



Positive Youth Development & Adolescent Health Promotion: Strengths, Challenges & Issues to Consider

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We value adolescents

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Four Key Elements of Positive Youth Development

Positive Youth Development (PYD) promotes the fostering of:

1. Caring and healthy youth-adult relationships
2. Youth participation in every element of institutions that serve them
3. Long-term youth involvement
4. The acquisition of skills that provide life-long competency



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A Working Definition of PYD for the Health Context

Positive Youth Development

1. Acknowledges that the prevention of risk behaviors alone is, in itself, not enough to facilitate a successful adolescence
2. Recognizes that youth require developmental supports and opportunities in order to gain the skills and attributes to be healthy and contribute to their communities in youth and adulthood



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PYD – A Working Definition for the Health Context (continued)

Positive Youth Development

3. Values the role of youth-adult relationships as a strategy to encourage positive development

4. Requires long term involvement, as it identifies and builds strengths *during adolescence* and involves youth in authentic leadership and decision-making capacities to enhance psychosocial development, civic engagement and positive attitudes toward the future



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PYD and the Health Context

Introducing PYD into Healthcare Settings is not easy

It is easiest for service providers to focus on risks and ignore opportunities for youth development

Yet adolescents present wonderful opportunities for health providers



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Population "At Risk" or "At the Crossroads?"

- ✎ Despite popular images of adolescence as a period of mindless fun and self-absorption, adolescents present enormous challenges for health and mental health agencies and are classified as a "population at-risk"

¹. (U.S. General Accounting Office, 1996, p.1).



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Adolescents: “At Risk” or “At the Crossroads?”

✎ The AMA has described adolescents as a “**population at the crossroads.**”¹ Though, as a group adolescents experiment and are exposed to risk, they present real *opportunities* for health promotion. We consider them:

- § Great health care consumers
- § Sophisticated consumers of information
- § Like an open book
- § Eager to share their perspective when asked

1. American Medical Association. (1997). *American Medical Association: Guidelines for Adolescents Preventive Services*. Chicago, IL: American Medical Association.



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Behavioral & Environmental Factors Shaping Teen Health

Health Systems and Providers must deal with:

- ✎ Lack of health insurance and access to health care and health information among teens
- ✎ The easy availability of drugs
- ✎ The psychosocial sequella of exposure to violence in schools and communities
- ✎ Physical & sexual abuse, incest and sexual assault
- ✎ These combine with normative adolescent risk behaviors to produce an often-volatile mix
 - § Alcohol and drug abuse and addiction
 - § Unplanned pregnancy
 - § HIV/AIDS & STI's



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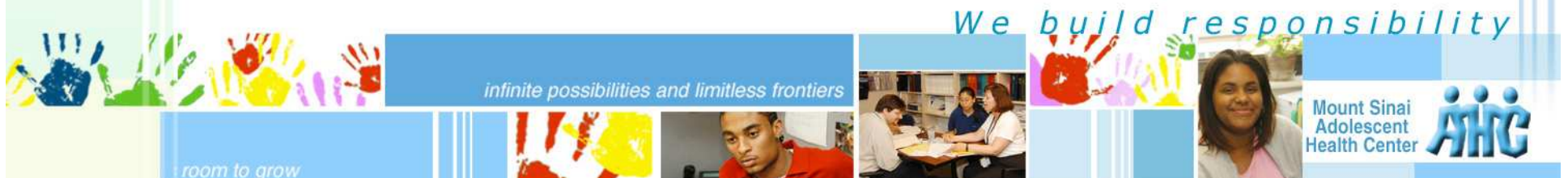


How Does Health Promotion Compare to PYD?

Traditional health promotion generally starts with the real and/or potential problems of adolescence and works back toward prevention and the promotion of positive outcomes.

Positive youth development starts with strengths and works toward positive outcomes of health, safety and academics etc.

PYD focuses on each teen's development of personal & social assets



Optimum Health Promotion Requires PYD

Yet, Adolescent Health Promotion requires that teens develop :

- ✎ Good relationships and trust with parents, peers, and other adults - including health care providers
- ✎ A sense of being connected and valued by larger social networks
- ✎ Good health risk management skills



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Optimum Health Promotion Requires PYD

Can you have Adolescent Health Promotion without the development of **personal & social assets**? Such as:

- ✎ Motivation to master new skills
- ✎ Confidence in one's efficacy
- ✎ A sense of autonomy and responsibility for self
- ✎ Critical thinking and reasoning skills
- ✎ Emotional self-regulation skills



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Challenges of Implementing PYD in Adolescent Health

- ✎ PYD is misunderstood it is not an alternative to current models of care instead it is a conceptual and practical lens that can enhance current models
- ✎ PYD requires inviting participation - community and consumer participation has generally not been welcomed in health care settings, especially those that serve young people
- ✎ Funding and reimbursement is problem oriented, it is hard to get reimbursed even for health maintenance or prevention work



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Challenges of Implementing PYD in Adolescent Health

- ✎ Health and mental health training tends to focus on pathology and how to cure illness
- ✎ Too few providers are knowledgeable about confidentiality laws
- ✎ Even when they are knowledgeable it is sometimes hard for providers to negotiate confidentiality with parents/guardians
- ✎ Involving youth as partners in their care requires that providers acquire skills and knowledge about how to do that



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Challenges of Implementing PYD in Adolescent Health

- ✎ Adults are often unwilling to grant increasing levels of autonomy to teens and parents may be initially fearful
- ✎ Adolescents are often viewed negatively and many adults assume that adolescents, on their own, cannot be good consumers of health care
- ✎ Involving youth requires resources, skills and effort. It should not be done in a superficial and unplanned manner.



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Challenges of Implementing PYD in Adolescent Health

- ✎ PYD has too-often been marketed using ideological reasons. This needs to be supplemented by an iteration of its practical value to services and programs.
- ✎ There is a need to conduct more evaluation to show PYD's potential for "value added"
Examples:
 - § Building service capacity
 - § Improving adolescent retention in programs
 - § Increasing knowledge of adolescent behaviors and their meanings



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“The essence of our effort to see that every child has a chance must be to assure each an equal opportunity, not to be equal, but to become different – to realize whatever unique potential of body, mind and spirit he or she possesses.”

John Fisher

Dean, Teachers College, Columbia University, 1973



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Mount Sinai Adolescent Health Center

Mount Sinai Adolescent Health Center (AHC) is the largest adolescent-centered practice in the U.S., integrating physical health, mental health, reproductive health, and prevention in a positive youth development framework, to serve

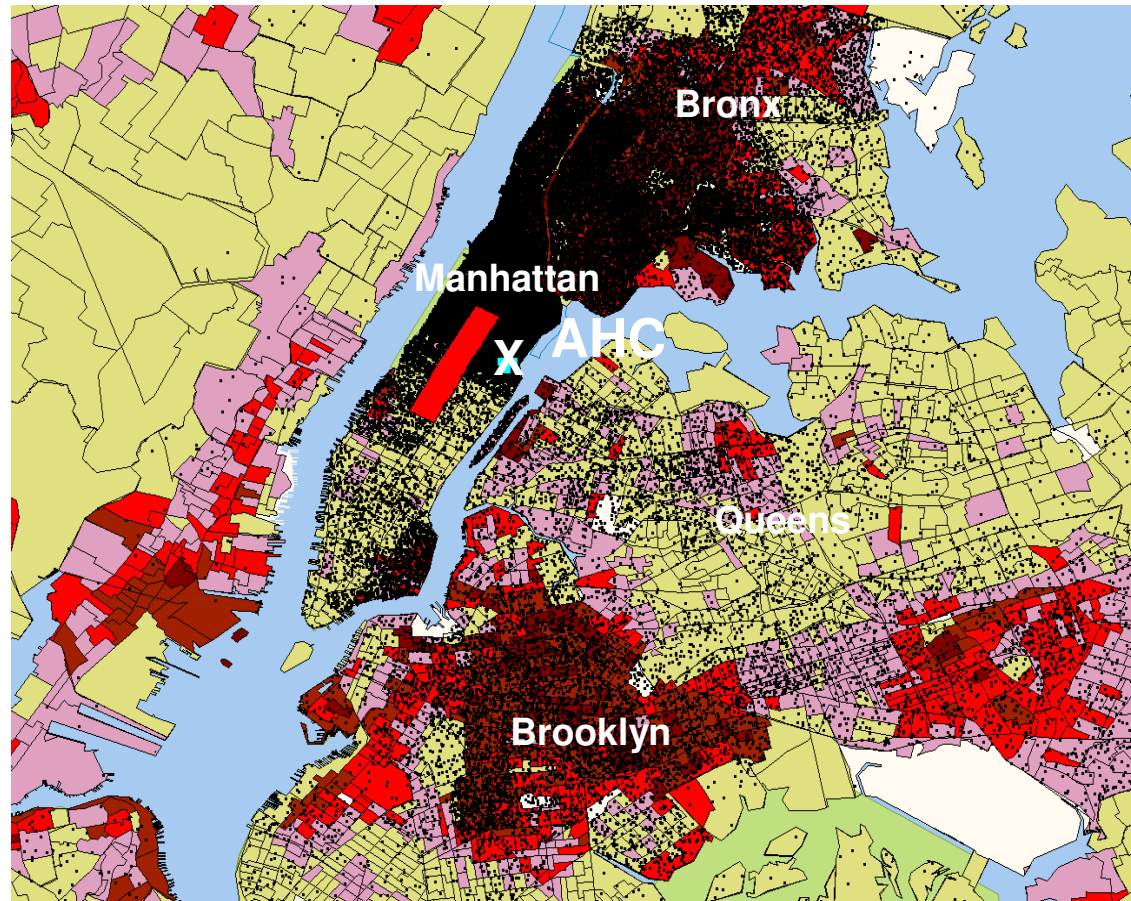
- 👋 15,000 individual adolescents annually
- 👋 In 52,000 billable visits*
- 👋 With 100,000 overall visits when including significant, but non-billable encounters (i.e. nutrition, health education, etc.)

* Visits that would be reimbursable if the individual had Medicaid, or private insurance. Most AHC adolescents do not have any type of insurance coverage, including Medicaid.

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Geographic Origins of AHC Patients



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AHC's Adolescent Patients

- ✎ Are ages 10 – 22
- ✎ Are poor (98%)
- ✎ Have no insurance (75%)
- ✎ Are urban kids of-color
 - § Latino (50%)
 - § African American (43%)
 - § Asian (2%)
 - § Caucasian and "other" (5%)



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AHC's Adolescent Patients

Before ever meeting a counselor AHC patients report that:

- ✎ 71% have witnessed violence
- ✎ 44% are worried about safety
- ✎ 44% reported having been victims of racism
- ✎ 38% are worried about doing dangerous things
- ✎ 37% are victims of violence
- ✎ 30% have been sexually abused
- ✎ 25% have been threatened or assaulted with weapon
- ✎ 11% have been raped
- ✎ 7% are in a violent dating relationship

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AHC's Approach

- ✎ Emphasizes that each young person is unique with his or her own experiences and strengths
- ✎ Takes adolescents' perspectives seriously and structures services so that skills and interests can be assessed and understood
- ✎ Provides for psychological and physical safety
- ✎ Provides meaningful challenges to adolescents
- ✎ Offers potential for supportive relationships
- ✎ Grants each adolescent responsibility



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AHC's Challenge

In a clinical setting for adolescents a major challenge is to

- § Respect each young person's individual pace and work with his or her strengths
- § Yet, get issues, risks, problems and vulnerabilities on the table, and
- § Keep the conversation open when a young person is unwilling or unable to discuss risks and vulnerabilities¹

1. Surko, M., Peake, K., Epstein, I. & Medeiros, D. (2005) Multiple Risks, Multiple Worries and Adolescent Coping: What Clinicians Need to Ask About. *Social Work in Mental Health*. Vol 3, 3. Peake, K., Epstein, I & Medeiros, D. (Eds). What Kids want to Talk About: The Research and Clinical Uses of an Adolescent Mental health Intake Questionnaire. 2005. New York: Hawroth Press



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AHC's Approach: Engagement

AHC uses *three lenses* for engagement¹

1. The Risk/Vulnerability lens – what vulnerabilities need to be addressed immediately, and over the long term?
2. The Consumer lens - what does the young person want to talk about?
3. Strengths lens – what contributions does the young person bring, and what can serve to motivate discussion re: 1 and 2 above

1. Surko, M., Peake, K., Epstein, I. & Medeiros, D. (2005) Multiple Risks, Multiple Worries and Adolescent Coping: What Clinicians Need to Ask About. *Social Work in Mental Health*. Vol 3, 3. Peake, K., Epstein, I & Medeiros, D. (Eds). What Kids want to Talk About: The Research and Clinical Uses of an Adolescent Mental health Intake Questionnaire. 2005. New York: Haworth Press



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AHC's Approach: Engagement

Risk/Vulnerability Lens

Acknowledges that the provider must be concerned about risky behaviors and exposure to environmental risks violence and must assess and address these vulnerabilities

Understands that adolescents report that providers fail to ask about their risk exposure and openly engage teens about environmental and behavioral risks – giving kids permission to talk



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AHC's Approach: Engagement

Consumer Lens

Every adolescent needs reassurance that she or he will be respected and heard

- comes with his or her own questions, concerns and issues
- these may not correspond to the provider's concerns



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AHC's Approach: Engagement

Consumer Lens

Every adolescent presents opportunities for engagement

Adolescents report that providers fail to ask about key issues, including risky behaviors and environmental risks^{1, 2}

1. Schoen, C., Davis, K., Scott Collins, K., Greenberg, L., Des Roches, C., & Abrams, M. (1997). *The Commonwealth Fund Survey of the Health of Adolescent Girls*. New York: The Commonwealth Fund.
2. Klein, J., & Wilson, K. (2002). Delivering Quality Care: Adolescents' Discussion of Health Risks With Their Providers. *Journal of Adolescent Health, 30*, 190-195.



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AHC's Approach: Engagement

Consumer Lens

Our research often focuses on risk behaviors and fails to identify the meanings that teens themselves assign to their behaviors, this greatly impairs our interventions¹

We focus on risk behavior theory to explain poor adolescent health outcomes, at the expense of examining the often-poor fit between systems and institutional arrangements and adolescent developmental needs²

1. Zaslow, M. J. & Takanishi, R. (1993). Priorities for research on adolescent development. *American Psychologist*, 48(2), 185-192.

2. Eccles, J. S., Midgely, C., Wigfield, A., Buchanan, C.M., Reuman, D., Flangan, C., & MacIver, D. (1993). Development during adolescence: The impact of stage-environment fit on young adolescents' experiences in schools and in families. *American Psychologist*, 48(2), 90-101.



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AHC's Approach: Engagement

Strengths Lens

Providers must identify and mobilize each teen's strengths and assets to help build his or her place in the world

Teens will engage better if they feel valued



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Evidence Suggests that Teens Require Greater Inclusion

- ✎ A national study of more than 6,000 adolescents conducted by the Commonwealth Fund,¹ concluded that Adolescents want to talk with health care providers about sensitive health-related topics but are too rarely asked about them.

1. Schoen, C., Davis, K., Scott Collins, K., Greenberg, L., Des Roches, C., & Abrams, M. (1997). The Commonwealth Fund Survey of the Health of Adolescent Girls. New York: The Commonwealth Fund. Retrieved on August 18, 2002 from <http://www.cmf.org/programs/women/adoleshl.asp#GIRLS>.



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Evidence Suggests that Teens Require Greater Inclusion

- ✎ In a recent survey of teens involved in high-risk behaviors, one-third had not discussed what they wanted with their provider and only 12% had discussed everything they wanted to.¹

1. Klein, J. & Wilson, K. (2002) Delivering Quality Care: Adolescents' Discussion of Health With their Provider. *Journal of Adolescent Health*, 30).



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Evidence Suggests that Teens Require Greater Inclusion

- ✎ Current AHC research suggests that even high risk adolescents want to talk about their lives, however, they need “permission” to talk. In addition, for most teens in our study, the higher a teen’s risk behavior, the greater his/her desire to talk about it.¹

1. Surko, M., Peake, K., Epstein, I. & Medeiros, D. (2005) Multiple Risks, Multiple Worries and Adolescent Coping: What Clinicians Need to Ask About. *Social Work in Mental Health*. Vol 3, 3. Peake, K., Epstein, I & Medeiros, D. (Eds). What Kids want to Talk About: The Research and Clinical Uses of an Adolescent Mental health Intake Questionnaire. 2005. New York: Hawroth Press



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AHC's Approach: Youth involvement

- ✎ AHC Youth Advisory Group involves adolescents in program design and evaluation
- ✎ Youth participate in:
 - § evaluation of services
 - § focus groups for feedback on program changes
 - § outreach and education
 - § the design of informational materials
 - § the creation of assessment tools
 - § branding and marketing



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AHC's Approach

Youth Involvement

- ✎ In the U.S. uninsured youth are largely cut off from care. At AHC specialists educate and enroll youth in available health insurance products, empowering them to be partners in their care and teaching them about exploring resources.
- ✎ Sinai Peers Educating and Empowering through Knowledge (SPEEK) – AHC's Teen Peer Education Program offers long-term program involvement through employment opportunities



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AHC's Approach: Youth Involvement

AHC Uses a "Learner's Permit"¹ Approach in Adolescent Health. This approach -

- ✎ Understands that adolescents gain competence through experimentation, practice and mastery
- ✎ Works with teens to minimize potential harm and improve decision-making skills
- ✎ Includes adolescents as partners in their care, leveraging their inquisitiveness, hopes and strengths

1. Zimring, F. E. (1982). *The Changing Legal World of Adolescence*. New York: Free Press.

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