Holistic Approaches to Positive Youth Development in Addressing Health Disparities

Renaisa S. Anthony MD, MPH
Deputy Director/Assistant Professor
Center for Reducing Health Disparities
College of Public Health
(402) 559-9660
September 21, 2015
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 for disease and injury prevention.

- Public health is concerned with protecting the health of entire populations. These populations can be as small as a local neighborhood or as big as an entire country.

- Public health professionals try to prevent problems from happening or re-occurring through implementing educational programs, developing policies, administering services, regulating health systems and some health professions, and conducting research.
WHAT ARE HEALTH DISPARITIES?

National Institute of Health: "Health Disparities are differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups in the United States."

DISPARITIES: Simply Stated are just DIFFERENCES
Figure 2. Age-adjusted death rates for selected populations: United States, 2012 and 2013

<table>
<thead>
<tr>
<th>Category</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total (Non-Hispanic)</td>
<td>732.8</td>
<td>731.9</td>
</tr>
<tr>
<td>Black male (Non-Hispanic)</td>
<td>1,086.4</td>
<td>1,083.3</td>
</tr>
<tr>
<td>Black female (Non-Hispanic)</td>
<td>42.1</td>
<td>740.6</td>
</tr>
<tr>
<td>White male (Non-Hispanic)</td>
<td>876.2</td>
<td>876.8</td>
</tr>
<tr>
<td>White female (Non-Hispanic)</td>
<td>637.6</td>
<td>638.4</td>
</tr>
<tr>
<td>Male Hispanic</td>
<td>643.9</td>
<td>639.8</td>
</tr>
<tr>
<td>Female Hispanic</td>
<td>452.5</td>
<td>448.6</td>
</tr>
</tbody>
</table>

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.
<table>
<thead>
<tr>
<th>Healthy people</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>To <strong>reduce</strong> health disparities</td>
</tr>
<tr>
<td>2010</td>
<td>To <strong>eliminate</strong> health disparities</td>
</tr>
<tr>
<td>2020</td>
<td>To <strong>achieve health equity, eliminate disparities, and improve the health of all groups.</strong></td>
</tr>
</tbody>
</table>

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.
But Why?
Social Determinants

MODIFIABLE
- Zip Code/Neighborhood
- Educational attainment
- Employment status
- Socioeconomic status
- Social environment
- 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

Greatest Predictor of Health = Wealth

9-year mortality data from the National Longitudinal Mortality Survey
Racial/Ethnic Composition of People in Poverty in the U.S.

- White: 46.1%
- Black: 23.1%
- Hispanic Any: 23.9%
- Asian: 3.6%
- AmI/AN: 1.6%
- NH/PI: 0.17%
- 2+ races: 2.6%

U.S. Census 2010
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

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

% With a Lifetime History of Depression

ACE Scores

- Women
- Men
ACE Score vs. Unintended Pregnancy or Elective Abortion

% have Unintended PG, or AB

- Red: Unintended Pregnancy
- Yellow: Elective Abortion

ACE Score vs. % have Unintended PG, or AB

0 1 2 3 4 or more

ACE Score
Childhood Experiences Underlie Later Suicide

![Graph showing the relationship between ACE Score and % Attempting Suicide]

- ACE Score: 0             1              2              3         >=4
- % Attempting Suicide: 0  5               10            15          20
- ACE Score: 0  1  2  3  >=4

- % Attempting Suicide: 0  5  10  15  20
The ACE Pyramid: Theoretical Framework

Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan
Also Impacts Brain Development

Healthy Brain
This PET scan of the brain of a normal child shows regions of high (red) and low (blue and black) activity. At birth, only primitive structures such as the brain stem (center) are fully functional; in regions like the temporal lobes (top), early childhood experiences wire the circuits.

An Abused Brain
This PET scan of the brain of a Romanian Orphan, who was institutionalized shortly after birth, shows the effect of extreme deprivation in infancy. The temporal lobes (top), which regulate emotions and receive input from the senses, are nearly quiescent. Such children suffer emotional and cognitive problems.
What happens to these children? What determines the outcomes?
What happens to these children? What determines their outcomes? These are OUR kids!!!
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.

National Youth Risk Behavior Survey, 2013
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.

National Youth Risk Behavior Survey, 2013
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.

National Youth Risk Behavior Survey, 2013
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.

National Youth Risk Behavior Survey, 2013
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.

National Youth Risk Behavior Survey, 2013
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.

National Youth Risk Behavior Survey, 2013
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

* ≥ 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.

National Youth Risk Behavior Survey, 2013
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.

National Youth Risk Behavior Survey, 2013
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, 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.

National Youth Risk Behavior Survey, 2013
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.

National Youth Risk Behavior Survey, 2013
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.

National Youth Risk Behavior Survey, 2013
The Youth Risk Behavior Surveillance System (YRBSS): 2013

National, State, and Local Data
Priority Health-Risk Behaviors and Health Outcomes Monitored by YRBSS

- Behaviors that contribute to the leading causes of mortality and morbidity
  - Unintentional injuries and violence
  - Sexual behaviors
  - Alcohol and other drug use
  - Tobacco use
  - Unhealthy dietary behaviors
  - Inadequate physical activity
  - Obesity
  - Asthma

Motor Vehicle Crashes 23%
Homicide 15%
Suicide 15%
Other Unintentional Injuries 18%
Other Causes 29%

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/healthyyouth/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

Review Article
Resilience as a Positive Youth Development Construct: A Conceptual Review

Tak Yan Lee, Chau Kiu Cheung, and Wai Man Kwong

Department of Applied Social Studies, College of Liberal Arts and Social Sciences, City University of Hong Kong, Hong Kong

Correspondence should be addressed to Chau Kiu Cheung, ssjacky@cityu.edu.hk

Received 15 September 2011; Accepted 4 October 2011

Academic Editor: Joav Merrick
# 40 Developmental Assets

## The 20 External Assets

<table>
<thead>
<tr>
<th>Support</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Family support</td>
<td>Positive family communication</td>
<td>Other adult relationships</td>
</tr>
<tr>
<td>Caring neighbourhood</td>
<td>Caring school climate</td>
<td>Parent involvement in schooling</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Empowerment</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Community values youth</td>
<td>Youth as resources</td>
<td>Service to others</td>
</tr>
<tr>
<td>Safety</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Boundaries and Expectations</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Family boundaries</td>
<td>School boundaries</td>
<td>Neighbourhood boundaries</td>
</tr>
<tr>
<td>Adult role models</td>
<td>Positive peer influence</td>
<td>High expectations</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Constructive Use of Time</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Creative activities</td>
<td>Youth programs</td>
<td>Religious community</td>
</tr>
<tr>
<td>Time at home</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## The 20 Internal Assets

<table>
<thead>
<tr>
<th>Commitment to Learning</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Achievement motivation</td>
<td>School engagement</td>
<td>Homework</td>
</tr>
<tr>
<td>Bonding to school</td>
<td>Reading for pleasure</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Positive Values</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Caring</td>
<td>Equality and social justice</td>
<td>Integrity</td>
</tr>
<tr>
<td>Honesty</td>
<td>Responsibility</td>
<td>Restraint</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Social Competencies</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Planning and decision making</td>
<td>Interpersonal competence</td>
<td>Cultural competence</td>
</tr>
<tr>
<td>Resistance skills</td>
<td>Peaceful conflict resolution</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Positive Identity</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal power</td>
<td>Self-esteem</td>
<td>Sense of purpose</td>
</tr>
<tr>
<td>Positive view of personal future</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---
Influences Over the Life Course

Developmental Assets, Coping and Resilience

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 Pediatría. 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.
Adverse Childhood Experiences of Low-Income Urban Youth

AUTHORS: Roy Wade, Jr, MD, PhD, MPH,1* Judy A. Shea, PhD,1 and David Rubin, MD, MSCE,2,3 and Joanne Wood, MD, MPH4,5

1Department of General Pediatrics, and 2PolicyLab, Children’s Hospital of Philadelphia, Philadelphia, Pennsylvania; and 3Division of General Internal Medicine, Department of Medicine, and 4Department of Pediatrics, Perelman School of Medicine, University of Pennsylvania, Philadelphia, Pennsylvania

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=DuBggj7Zd3A
Thank you

Renaisa S. Anthony MD, MPH
University of Nebraska Medical Center
Center for Reducing Health Disparities
College of Public Health
Renaisa.anthony@unmc.edu
402 559-9660
University of Nebraska Medical Center

BREAKTHROUGHS FOR LIFE.