



Holistic Approaches to Positive Youth Development in Addressing Health Disparities

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Medical Center**

Healthy Youth? What is Health?



World Health Organization

“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”



WHAT IS PUBLIC HEALTH?

•Public Health is the science of protecting and improving the health of communities through education, promotion of healthy lifestyles, and research and disease prevention.

•Public Health focuses on the population as a whole, rather than on individuals. It aims to prevent disease and promote health in communities, neighborhoods, and populations.

•Public Health involves identifying and addressing the causes of disease and injury, preventing health problems, and promoting health. It includes activities such as **developing health programs, evaluating health services, regulating health care professions, and conducting research**.

PREVENT DISEASE

&

PROMOTE HEALTH

PREVENTION



WHAT ARE HEALTH DISPARITIES?



Not Health: Health:

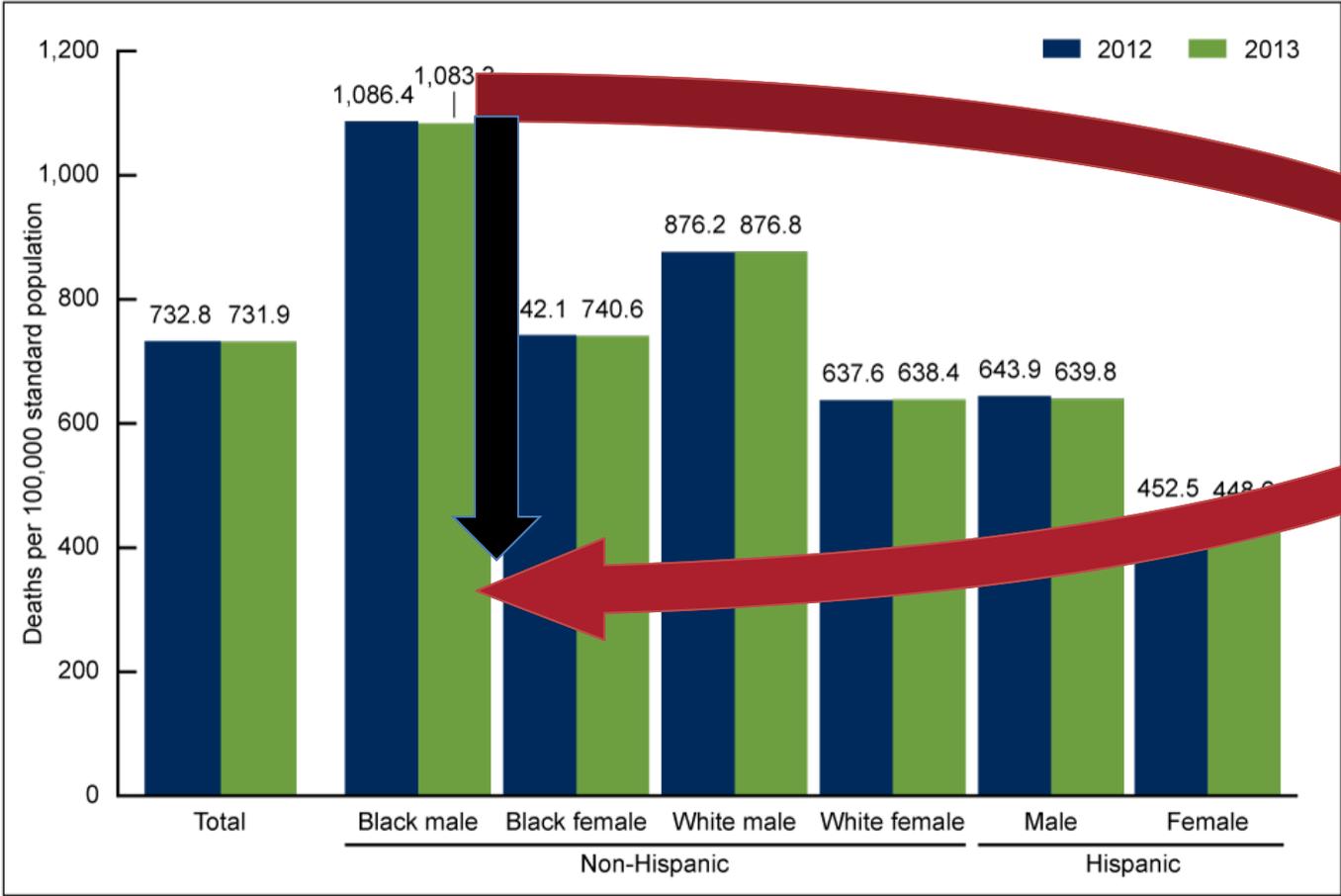
“Health
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DISPARITIES:
Simply Stated are just
DIFFERENCES

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Figure 2. Age-adjusted death rates for selected populations: United States, 2012 and 2013



SOURCE: CDC/NCHS, National Vital Statistics System, Mortality.





The Goal?

HEALTH EQUITY

A basic principle that all people despite race/ethnicity, gender, age, religion, geographic location, or sexual orientation have equal opportunity to lead healthy lives.



U.S. Healthy People

Healthy people	Goal
2000	To reduce health disparities
2010	To eliminate health disparities
2020	To achieve health equity, eliminate disparities, and improve the health of all groups.

<http://www.healthypeople.gov/2020/about/disparitiesAbout.aspx>



TED TALK 2012: MY RECIPE FOR HEALTH EQUITY

R: RESEARCH

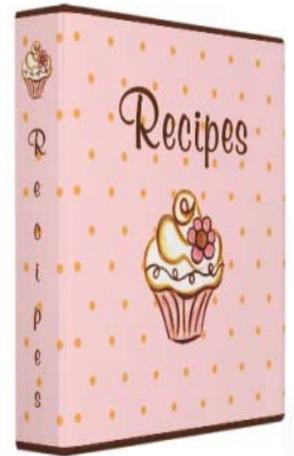
E: EDUCATION

C: CLINICAL, COMMUNITY OUTREACH, COLLECTIVE IMPACT

I: INTERDISCIPLINARY

P: PUBLIC HEALTH & POLICY (passion & purpose)

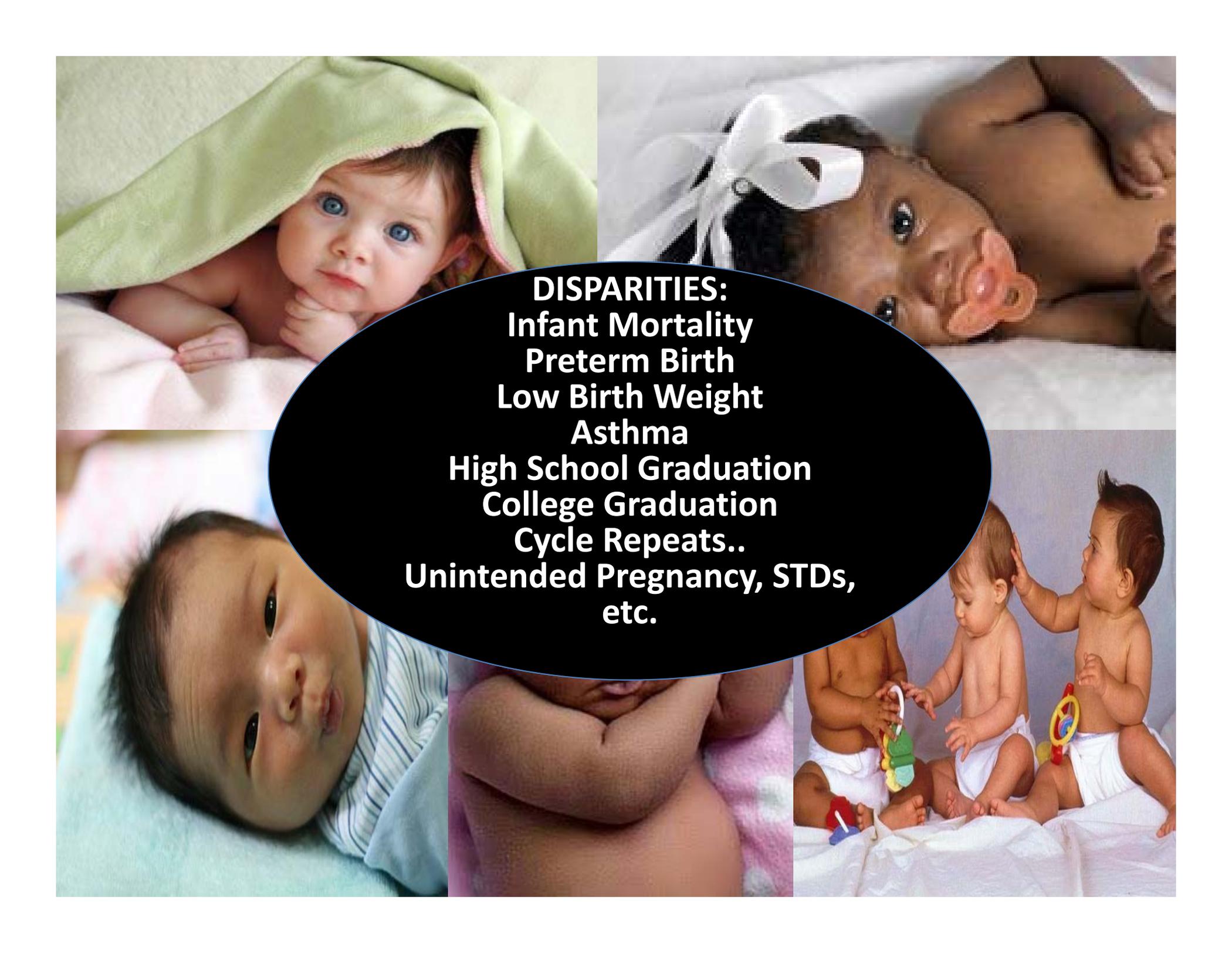
E: EVALUATION (empathy to empower)





**DISPARITIES:
Unintended Pregnancy, STDs,
Preterm Birth, Infant Mortality,
Preeclampsia, Gestational
Diabetes, etc.....**





**DISPARITIES:
Infant Mortality
Preterm Birth
Low Birth Weight
Asthma
High School Graduation
College Graduation
Cycle Repeats..
Unintended Pregnancy, STDs,
etc.**

ZIP CODE
95202

Life Expectancy

73



ZIP CODE
92606

Life Expectancy

88

Your **ZIP Code** shouldn't
predict **how long you'll live**,
but it does.

health
happens
here 

#HealthHappensHere
www.colendow.org



AMERICAN
PUBLIC HEALTH
ASSOCIATION

#APHA12
www.apha.org



But Why?

Social Determinants

MODIFIABLE

- Zip Code/Neighborhood
- Education
- Employment
- Social Support
- Social Capital
- Resources

Where you live, work, play and pray makes a tremendous impact on health and long term life outcomes

NON MODIFIABLE

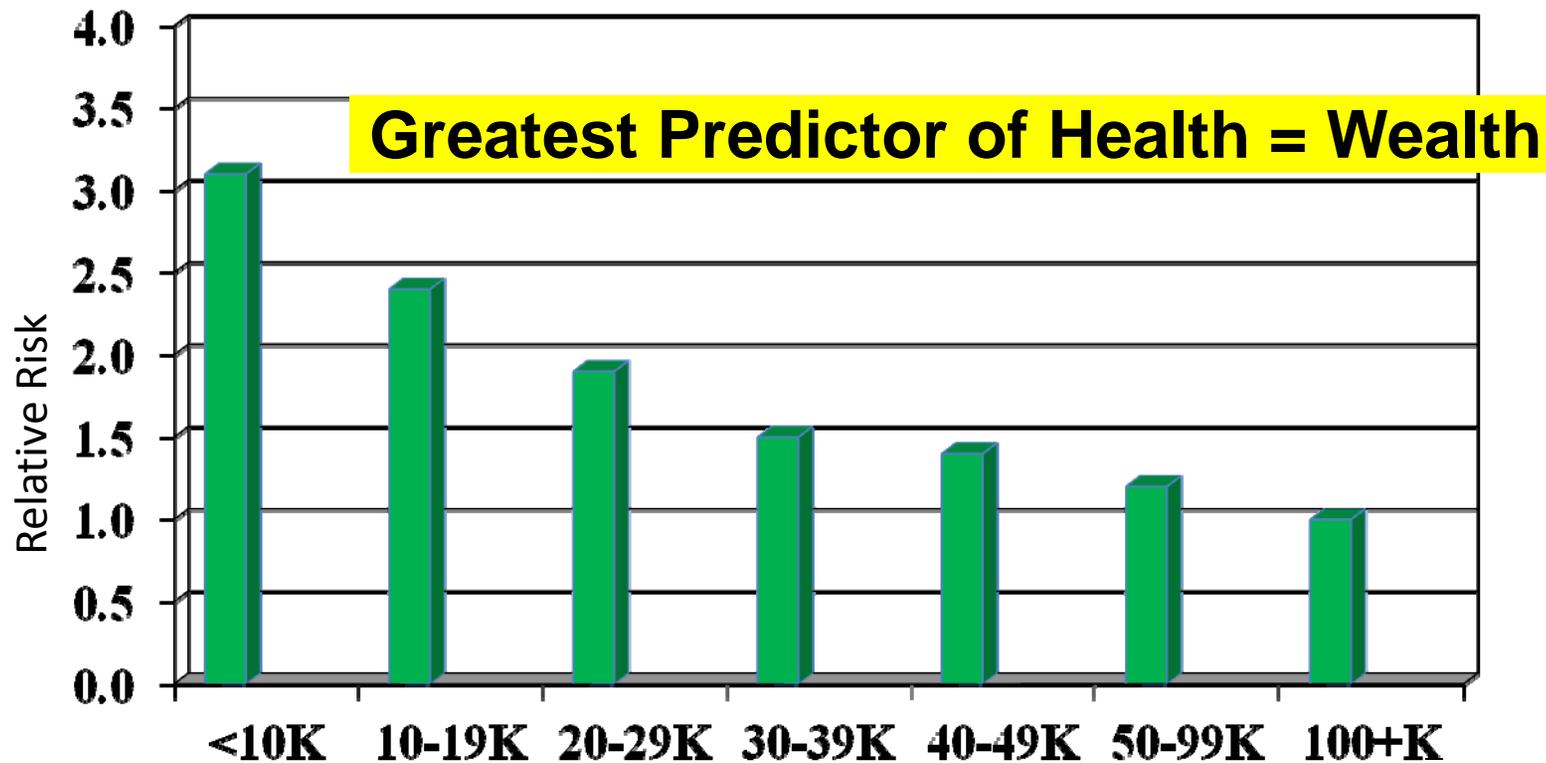
- gender, race, ethnicity and age

OTHERS (may or may not be modifiable)

- culture, religion individual but also societal level



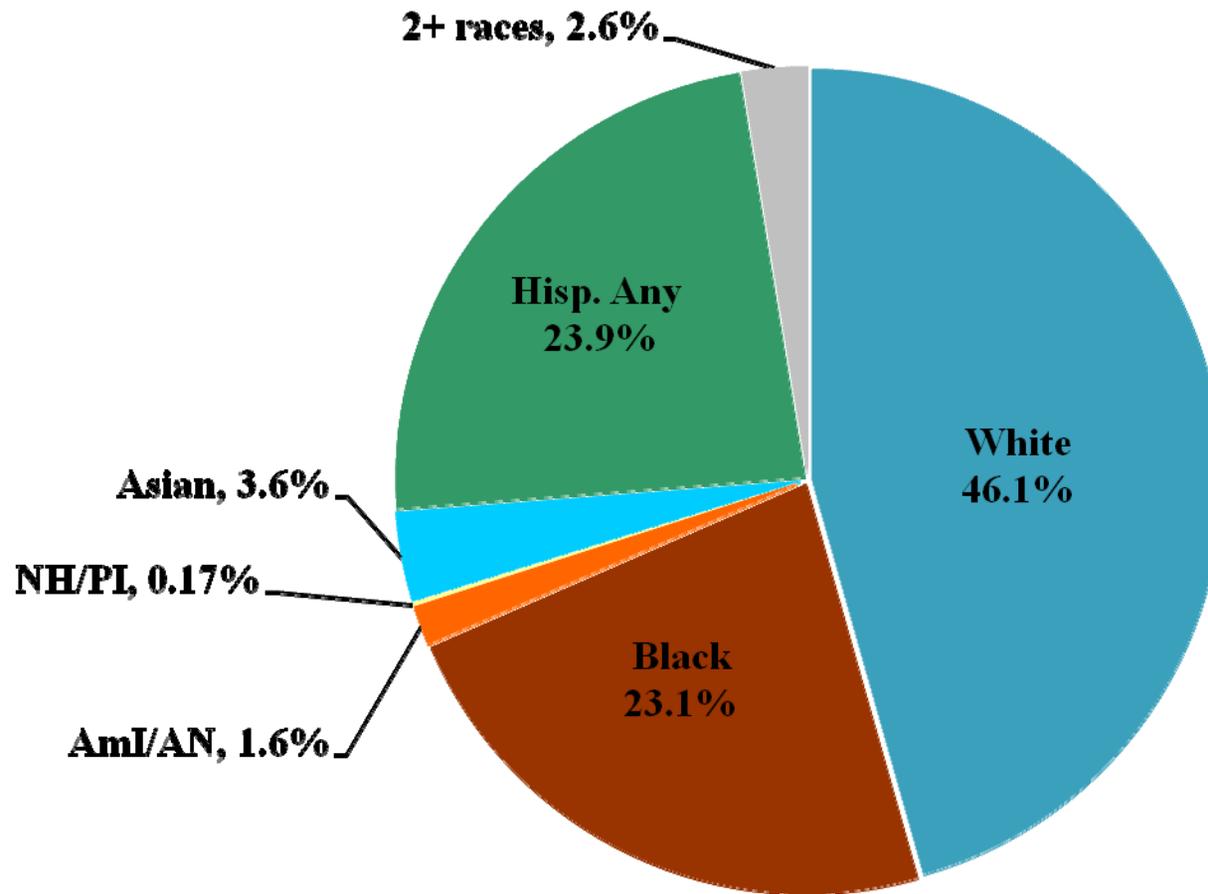
Relative Risk of Premature Death by Family Income (U.S.): SES



9-year mortality data from the National Longitudinal Mortality Survey



Racial/Ethnic Composition of People in Poverty in the U.S.



U.S. Census 2010



ACE SCORES

Injury Prevention & Control : Division of Violence Prevention

Violence Prevention



About Us +

Child Maltreatment -

Definition

Data Sources

Risk and Protective Factors

Essentials for Childhood

ACE Study -

About the Study

The ACE Pyramid

The Adverse Childhood Experiences (ACE) Study is one of the largest investigations ever conducted to assess associations between childhood maltreatment and later-life health and well-being. The study is a collaboration between the Centers for Disease Control and Prevention and Kaiser Permanente's Health Appraisal Clinic in San Diego.

More than 17,000 Health Maintenance Organization (HMO) members undergoing a comprehensive physical examination chose to provide detailed information about their childhood experience of abuse, neglect, and family dysfunction. To date, more than 50 scientific articles have been published and more than 100 conference and workshop presentations have been made.

The ACE Study findings suggest that certain experiences are major risk factors for the leading causes of illness and death as well as poor quality of life in the United States. It is critical to understand how some of the worst health and social problems in our nation can arise as a consequence of adverse childhood experiences. Realizing these connections is likely to improve efforts towards prevention and recovery.



An ACE score is a tally of different types of abuse, neglect, and other hallmarks of a rough childhood. According to the Adverse Childhood Experiences study, the rougher your childhood, the higher your score is likely to be and the higher your risk for later health problems. You can take the test below:

What's Your ACE Score?

START THE QUIZ

Credit: Danny DeBelius/NPR

<http://www.npr.org/sections/health-shots/2015/03/02/387007941/take-the-ace-quiz-and-learn-what-it-does-and-doesnt-mean>



What's Your ACE Score



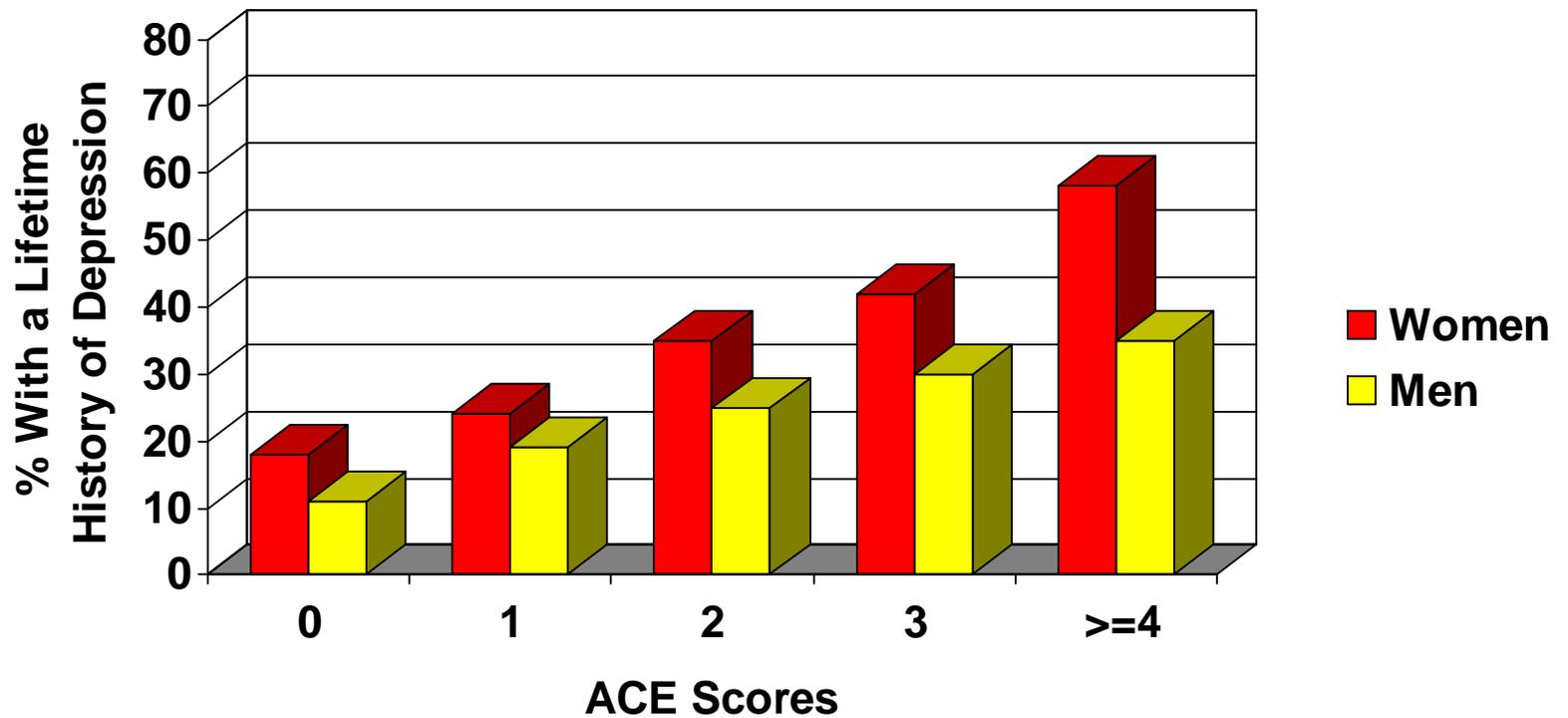
- How does your score make you feel?
- Only 33% of adults have an ACE SCORE of 0 (Anyone?)
- An ACE Score of 4 or more results in having multiple risk factors for chronic diseases.
- An ACE score of 6 or more results in a 20 year decrease in life expectancy.
 - If you have a high ACE score. What made the difference in your life?
 - The answers to these questions represent key solutions to increasing resiliency in our Nebraskan Youth.



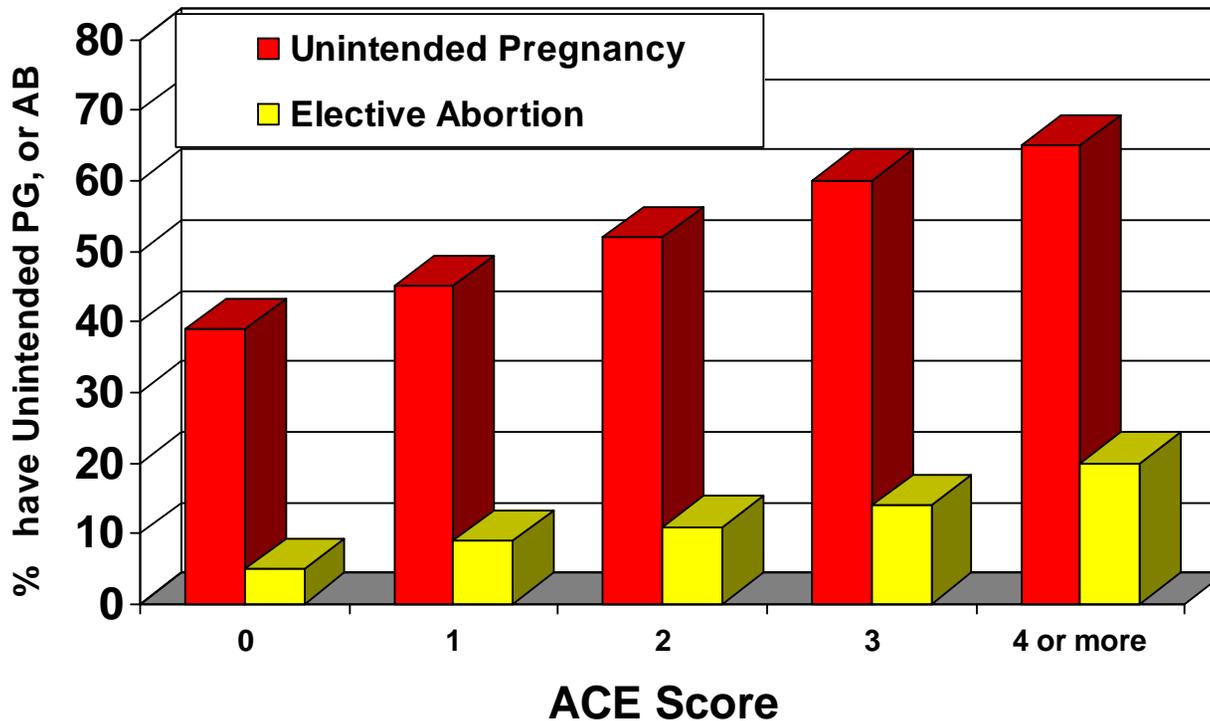
THE DATA



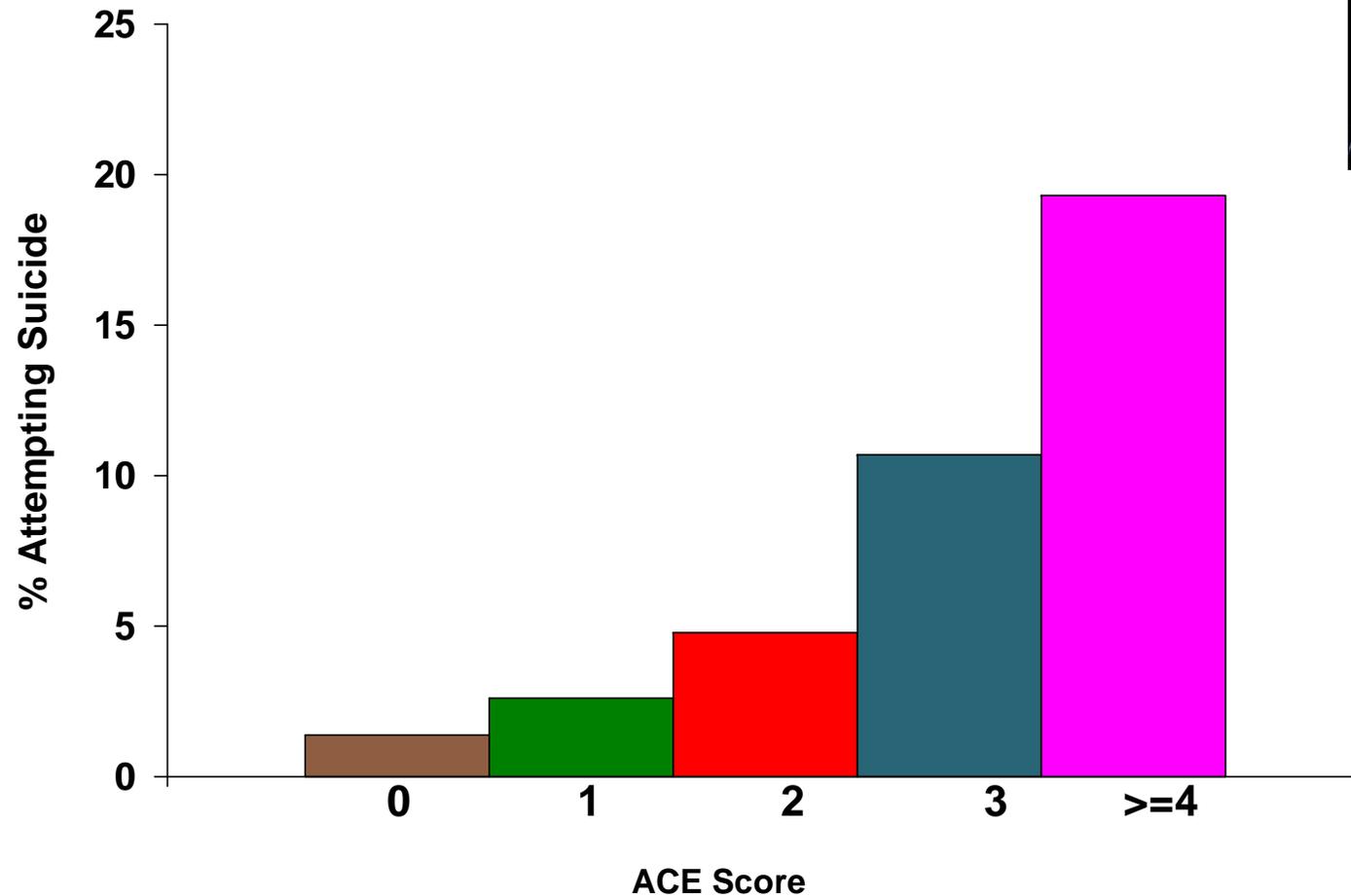
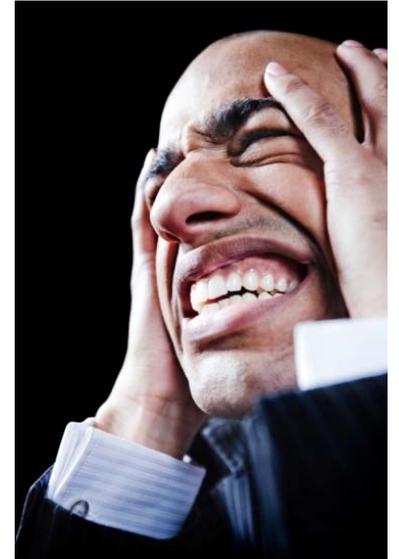
Childhood Experiences Underlie Chronic Depression



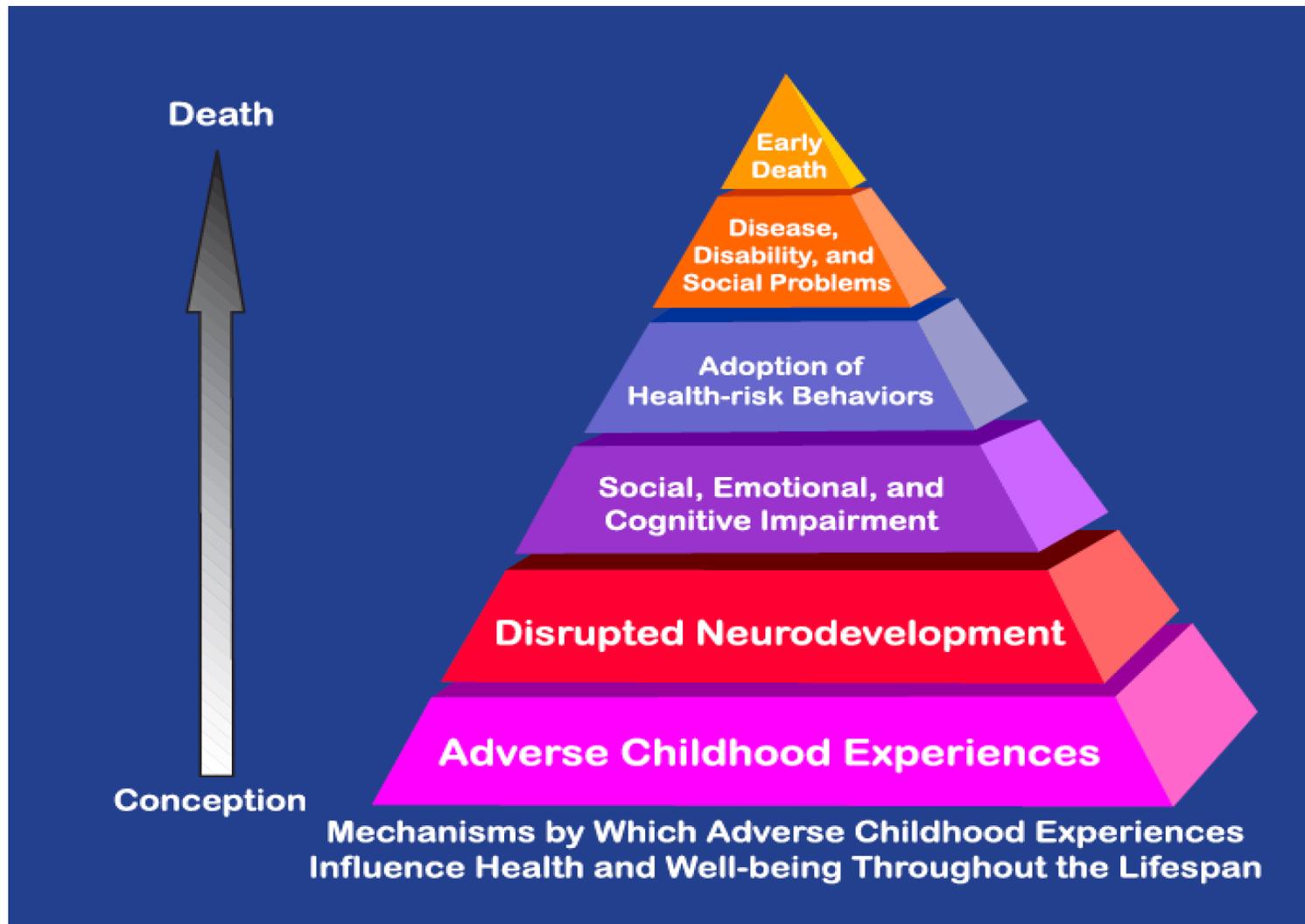
ACE Score vs. Unintended Pregnancy or Elective Abortion



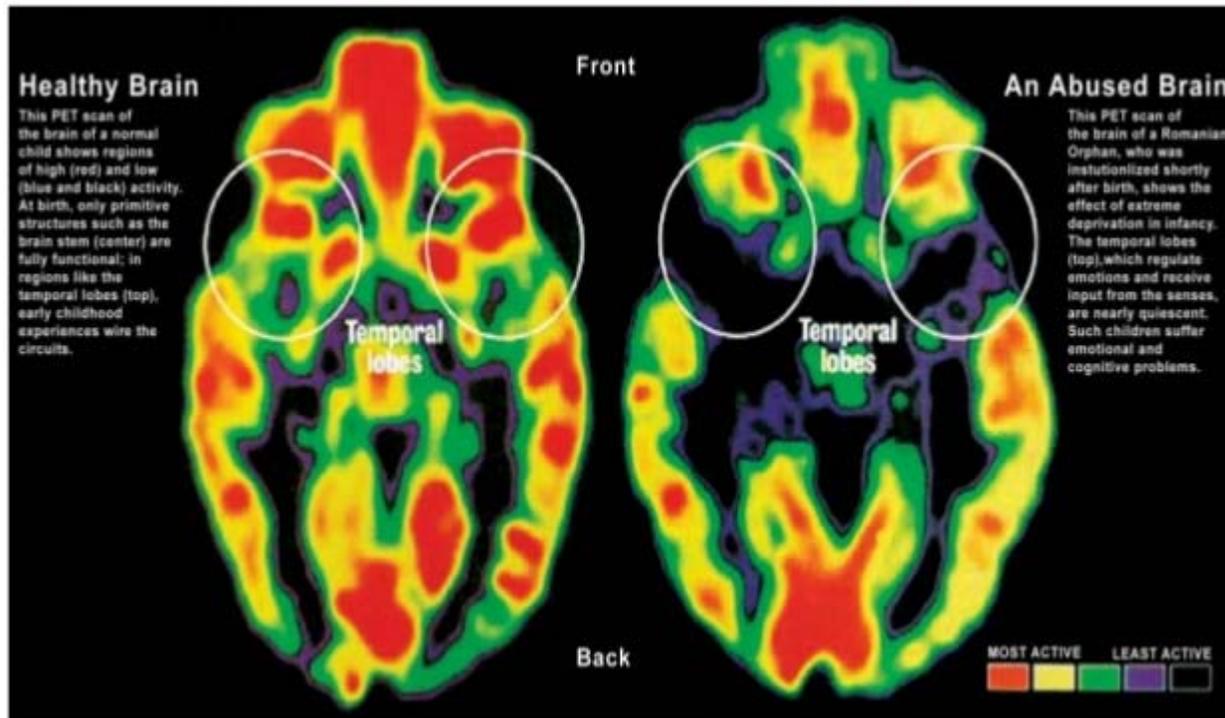
Childhood Experiences Underlie Later Suicide

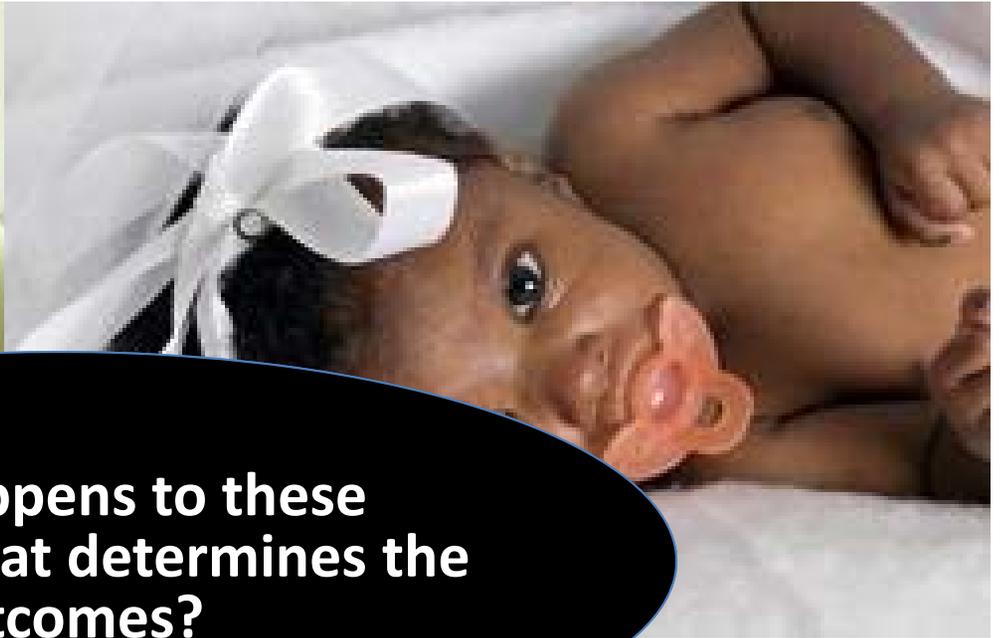


The ACE Pyramid: Theoretical Framework

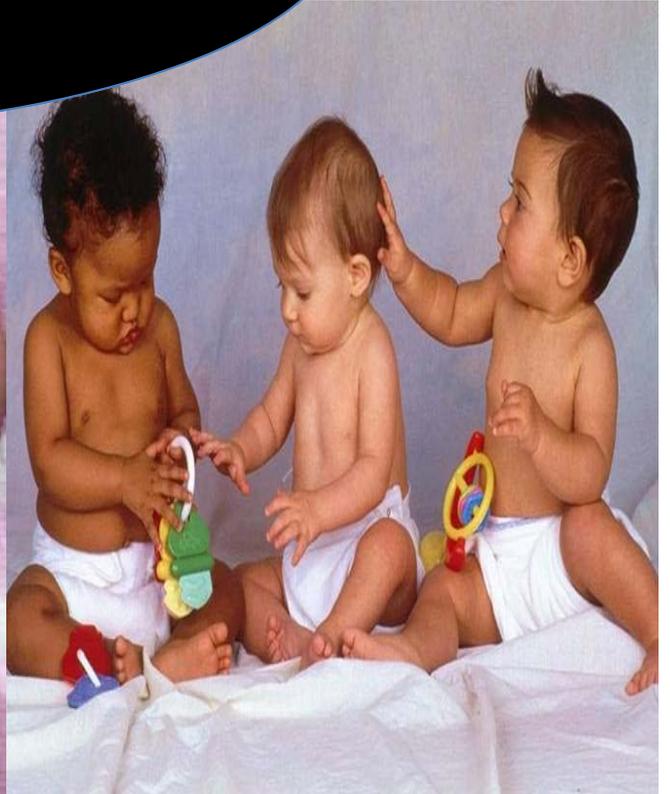


Also Impacts Brain Development





What happens to these children? What determines the outcomes?





What happens to these children? What determines their outcomes? These are OUR kids!!!

JILLGREENBERG © 2012

JILLGREENBERG © 2012

JILLGREENBERG © 2012

JILL GREENBERG © 2012

They Grow Up...

Adolescence: (Identify Formation)

Drinking alcohol

Smoking tobacco

Sexual promiscuity

Using drugs

Overeating/eating disorders

Delinquent behavior

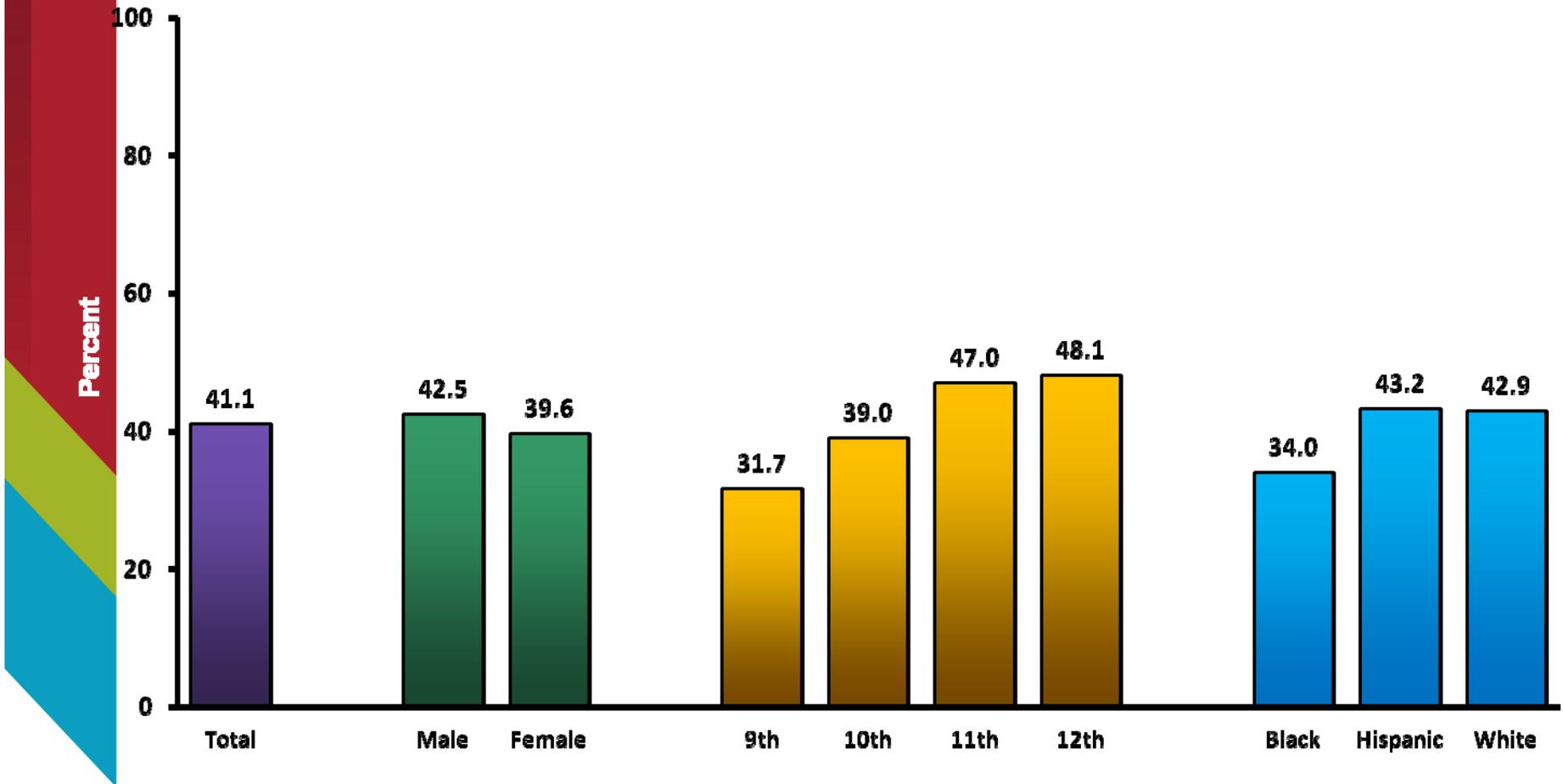
Poor Impulse Control

Self inflicted harm (self injury)

Relationships

Targets (Trafficking)

Percentage of High School Students Who Ever Tried Cigarette Smoking,* by Sex,† Grade,† and Race/Ethnicity,† 2013



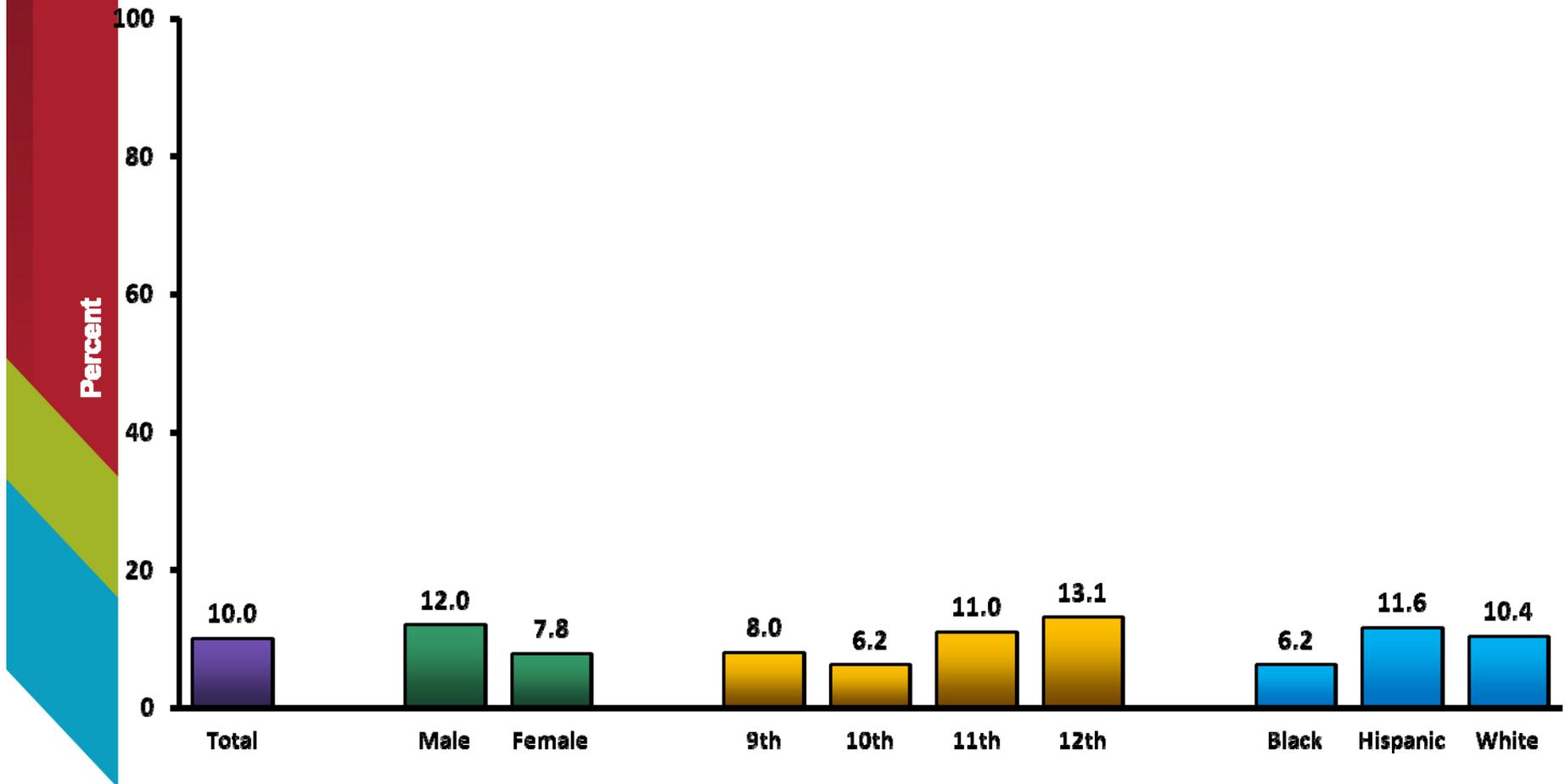
*Even one or two puffs.

†M > F; 10 > 9, 11 > 9, 11 > 10, 12 > 9, 12 > 10; H > B, W > B (Based on t-test analysis, p < 0.05.)

Black and White races are non-Hispanic.



Percentage of High School Students Who Drove When Drinking Alcohol,* by Sex,[†] Grade,[†] and Race/Ethnicity,[†] 2013



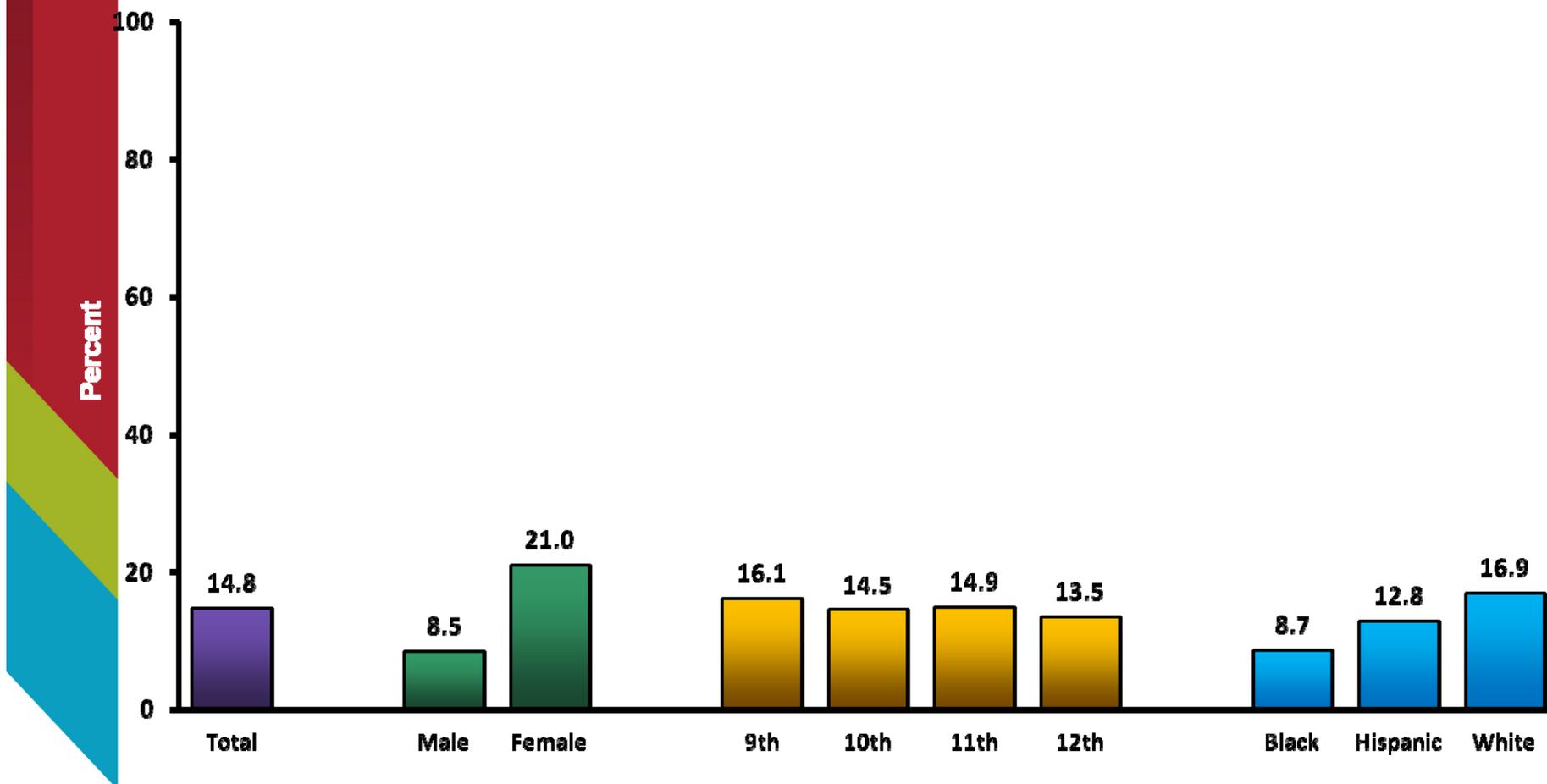
*One or more times during the 30 days before the survey, among the 64.3% of students nationwide who had driven a car or other vehicle during the 30 days before the survey.

[†]M > F; 11 > 10, 12 > 9, 12 > 10; H > B, W > B (Based on t-test analysis, p < 0.05.)

Black and White races are non-Hispanic.



Percentage of High School Students Who Were Electronically Bullied,* by Sex,† Grade,† and Race/Ethnicity,† 2013



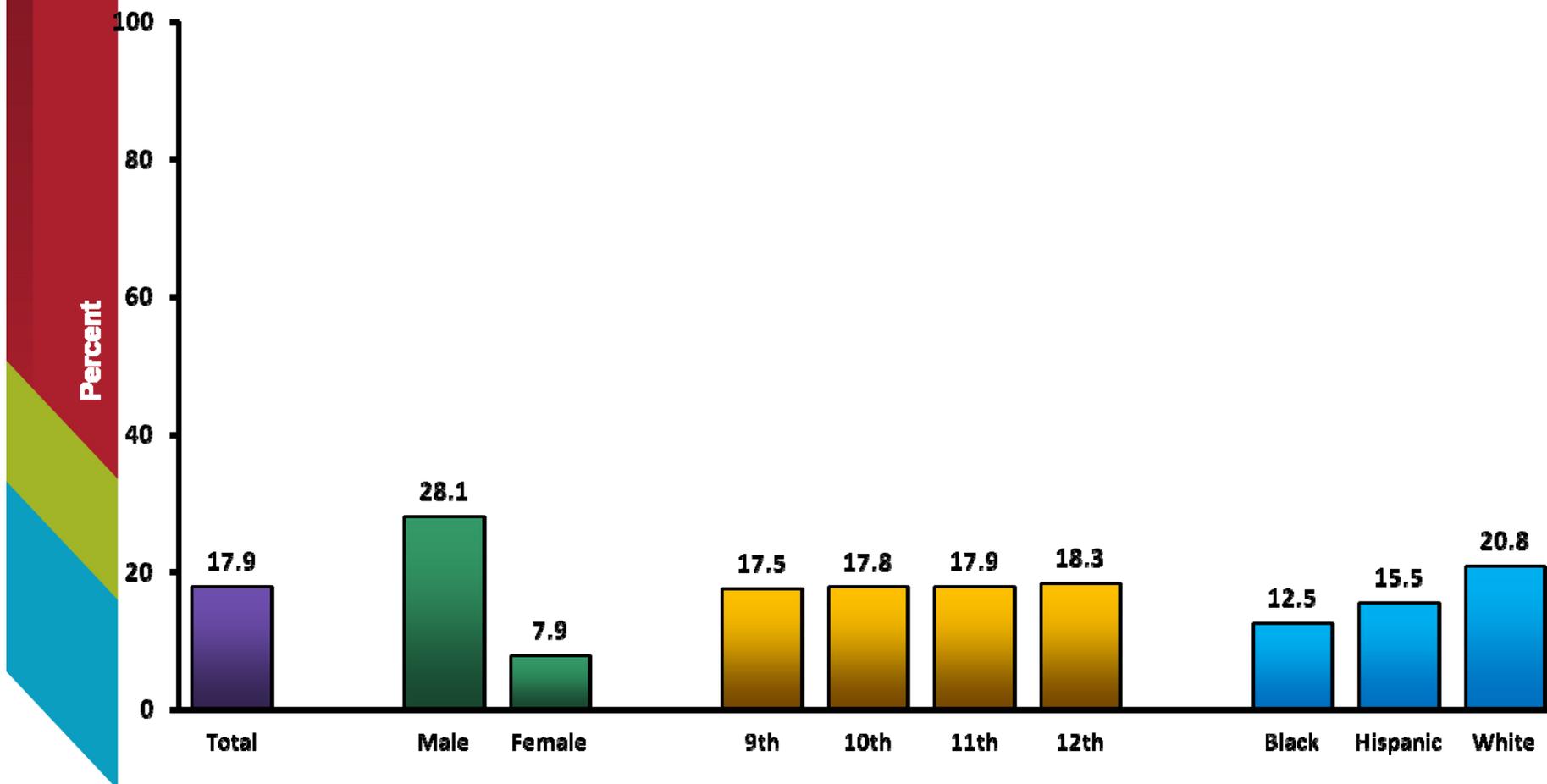
*Including being bullied through e-mail, chat rooms, instant messaging, websites, or texting during the 12 months before the survey.

†F > M; 9 > 12; H > B, W > B, W > H (Based on t-test analysis, $p < 0.05$.)

Black and White races are non-Hispanic.



Percentage of High School Students Who Carried a Weapon,* by Sex,† Grade, and Race/Ethnicity,† 2013



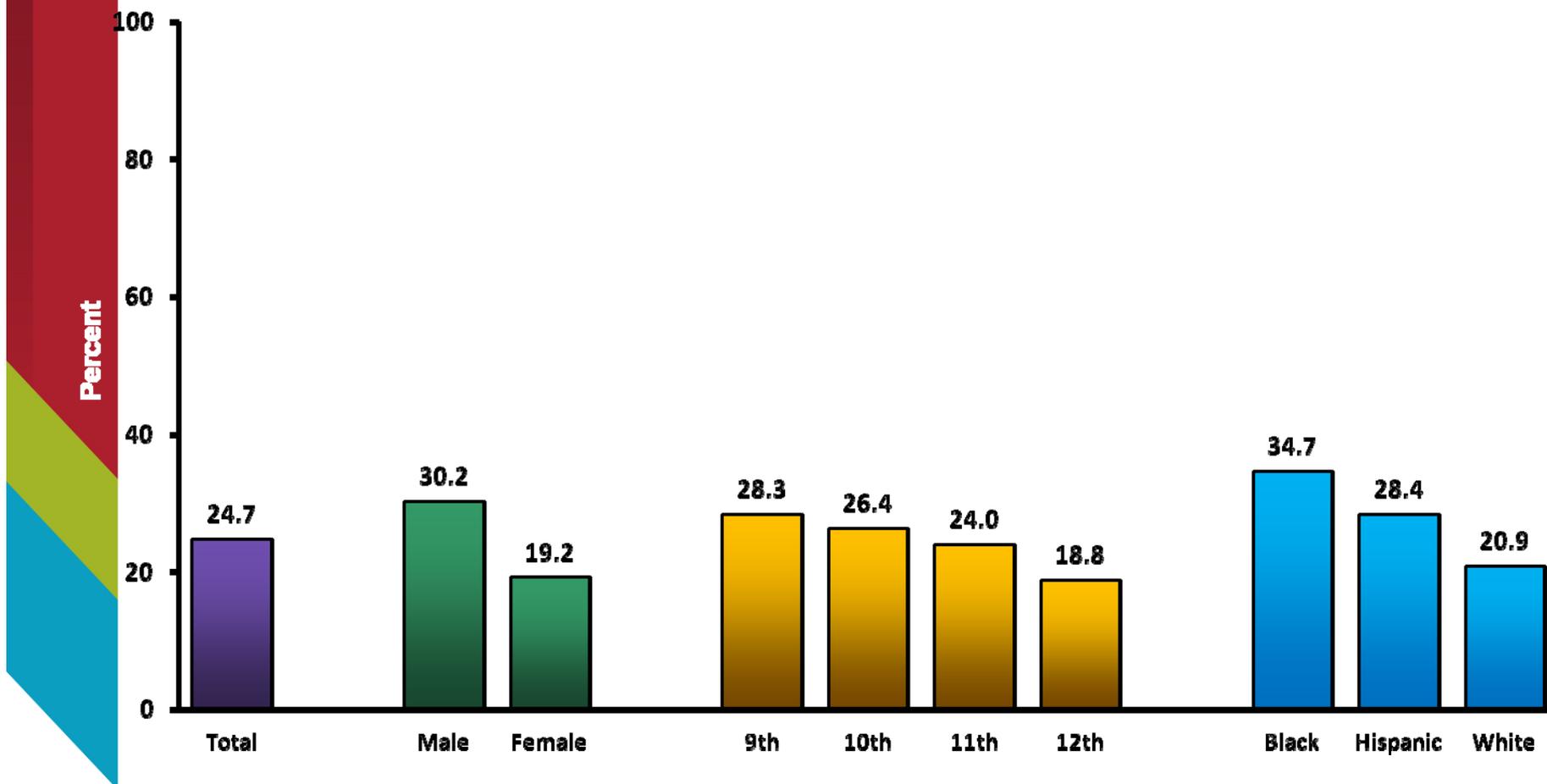
*Such as, a gun, knife, or club on at least 1 day during the 30 days before the survey.

†M > F; H > B, W > B, W > H (Based on t-test analysis, $p < 0.05$.)

Black and White races are non-Hispanic.



Percentage of High School Students Who Were in a Physical Fight,* by Sex,† Grade,† and Race/Ethnicity,† 2013



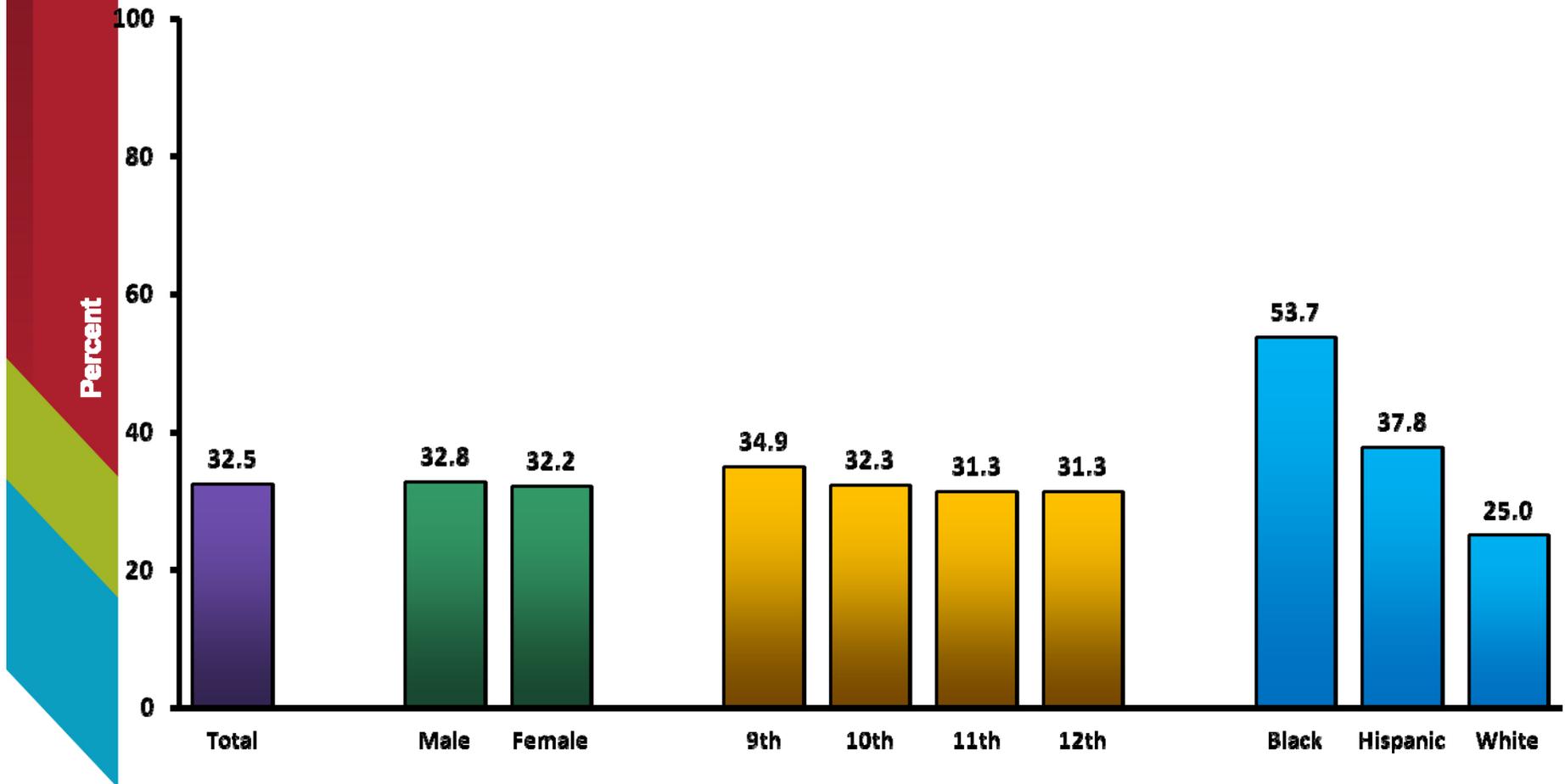
*One or more times during the 12 months before the survey.

†M > F; 9 > 11, 9 > 12, 10 > 12, 11 > 12; B > H, B > W, H > W (Based on t-test analysis, $p < 0.05$.)

Black and White races are non-Hispanic.



Percentage of High School Students Who Watched Television 3 or More Hours Per Day,* by Sex, Grade,[†] and Race/Ethnicity,[†] 2013



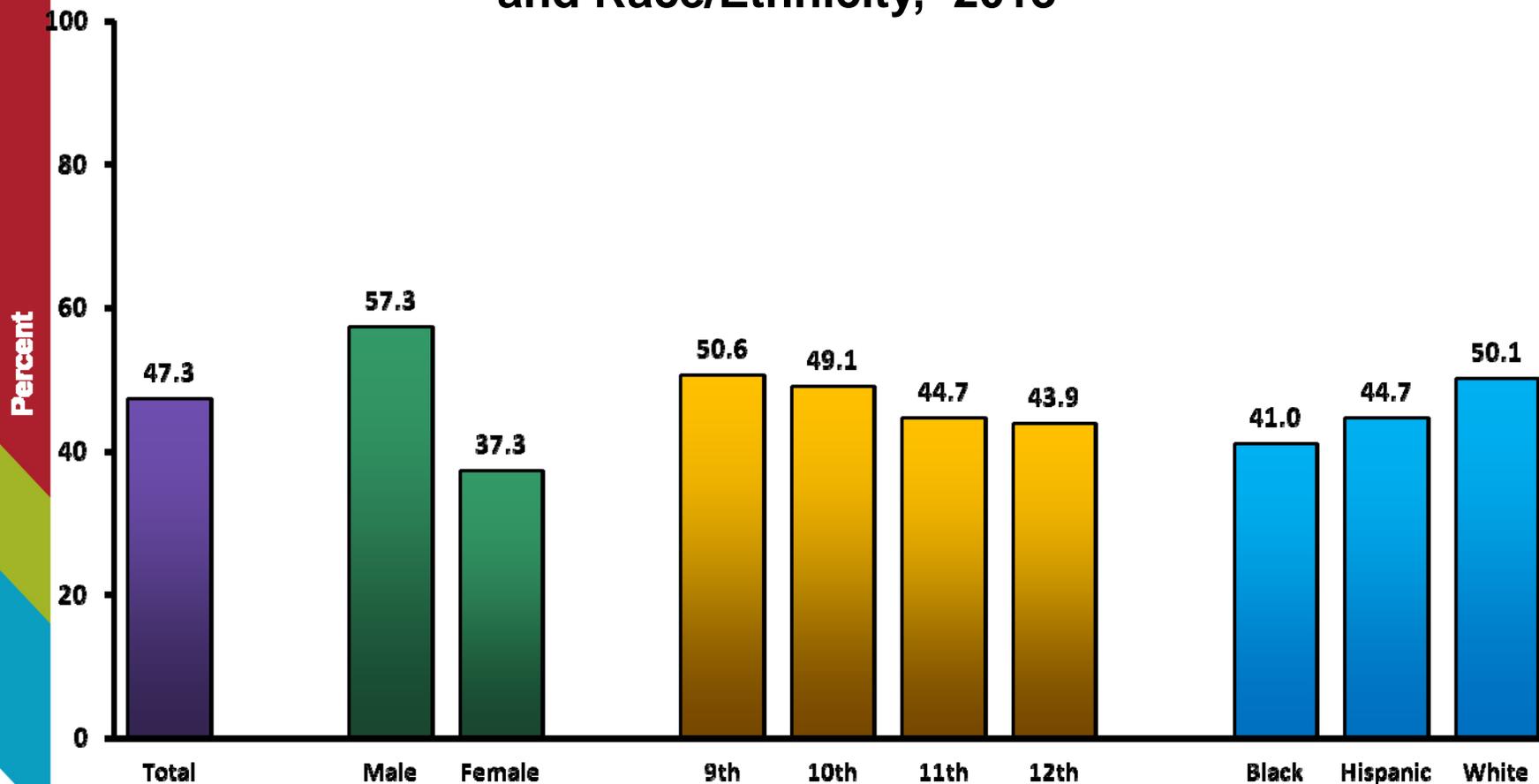
*On an average school day.

[†]9 > 11, 9 > 12; B > H, B > W, H > W (Based on t-test analysis, $p < 0.05$.)

Black and White races are non-Hispanic.



Percentage of High School Students Who Were Physically Active at Least 60 Minutes Per Day on 5 or More Days,* by Sex,[†] Grade,[†] and Race/Ethnicity,[†] 2013



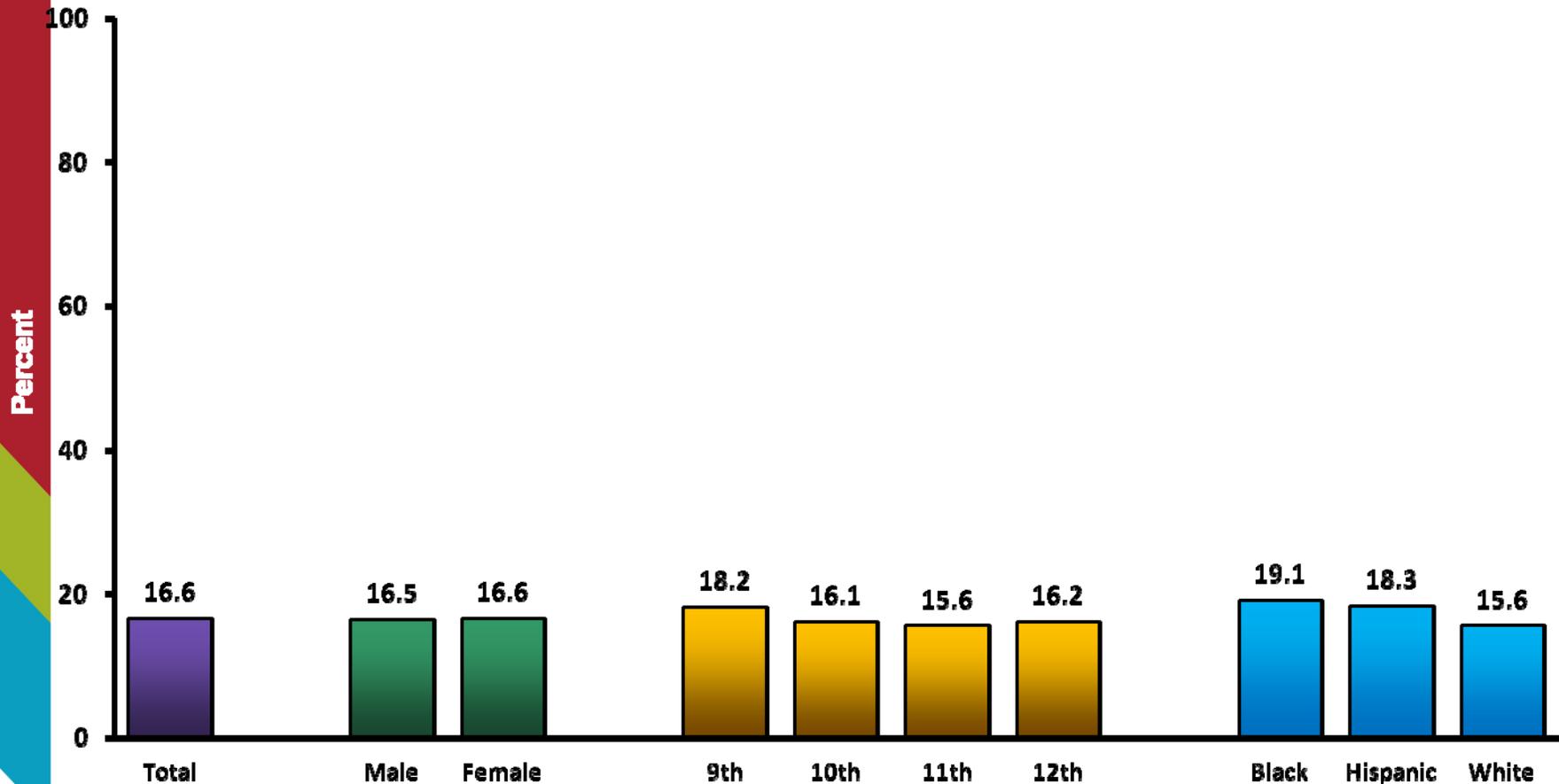
*Doing any kind of physical activity that increased their heart rate and made them breathe hard some of the time during the 7 days before the survey.

[†]M > F; 9 > 11, 9 > 12, 10 > 11, 10 > 12; W > B, W > H (Based on t-test analysis, $p < 0.05$.)

Black and White races are non-Hispanic.



Percentage of High School Students Who Were Overweight,* by Sex, Grade,[†] and Race/Ethnicity,[†] 2013



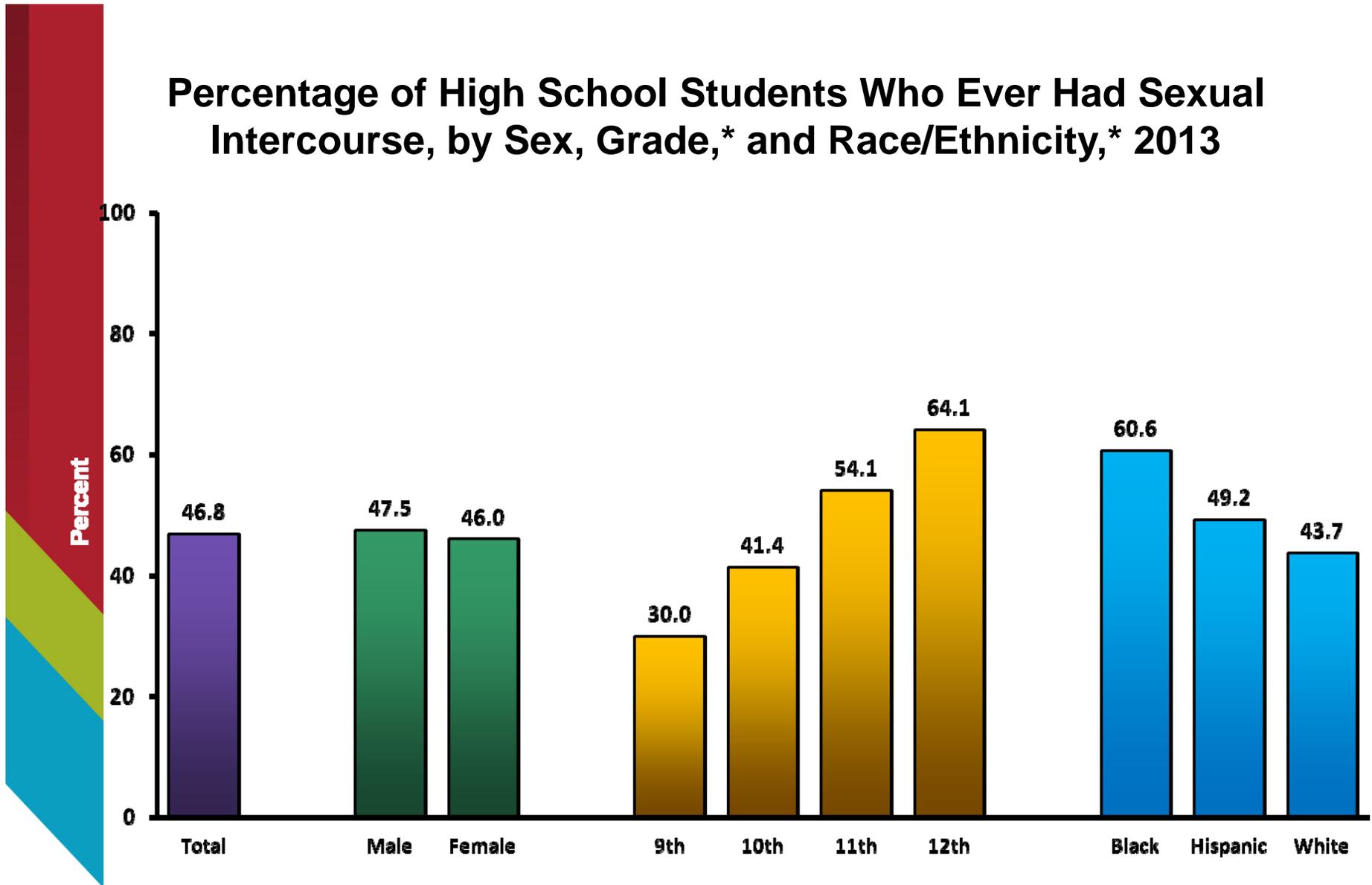
* \geq 85th percentile but $<$ 95th percentile for body mass index, based on sex- and age-specific reference data from the 2000 CDC growth charts.

[†]9 > 11; B > W, H > W (Based on t-test analysis, $p < 0.05$.)

Black and White races are non-Hispanic.



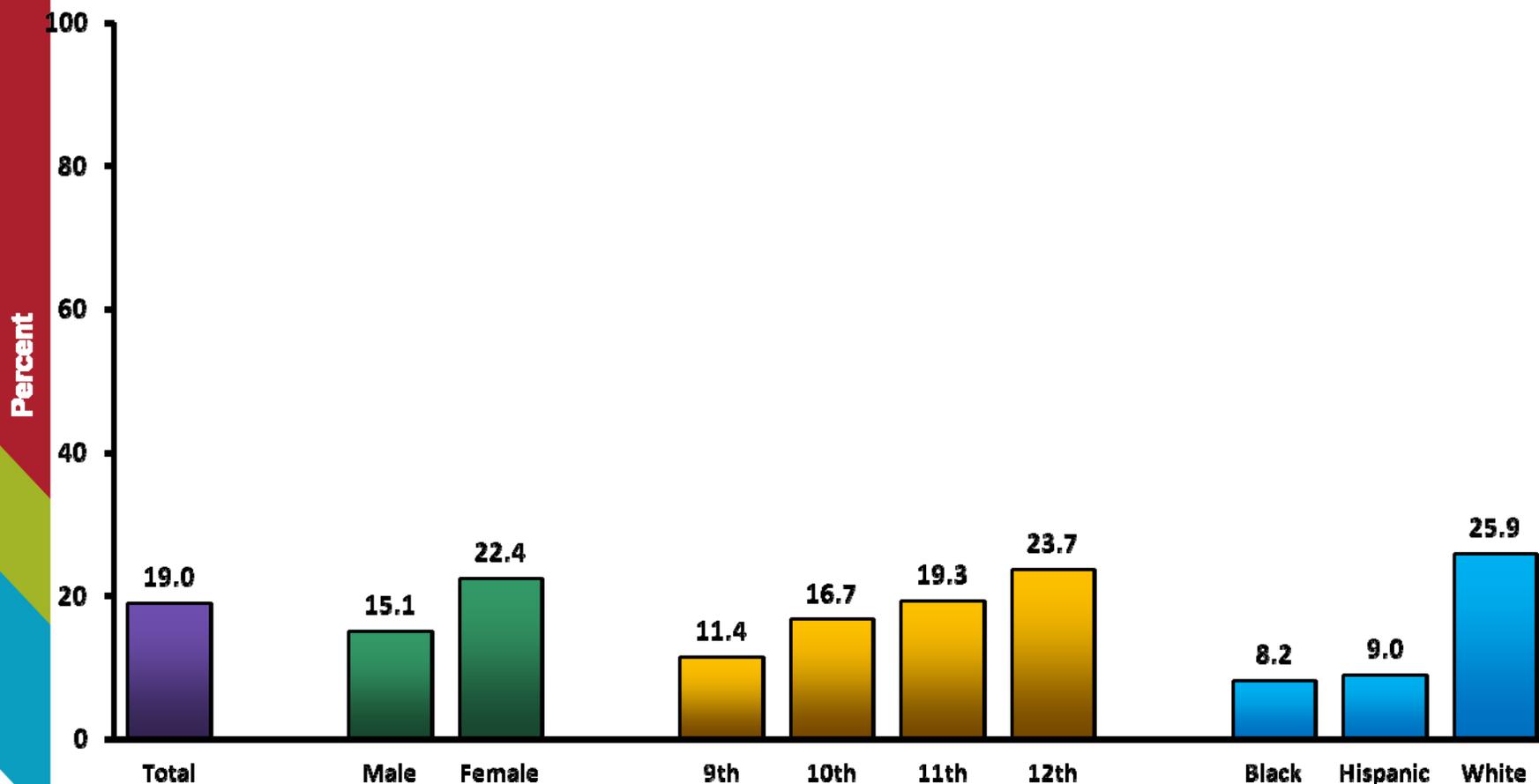
Percentage of High School Students Who Ever Had Sexual Intercourse, by Sex, Grade,* and Race/Ethnicity,* 2013



*10 > 9, 11 > 9, 11 > 10, 12 > 9, 12 > 10, 12 > 11; B > H, B > W (Based on t-test analysis, $p < 0.05$.)
 Black and White races are non-Hispanic.



Percentage of High School Students Who Used Birth Control Pills,* by Sex,† Grade,† and Race/Ethnicity,† 2013



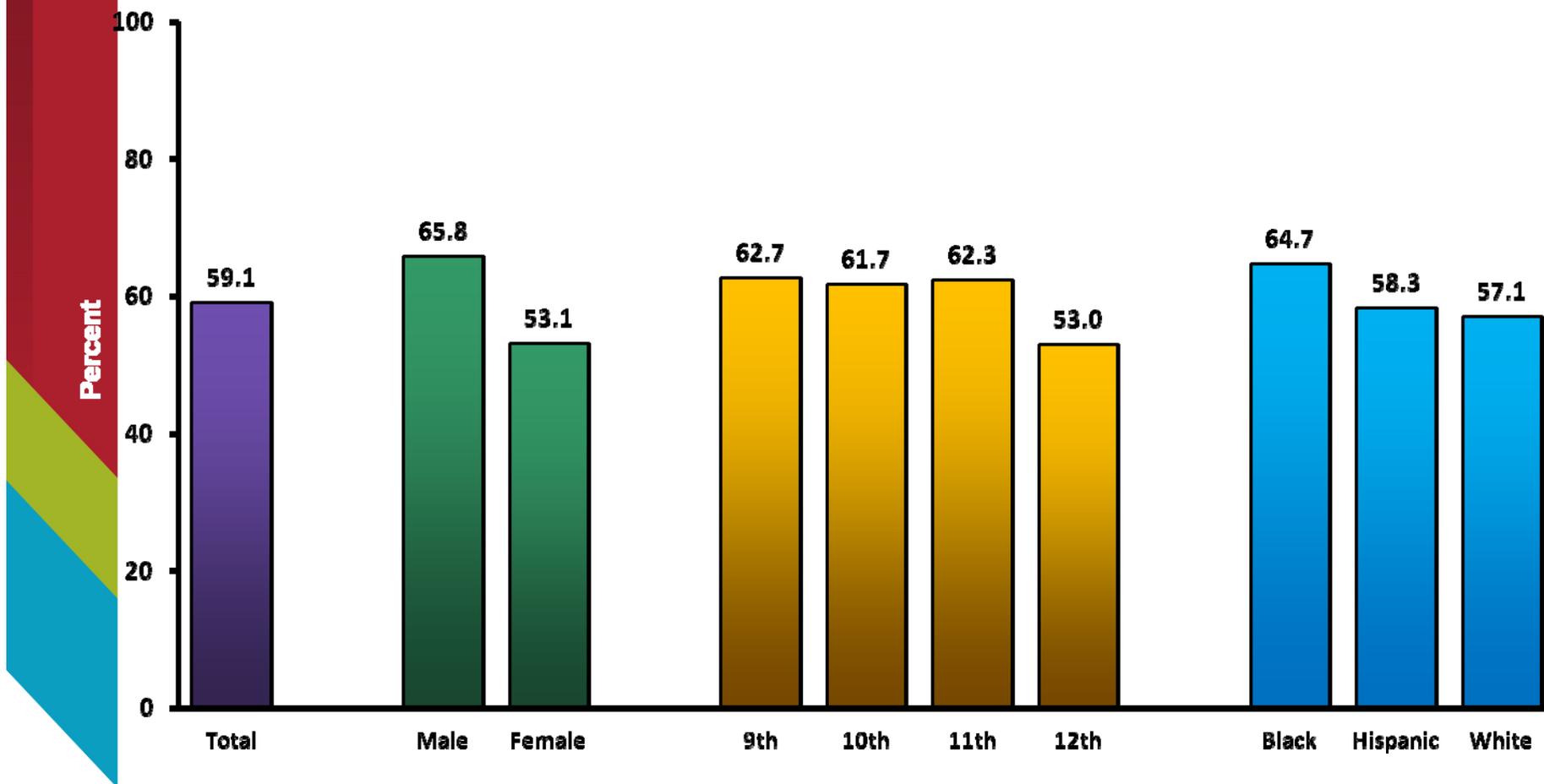
*Before last sexual intercourse to prevent pregnancy among the 34.0% of students nationwide who were currently sexually active.

†F > M; 10 > 9, 11 > 9, 12 > 9, 12 > 10, 12 > 11; W > B, W > H (Based on t-test analysis, $p < 0.05$.)

Black and White races are non-Hispanic.



Percentage of High School Students Who Used a Condom,* by Sex,[†] Grade,[†] and Race/Ethnicity,[†] 2013



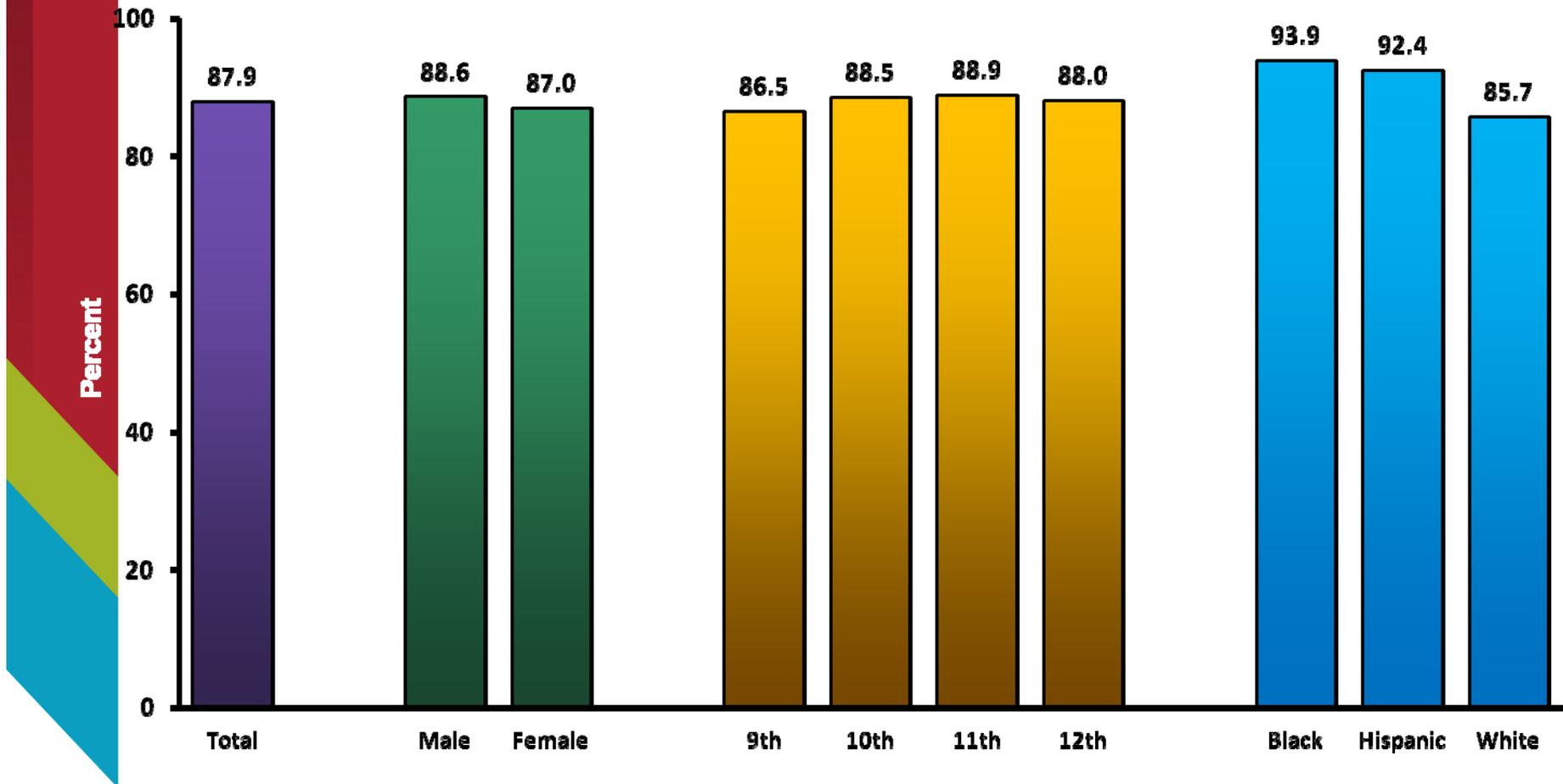
*During last sexual intercourse among the 34.0% of students nationwide who were currently sexually active.

[†]M > F; 9 > 12, 10 > 12, 11 > 12; B > H, B > W (Based on t-test analysis, p < 0.05.)

Black and White races are non-Hispanic.



Percentage of High School Students Who Never or Rarely Wore a Bicycle Helmet,* by Sex,[†] Grade, and Race/Ethnicity,[†] 2013



*Among the 67.0% of students nationwide who had ridden a bicycle during the 12 months before the survey.

[†]M > F; B > W, H > W (Based on t-test analysis, p < 0.05.)

Black and White races are non-Hispanic.

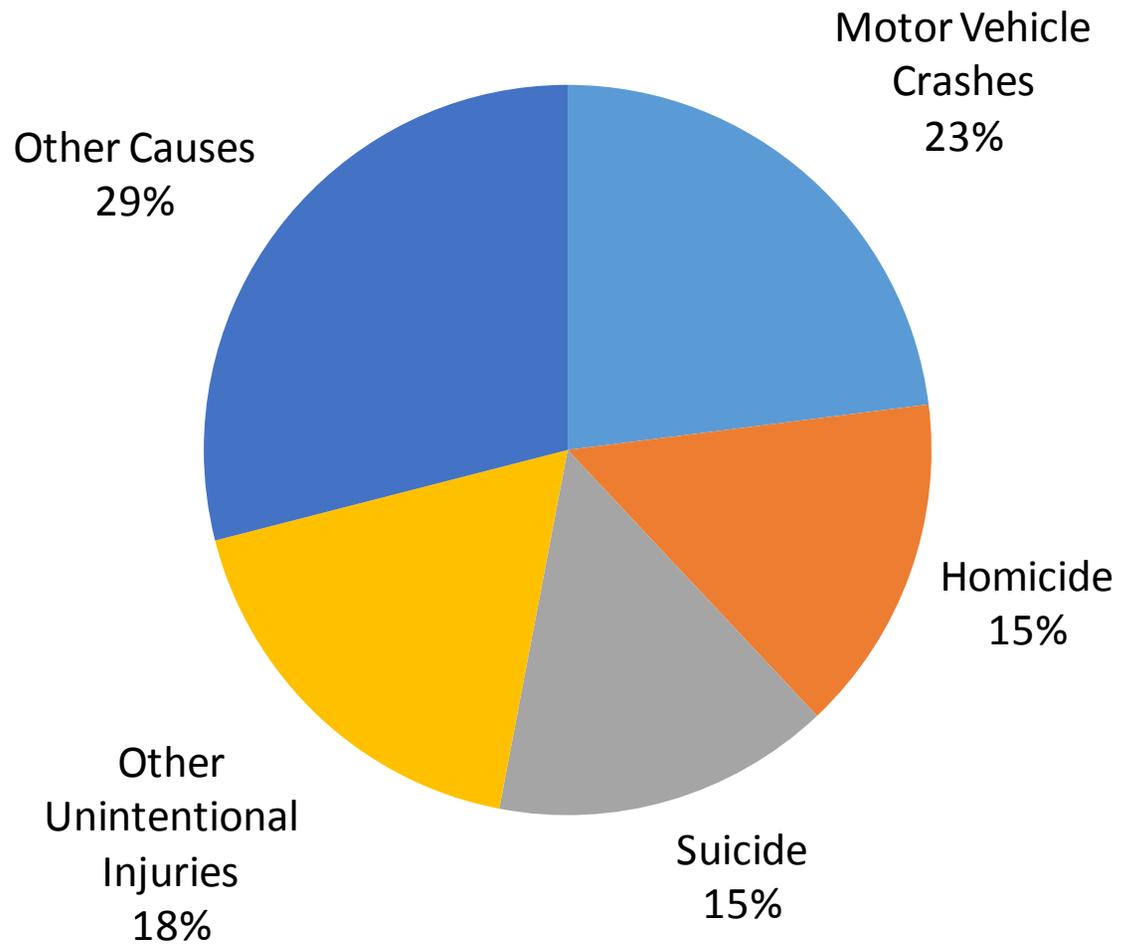


The Youth Risk Behavior Surveillance System (YRBSS): 2013

National, State, and Local Data

Priority Health-Risk Behaviors and Health

Leading Causes of Death Among Persons Aged 10–24 Years in the United States, 201



The Nebraska Story?

THANKS TO THE CENTERS FOR DISEASE CONTROL ☺

<http://www.cdc.gov/healthyouth/data/yrbs/results.htm>

& THE ROBERT WOOD JOHNSON COUNTY RANKINGS ☺

<http://www.countyhealthrankings.org/>





SOLUTIONS FOR HEALTHY NEBRASKAN YOUTH

Resilience Studies

The Scientific World Journal
Volume 2012, Article ID 390450, 9 pages
doi:10.1100/2012/390450

The *Scientific* World JOURNAL

Review Article

Resilience as a Positive Youth Development Construct: A Conceptual Review

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40 Developmental Assets

The 20 External Assets		The 20 Internal Assets	
Support 	<input type="checkbox"/> Family support <input type="checkbox"/> Positive family communication <input type="checkbox"/> Other adult relationships <input type="checkbox"/> Caring neighbourhood <input type="checkbox"/> Caring school climate <input type="checkbox"/> Parent involvement in schooling	Commitment to Learning 	<input type="checkbox"/> Achievement motivation <input type="checkbox"/> School engagement <input type="checkbox"/> Homework <input type="checkbox"/> Bonding to school <input type="checkbox"/> Reading for pleasure
Empowerment 	<input type="checkbox"/> Community values youth <input type="checkbox"/> Youth as resources <input type="checkbox"/> Service to others <input type="checkbox"/> Safety	Positive Values 	<input type="checkbox"/> Caring <input type="checkbox"/> Equality and social justice <input type="checkbox"/> Integrity <input type="checkbox"/> Honesty <input type="checkbox"/> Responsibility <input type="checkbox"/> Restraint
Boundaries and Expectations 	<input type="checkbox"/> Family boundaries <input type="checkbox"/> School boundaries <input type="checkbox"/> Neighbourhood boundaries <input type="checkbox"/> Adult role models <input type="checkbox"/> Positive peer influence <input type="checkbox"/> High expectations	Social Competencies 	<input type="checkbox"/> Planning and decision making <input type="checkbox"/> Interpersonal competence <input type="checkbox"/> Cultural competence <input type="checkbox"/> Resistance skills <input type="checkbox"/> Peaceful conflict resolution
Constructive Use of Time 	<input type="checkbox"/> Creative activities <input type="checkbox"/> Youth programs <input type="checkbox"/> Religious community <input type="checkbox"/> Time at home	Positive Identity 	<input type="checkbox"/> Personal power <input type="checkbox"/> Self-esteem <input type="checkbox"/> Sense of purpose <input type="checkbox"/> Positive view of personal future



Influences Over the Life Course

Relative
Magnitude
of Influence

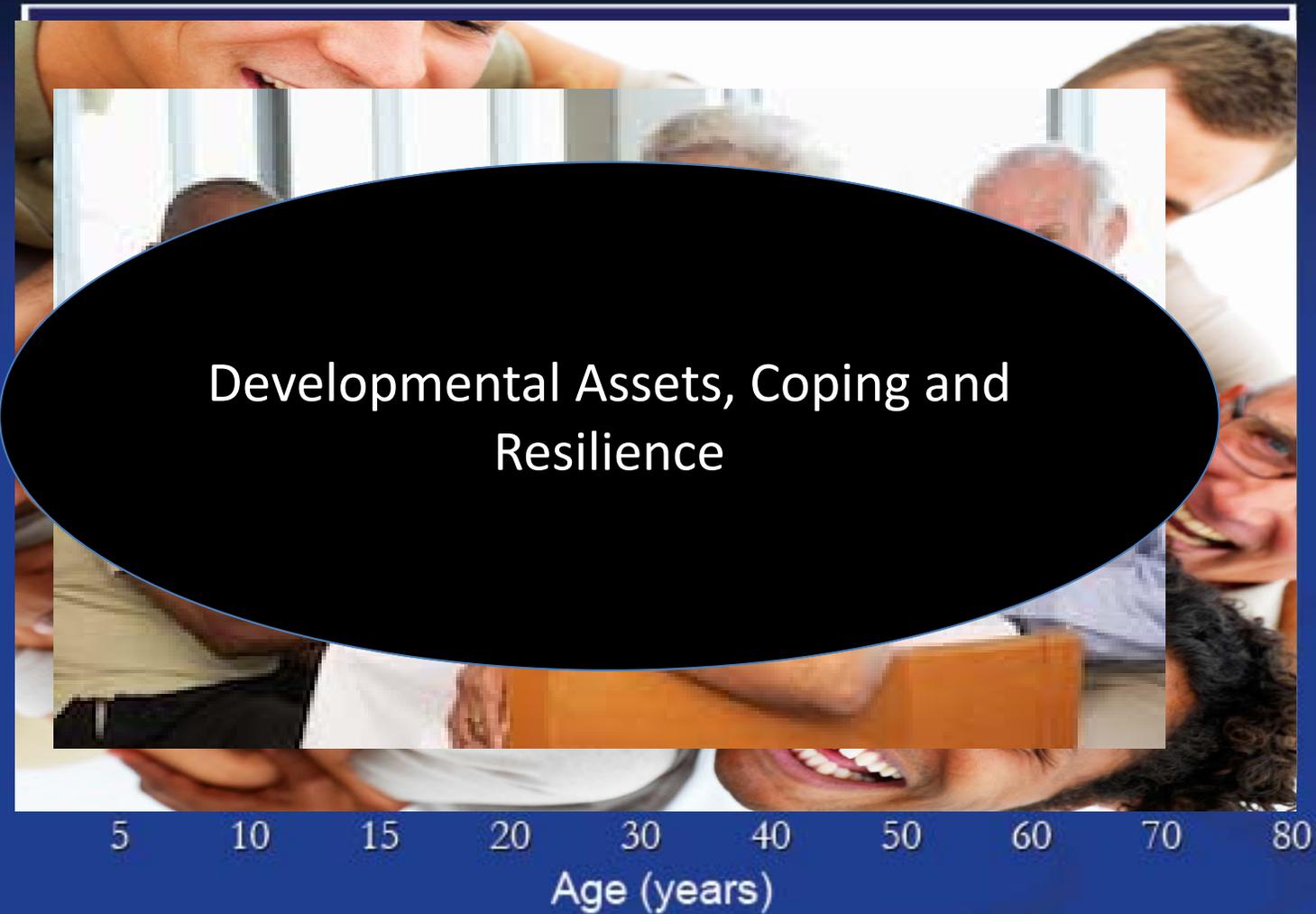


FIGURE 2: INFLUENCE OF HEALTH STATUS ACROSS THE LIFE COURSE. Across the life course, the health status of individuals is a function of endogenous factors (genetic, physiological, psychological), family influences, and a range of influences from the immediate community (school and workplace), and the larger community (neighborhood, city, and nation). As illustrated in figure 2, the relative influence of these factors changes as a function of age. Adapted from Nordio S. 1978. Needs in Child and Maternal Care. Rational Utilization and Social-Medical Resources. *Rivista Italiana di Pediatria* 4:3-20.

POSITIVE DEVIANCE



based on the observation that in every community there are certain individuals or groups whose uncommon behaviors and strategies enable them to find better solutions to problems than their peers, while having access to the same resources.



Journal of Pediatrics

June 16, 2014

Adverse Childhood Experiences of Low-Income Urban Youth

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KEY WORDS

child abuse, children of impaired parents, domestic violence, nominal group technique, poverty, sexual abuse, spouse abuse, substance abuse, urban

ABBREVIATIONS

ACE—adverse childhood experience
FPL—federal poverty level



WHAT'S KNOWN ON THIS SUBJECT: Adverse childhood experiences have been shown to have long-term impacts on health and well-being. However, little work has been done to incorporate the voices of youth in understanding the range of adverse experiences that low-income urban children face.



WHAT THIS STUDY ADDS: Study participants cited a broad range of adverse experiences beyond those listed in the initial adverse childhood experience studies. Domains of adverse experiences included family relationships, community stressors, personal victimization, economic hardship, peer relationships, discrimination, school, health, and child welfare/juvenile justice systems.



You Are Part of the Solution!

- It Takes A Village
- Know your community (population)
- One size doesn't fit all
- Involve the community (leaders, parents, mentors)
- Understand, educate and promote ACE Scores
- Parent Education
- 40 Protective Risk Factors (External & Internal)
- HP 2020: Eliminate Disparities/Equity
- Social Determinants of Health & Social Outcomes
- Be an Example..Mentor (foster relationships)
- Advocacy/Policy (Mental Health)
- Lifecourse & Gender Approaches
- Be Radical: Reproductive Life Planning
- YOU TELL ME 😊



Healthy Communities Healthy Youth



<http://www.youtube.com/watch?v=DuBggi7Zd3A>





*Thank
You*



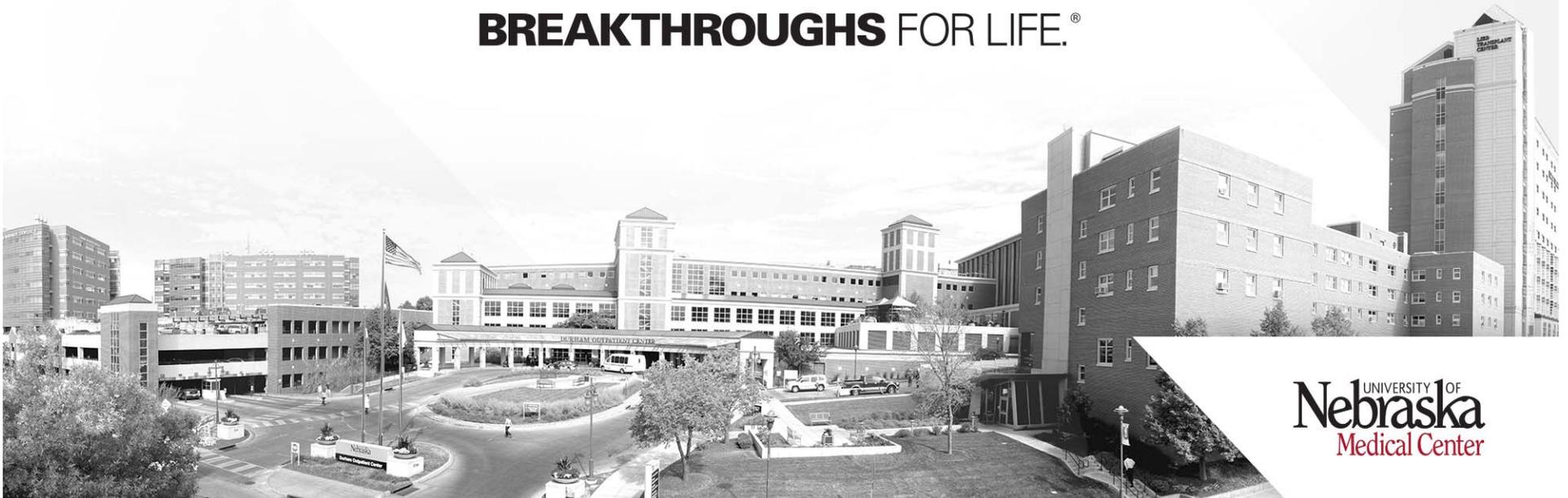
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Nebraska
Medical Center