER INITIALS_____

PHILADELPHIA YOUTH HEALTH ASSESSMENT

We/I am part of a team of youth who are conducting a health assessment. We are doing this work because we are worried about the wellbeing of our community. I will not ask you any personal information. I just want to know what you think young people in our community are experiencing, as it relates to health and wellbeing. We are interviewing 200 people between the ages of 16 and 21. We want to use the information to improve the conditions young people in our community experience.

The interview is voluntary and the risk is minimal. There are no direct benefits to you, but we believe this research is going to help inform local and national officials. It should not take more than 10-15 minutes. Do you have any questions? Are you interested in participating?

Date:_____

☐ Participant filled out survey

☐ Researcher read to participant

August 24, 2016
Version 2

Page 1 of 5

GENERAL INFORMATION

AGE

ZIP CODE

**HOW LONG HAVE
YOU LIVED IN THE
COMMUNITY?**

GENDER   ☐ Male   ☐ Female   ☐ Other

Ethnicity & Race
Are you of Hispanic, Latino, or Spanish origin?
☐Yes ☐ No, not of Hispanic, Latino, or Spanish origin

☐Black, African American
☐Asian, Asian American
☐White
☐Some other race (print race:_____)

I am going to ask you a list of questions about young people in the community. There are no right or wrong answers. As you think about your answers consider high school students.

SOCIAL MEDIA							
Questions	**Strongly Disagree**	**Disagree**	**Neutral**	**Agree**	**Strongly agree**	**Don't know**	**Refused**
1. Students are capable of avoiding peer pressure on social media.	☐	☐	☐	☐	☐	☐	☐
2. Social media reduces the amount of sleep people get.	☐	☐	☐	☐	☐	☐	☐
3. Social media increases peer pressure.	☐	☐	☐	☐	☐	☐	☐
4. Social media impacts relationships.	☐	☐	☐	☐	☐	☐	☐
5. Social media affects people's mood.	☐	☐	☐	☐	☐	☐	☐
6. Everyone around me uses social media.	☐	☐	☐	☐	☐	☐	☐
7. How many hours a day do you use social media?	1-3	3-5	5-7	7-9	9-12	12-15	15+

8. What would happen if we stopped using social media?

VIOLENCE

9. How does violence impact youth in the community?

10. Who is most targeted by the police? (CHECK ONE) ☐ Blacks ☐ Latinos ☐ Asians ☐ Whites ☐ Other_____

	Always	Sometimes	Never	Don't Know	Refused
11. How often do you feel unsafe at school?	☐	☐	☐	☐	☐

STEREOTYPES							
Questions	**Strongly Disagree**	**Disagree**	**Neutral**	**Agree**	**Strongly agree**	**Don't know**	**Refused**
12. Stereotypes impact how you feel about yourself.	☐	☐	☐	☐	☐	☐	☐
13. Stereotypes affect us personally.	☐	☐	☐	☐	☐	☐	☐

14. Which factors most influence stereotypes? (CHECK ALL THAT APPLY)

☐ Age   ☐ Race   ☐ Social class   ☐ Appearance   ☐ Gender

15. What group is most commonly stereotyped? (CHECK ONE)

☐ Blacks   ☐ Latinos   ☐ Asians   ☐ Whites   ☐ Other_____

	Always	Sometimes	Never	Don't Know	Refused
16. How often are high school students impacted by stereotypes?	☐	☐	☐	☐	☐

DRUG USE

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know	Refused
17. Drug & alcohol use is an issue among high school students.	☐	☐	☐	☐	☐	☐	☐
18. High school students are impacted by family members who use drugs and alcohol.	☐	☐	☐	☐	☐	☐	☐
19. High school students are impacted by friends and classmates who use drugs and alcohol.	☐	☐	☐	☐	☐	☐	☐

20. What drugs are commonly used by high school students? (CHECK ALL THAT APPLY)

☐ Alcohol   ☐ Weed   ☐ Heroin   ☐ Crack/cocaine   ☐ Pills   ☐ Tobacco   ☐ Synthetic weed/k2

☐ Other

21. When do you think young people start using drugs and alcohol? (CHECK ONE)

☐ Middle School   ☐ High School   ☐ College   ☐ Adulthood   ☐ Other_____

22. Why do students use drugs and alcohol? (CHECK ALL THAT APPLY)
☐ Peer pressure   ☐ Stress   ☐ Family   ☐ To have fun   ☐ Other_____

23. Do you know someone close to you 16 to 21 years of age who uses drugs? ☐ YES ☐ NO

TEEN PREGNANCY

24. Are there enough resources available to get information regarding sexual health? ☐ YES ☐ NO

25. When should students start getting information about sex? ☐ High School ☐ Middle School ☐ Other

26. Do you think high school students are having safe sex? ☐ YES ☐ NO

27. Where do students get information about sex? (CHECK ALL THAT APPLY)

☐ School ☐ Doctor ☐ Home ☐ Media ☐ Other_____

28. Should schools provide birth control? ☐ YES ☐ NO

	Very	Somewhat	Not Common	Don't Know	Refuse
How common is teen pregnancy?	☐	☐	☐	☐	☐
29. How does the media impact teen pregnancy?					

August 24, 2016
Version 2

Page 5 of 5

Endnotes

1. Pew Research Center, 2015

2. America's Promise Alliance, 2005

3. Annie E. Casey Foundation, 2016; America's Promise Alliance, 2005; Land, 2014

4. Brown et-al., 2007; Geronimus & Thompson, 2004; Jackson et-al., 2010; Viner et-al., 2012

5. LaVeist et-al., 2011

6. Kaufmann, 2007

7. Roberts, 2008

8. Baicker, et-al., 2010

9. Fortuna et al., 2010; Williams et al., 2010

10. Clark et al., 1999; Paradies et al., 2015

11. Cohen et al., 2012; McEwen, 2013; Upchurch et al., 2015

12. Schulz & Northridge, 2004

13. Bronfenbrenner & Morris, 2006

14. Lerner & Overton, 2008

15. Bronfenbrenner & Morris, 2006

16. Zaff et al., 2016

17. Early Child Development Knowledge Network, 2007

18. McEwen, 2012; Shonkoff, 2003

19. Huston & Ripke, 2006

20. Wallerstein & Duran, 2006

21. Wallerstein, & Duran, 2006; Minkler et al., 2003; Minkler et al., 2008; Leung et al., 2004

22. Sprague Martinez et al., 2011

23. Minkler & Wallerstein, 2003

24. Checkoway et al, 2003; Finn & Checkoway, 1998

25. Delgado, 2006

26. Ibid.

27. Ozer & Douglas, 2013

28. Kulbok et al., 2015; Castrechini et al., 2011; Sangalang et al., 2015.

29. The university-based research team allowed organizational partners to identify the right mix of participants at each site. Ujamaa Place serves men age 18 through 35 and the individuals on the St. Paul research team's ages reflects the population they serve.

30. Sprague Martinez et al., 2011; Sprague Martinez e al., Accepted

31. Delgado, 2015; Wang & Rodgers, 2006

32. Sprague Martinez et al., Accepted; Mitchell, 2008

33. Delgado, 2015

34. Sprague Martinez et al., 2011; Sprague Martinez et al., Accepted

35. Delgado, 2015; Wang & Rodgers, 2006

36. Sprague Martinez et al., Accepted; Mitchell, 2008

37. Luque et al., 2011

38. Matthews, 2014

39. Bronfenbrenner, 1992; Schulz & Northridge, 2004

40. Adelman, 2008

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About the Center for Promise

The Center for Promise is the applied research institute for America's Promise Alliance, housed at the Boston University School of Education and dedicated to understanding what young people need to thrive and how to create the conditions of success for all young people.

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About America's Promise Alliance

America's Promise Alliance is the nation's largest network dedicated to improving the lives of children and youth. We bring together more than 400 national organizations and thousands of community leaders to focus the nation's attention on young people's lives and voices, lead bold campaigns to expand opportunity, conduct groundbreaking research on what young people need to thrive, and accelerate the adoption of strategies that help young people succeed. GradNation, our signature campaign, mobilizes Americans to increase the nation's high school graduation rate to 90 percent by 2020. In the past 12 years, an additional 2 million young people have graduated from high school.

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