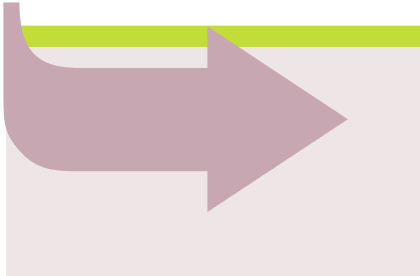


Absolutely Fantastic Youth



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Today's teens live in a world that is changing more rapidly than when we were young.



Youth need opportunities to participate as citizens, as responsible members of society.

Introduction

American teenagers today face an array of health risks that are fundamentally different from those which afflict children and adults. How can we help our youth?

We protect our children with vaccinations.

We reinoculate our teens to protect them from measles, tetanus and other diseases of childhood. But some current health concerns—health risk behaviors that contribute to adolescent health

problems and death—defy the protection of vaccinations.

Can we protect Minnesota youth from alcohol, tobacco and other drug use? Can we protect them from early sexual encounters that lead to sexually transmitted diseases or unplanned pregnancy? Can we protect them from violent and delinquent behavior? Teen suicide? Disordered eating behaviors? Can we increase physical activity among our youth?

The answer is, yes we can. Minnesota youth researchers have learned that there are some strategies that work better than others; some programs and interventions are more likely to reduce health risk behaviors. Researchers have learned that we must respect youth and support their development, rather than treat them as a series of problems to be solved. Rather than treat problems,

This publication is designed to be a guide—for legislators and policy-makers, grantors and grantees, youth serving agencies and workers and for families and communities—to strategies that are most likely to improve the health of youth in Minnesota.

A TIME OF HOPE

The worlds of teens are filled with social, intellectual and physical development. They are growing more independent. They are establishing behavior patterns that will stay with them for a lifetime.



*Dr. Gisela Konopka:
"Requirements for
Healthy Development
of Youth."*

Families, schools, health care providers and community members—faith communities, youth policy leaders, private businesses and neighbors—can work together to create conditions for the healthy development of our youth. They can provide young people with opportunities to:

- ➔ Participate as citizens, members of a household, and responsible members of society
- ➔ Gain experience in decision-making
- ➔ Interact with peers and acquire a sense of belonging
- ➔ Have time to reflect on self in relation to others
- ➔ Discuss conflicting values and formulate their own value system
- ➔ Experiment with their own identity, with relationships to others, with ideas
- ➔ Develop a feeling of accountability
- ➔ Cultivate a capacity to enjoy life.

a growing number of researchers believe that all young people have certain fundamental underlying needs. When these needs are met, these kids are more likely to develop as caring, compassionate individuals with lots of sparkle, zest for life, and, incidentally, are less likely to become involved in unhealthy behavior.



Rather than treat problems, a growing number of researchers believe that all young people have certain fundamental underlying needs.

This report identifies the fundamental needs of our youth. It describes elements that programs should have if they are to successfully meet these needs of youth. Some of these “best practices” and “promising strategies” are described in this publication.

This publication is designed to be a guide—for legislators and policy-makers, grantors and grantees, youth serving agencies and workers, and families and communities—to strategies that are most likely to improve the health of youth in Minnesota.

There’s no single vaccination for eating disorders. No shot to protect our young people from violence. But, if we respect and engage our teens in a variety of ways, if our parents and families, schools and communities embrace the goal of healthy development for all Minnesota youth, we can grow absolutely fantastic youth! ■

About This Guide

Minnesota must continue to strengthen its investment in healthy youth development. That’s why we undertook this project. This guide can help answer the question: “Will this policy/program/service help or hinder the healthy development of youth?”

It represents a synthesis of the research on effective prevention, intervention and health promotion strategies within families, schools and communities as they pertain to the seven areas of health identified by the U. S. Surgeon General as needing critical attention: alcohol/tobacco/other drugs, motor vehicle accidents, violence, suicide, risky sexual behavior, nutrition and physical activity.

There are narrative descriptions of what works and what doesn’t, summations of effective strategies, model Minnesota programs, checklists, discussions of theory, data on the health of Minnesota’s youth, a review of outdated beliefs coupled with current understandings, and a reference list of more than 250 articles.

Read it from cover to cover. Or read it one section at a time. It is *your* guide to Growing Absolutely Fantastic Youth.



Many protective factors are interrelated.

Research Provides Guidance

Twenty-five years of adolescent health related research has taught us many lessons. We know health-compromising behavior can be linked to social and environmental factors that can be changed.

Many studies confirm that most health risk behaviors among adolescents are interrelated. Likewise, many protective factors—things that reduce health risks—are interrelated. If we are to really understand how to promote healthy behaviors among our teens, we need to understand underlying causes and motivations in youth, and what circumstances make unhealthy behavior seem attractive.

The most promising prevention strategies embrace a theory that calls for prevention, intervention, and health promotion efforts at key places in a young persons life. Effective strategies are all encompassing. They recognize that family and home, social relationships and school, neighborhood and community all

influence the health and well being of youth. They are interrelated.

Family and Home

Family and home can protect young people from developing behavior that jeopardizes both life and health. Families protect their teens when they:

- ◆ Provide support
- ◆ Develop positive family communication
- ◆ Are involved in their teen's school
- ◆ Have clear rules and consequences and monitor their adolescent's whereabouts
- ◆ Provide positive, responsible role models for other adults, teens, and siblings
- ◆ Expect their children to do well
- ◆ Spend time together.

While there are exceptions, teens are less likely to develop healthy behavior when risk factors are present: the family is a place of conflict and disruption, or parents provide little support, low expectations, and use repressive and abusive parenting styles. Teens are at greater risk of developing unhealthy behavior when their family has inadequate problem-solving and coping skills, provides little or no parental supervision, and allows easy access to cigarettes, alcohol, guns and other substances.

In families where parents or

guardians live in poverty or have little education and struggle to survive, children are more likely to adopt behavior that puts their health at risk. Families who have a history of crime or violence also signal the potential for teen health problems.

School

Schools can provide an environment that protects kids. When teens feel they belong, when they believe the school to be fair and non-prejudicial they connect in a positive way. These schools:

- ◆ Expect commitment from students
- ◆ Develop a caring school climate
- ◆ Have clear rules and consequences
- ◆ Provide positive, responsible adult role models
- ◆ Expect students to do well.

When schools have a high rate of academic failure, when they are repressive, segregate students and allow poor classroom management, their students are at greater risk. These schools have a higher percentage of students who develop health-compromising behaviors.

Community

Why is it that some communities seem to be filled with highly successful and healthy youth, while others seem overrun with kids who get into trouble? Teens are more likely to develop healthy

“Promoting healthy development among adolescents is a critical goal for communities across the state of Minnesota”



Teens can model positive, responsible, healthy behavior.

behavior in communities where:

- ◆ Adults advocate for teens
- ◆ Neighbors monitor young peoples' behavior
- ◆ Adults model positive, responsible, healthy behavior
- ◆ Teens model positive, responsible, healthy behavior
- ◆ Youth programs are available.

Communities make a difference in the lives of youth when they invest in social capital (i.e. social networks such as community agencies, newspapers and religious institutions) that promotes teens. Neither poverty nor wealth, in and of itself, increases a community's likelihood of promoting positive health behavior. Rather, high rates of poverty, unemployment and crime put youth at risk. Youth are at a greater risk when they live in neighborhoods where families move frequently and where media promote health compromising

behavior. When communities face multiple problems, when family resources are consumed with meeting basic needs, youth are less likely to thrive. Youth need attention, time and energy. Communities that have energy and resources to give to youth are more likely to raise healthy young people.

Promising Strategies in Promoting Healthy Youth Development

Research supports common sense: Kids who engage in one unhealthy behavior—kids who smoke or drink for example—are more likely to develop a cluster of unhealthy behaviors and habits. Likewise, prevention strategies that show promise for reducing a teen's risk of smoking or drinking are similar to strategies that show promise of preventing early onset of sexual activity or engaging in violent or delinquent activity.

Since there are a variety of strategies, effective for all of the circles in which teens travel, it seems clear that the greatest success will come when communities join together to develop a comprehensive plan for supporting healthy youth development in families, schools and communities.

Communities need not replicate each strategy mentioned in this report. They need to harness the energy of all those in the community who work with or care about kids to identify a set of effective strategies that work for them. ■

TEACH FAMILIES

Families make a difference in the lives of teens. Structured parent-child home-based activities and other types of parent programs, such as parenting classes or home visits, have been successful in enhancing the home environment and social relations within the home.

These programs often:

Develop listening and communication skills and provide models for effective family problem-solving.



Teach parents how to consistently enforce appropriate family rules and a system of rewards and discipline.



Provide information on health-related topics.



Encourage monitoring and supervision that promotes parent-child connectedness.



Promote family activities that create barriers to health-compromising products and promote access to health-enhancing products.



Years ago, we thought peer groups were more important than families.



Children and youth need to feel connected to their family.

Families Can Promote Healthy Youth Development

Over and over again researchers are telling us that children and youth need to feel connected to their families.

The most promising family-based approaches to developing healthy youth are programs that help parents and other guardians:

- ◆ Promote parent-child connectedness
- ◆ Enhance parent-child communication
- ◆ Establish an appropriate and consistent system of rewards and punishment
- ◆ Monitor their children's activities during adolescence.

As central figures in the lives of teens, families can help protect their teens from alcohol, tobacco and other drug use. They can be involved in establishing parent groups that advocate prevention and they can create parent support groups to foster attitudes and norms that favor prevention.

Parents need to be connected both to school and to the schoolwork their teenage children bring home.

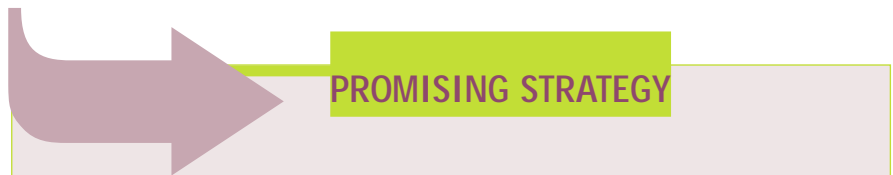
When alcohol, tobacco and other drug prevention programs become part of homework assignments, kids are less likely to use these substances. Successful homework assignments often:

- ◆ Provide information about substances and their impact on

health and safety

- ◆ Discuss clear and unambiguous family rules and consequences for breaking those rules
- ◆ Teach parents to demonstrate appropriate use and to limit the availability of substances at home.

Families can also influence how safely kids drive. Recently, MADD (Mothers Against Drunk Driving) developed a CD Rom-based program to help families reduce motor vehicle occupant injuries. This promising approach to involving parents still needs to be evaluated before it can be replicated across the country.




PROMISING STRATEGY

Project Northland provides three years of prevention activities for family, school, and community in the area of alcohol-use. Participating students are in sixth through eighth grade. During the first year of the program, a home-based program is administered to sixth grade classes. Students take activity booklets home to work on with their families. Interactive activities cover topics such as dispelling myths about alcohol use, peer pressure, media influences and consequences.

Parent education and involvement is included in all three years of the program.

Eighth grade students exposed to the 3-year Project Northland programs have significantly lower rates of alcohol use, a higher level of parent-child communication and improvement in other psychosocial risk factors related to alcohol use. Hibbing Public Schools have been using Project Northland for the past 5 years.



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However, it is one of the few programs that teaches families strategies to help reduce motor vehicle occupant injuries.

There are many ways to help families develop sensitivities and skills to prevent violent and delinquent behavior. Indeed, Multi-Systemic Therapy, a parent-centered, skill-based approach that teaches families how to achieve day-to-day goals, is promising.

Parent programs, especially those that target parents with young children, hold the most promise of reducing violent behavior as these children grow into adolescence. Most researchers believe that violent behavior is learned. Home

visitation has been an important component of many successful early childhood interventions, often used in combination with early education programs. At this time, parenting programs aimed at families with adolescent children have not been extensively evaluated.

Even though suicide rates for teens and young adults are on the rise, there is a lack of research in the area of prevention programs, especially in the area of family. The Centers for Disease Control and Prevention (CDC) recommends that programs be developed to help parents recognize warning signs for suicide.



Teens need to cultivate a capacity to enjoy life.

PROMISING STRATEGY

Babysteps was designed as an early intervention program to support first-time mothers who have a child at risk of abuse, and to reduce the incidence of non-accidental death, injury and maladaptive child development. The objectives are to improve the emotional, social, health and cognitive outcomes for children by strengthening the mother-infant bond, and to provide positive interactions during the first two years of the child's life.

Program components include:

- ➔ Home visits by a public health nurse and social worker every two to four weeks, for 2 to 2 1/2 years
- ➔ Membership in a support group facilitated by a public health nurse and social worker
- ➔ Video taping parent-child interactions for use as a teaching tool.

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Increasing parent-child communication can prevent risky sexual behavior. Sex is an uncomfortable subject for many parents to discuss with their children, yet homework and video assignments in school sex education classes require parental assistance. In the short-term, these programs do increase parent-child communication about sex, as well as comfort with that communication. ■

Over and over again researchers are telling us that children and youth need to feel connected to their families.

TEAM WITH SCHOOLS



Schools have changed in 25 years.

When students feel connected to their schools, academic and social learning can take place, and youth are more likely to choose healthy behavior. School based interventions that work include:

Innovative Approaches to Education

Interactive teaching techniques; Creating and reinforcing positive learning environments; Participatory decision-making and problem-solving among teachers, staff, students and parents; Grouping students into smaller units.



School Health Services

School-based clinics; Mental health services.



School Curricula

Provide developmentally appropriate, basic, and accurate information, including: Short- and long-term consequences of behavior; Personal and social skill building; General education; Behavioral goals; Interactive teaching techniques, including peer leaders; Adequate coverage—in terms of both content and duration; Actively involving family and community; Cultural competence; Teacher training.



School Policies and Environment

Foster school connectedness; Require comprehensive, age-appropriate health curricula in kindergarten through 12th grade; Provide access to health-enhancing products; Create barriers to health-compromising products; Establish standards of behavior and consequences for breaking the rules; Have clear procedures for communicating policy to students, parents, all school staff, visitors and community.



School-wide Media

Use materials that reflect school values; Appeal to the needs and interests of the teen; Use peer models; Use image or life-style appeals instead of cognitive appeals; Provide novelty and humor; Avoid excessive lecturing.



Quality Early Childhood Education

Educational day care and preschool programs; Good classroom management; Reinforcement of positive behavior.



Schools Can Help Prevent Unhealthy Behavior

Because many teens spend so much time in schools, they are a natural place for teaching and modeling healthy behavior. While individual programs make a difference, what seems to matter most for adolescent health is that schools foster connectedness—an atmosphere in which students feel they are treated fairly and feel close to people at school.

Schools are an important social environment in which adolescents can learn, practice and be reinforced for their behavior. Schools can influence healthy development and reduce health compromising behavior.

Certain characteristics of schools are associated with high rates of delinquency, including large school size, lack of structure, lack of individual attention, low teacher expectations and inconsistent discipline by teachers and school staff.

A Comprehensive Approach

Research shows that prevention programs are more likely to be effective if they are reinforced in different settings. Scientists agree that school-based programs should use a comprehensive, multifaceted approach and, as much as possible, involve family, peer, media, and community components.

All school staff including teachers, counselors and coaches need to recognize warning signs for suicide. They need to identify high-risk youth and have in place effective procedures to refer them

to appropriate mental health services.

Schools can participate in alcohol, tobacco and other drug use prevention through:

- ◆ Promoting cooperative team learning and interactive teaching
- ◆ Advancing academic achievement and school commitment
- ◆ Providing counseling services for students and families at risk
- ◆ Implementing prevention curricula
- ◆ Training and supporting teachers
- ◆ Utilizing school-wide media
- ◆ Using proactive classroom management
- ◆ Employing participatory decision-making

◆ Establishing and enforcing comprehensive school policies.

Most nutrition education programs are school-based. To improve eating behaviors, the Society for Nutrition Education, the American Dietetic Association and the American School Food Service Association, as well as the Centers for Disease Control and Prevention, recommend that a comprehensive school-based nutrition program include:

- ◆ An effective pre-school through secondary school nutrition curriculum
- ◆ A school environment that provides opportunity and reinforcement for healthful eating and physical activity
- ◆ Involvement of parents and community
- ◆ Screening, counseling and referrals for nutrition problems as part of school health services.

Positive policies that demonstrate respect for students appear to be more effective in achieving peaceful norms than punitive measures.

Many experts believe nutrition education programs should be combined with physical education programs if they are to be effective at reducing the development of eating disorders among teens. Involving family in nutrition education programs provides opportunities not only to educate family members about healthful food choices, but also to reinforce healthful eating patterns among adolescents. Likewise, parents need to be encouraged to be physically active role models and support their childrens' participation in enjoyable physical activities.

Curriculum

Alcohol, tobacco and other drug prevention curricula should be an integrated part of a kindergarten through grade 12 comprehensive health education curriculum. Students need access to accurate information presented in a way that is appropriate to the age of the youth. They need to develop personal, social and resistance skills to help respond to pressure while maintaining friendships.

Using media both within the school and community, in combination with curriculum, is particularly effective in tobacco prevention. One study at the University of Vermont demonstrated a significant

PROMISING STRATEGY

Life Skills Training teaches 6th grade students positive values, social competency, and resistance skills. In addition, they learn how to cope with stress and anxiety to reduce alcohol and drug use as well as related high risk behaviors. Community activities and organizations support, cooperate and augment their prevention efforts through the North Shore Collaborative, the Human Development Center, Kids Plus and youth programs offered through local churches.



Kids need more than programs.

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There are no simple approaches or easy answers.

decrease in smoking rates for youth who had been exposed to both school curricula and mass media. What makes school media programs successful in any prevention program? Posters, school-based television and radio need to appeal to youths' life styles. Humor, peer models and role-playing prevention skills are effective. Media should be used to support concrete activities and programs and connect students to these programs as part of a comprehensive initiative. To be effective, these should be developed by and with youth.

There is some evidence that participatory decision-making and student team teaching can reduce

delinquent behavior and improve school performance among middle and high school students. While popular, few violence reduction curricula have been rigorously evaluated, and those that have been produced mixed results. Experts believe that violence prevention curricula should include information on the negative short- and long-term consequences of violence and teach anger management, problem solving, peer negotiation, conflict management, peer resistance, active listening and effective communication skills. In addition, all school staff should learn the curriculum and role model what is taught. Clearly, it is as much how material is taught as what is taught.

Likewise, there are no simple approaches or easy answers for schools in the area of preventing risky sexual behavior among young people.

Nonetheless, many experts agree that effective sexuality education curricula share nine common characteristics.

1. Effective curricula focus clearly on reducing one or more sexual behaviors that lead to unintended pregnancy or HIV or sexually transmitted diseases.
 2. They use behavioral goals, teaching methods, and materials that are appropriate to the age, sexual experience, and culture of the students.
 3. Effective curricula are based upon theoretical approaches that have been demonstrated to be effective in influencing other health-related risky behaviors.
 4. Effective curricula continue for a sufficient length of time to complete important activities adequately.
 5. Effective curricula employ a variety of teaching methods designed to involve the participants and have them personalize the information.
 6. They provide basic, accurate information about the risks of unprotected intercourse and methods of avoiding unprotected intercourse.
 7. These curricula include activities that address the social pressures on sexual behaviors.
 8. They provide modeling and practice of communication, negotiation and refusal skills.
 9. Effective curricula select teachers or peers who believe in the program and then provide training for those individuals.
- Well-staffed and well-run school based clinics provide comprehensive primary health care as well as reproductive health services, including sexuality

Prevention scientists also agree that school-based programs should use a comprehensive, multifaceted approach that involves family, peer, media and community components.

education and counseling, physical examination, and pregnancy testing.

There is no evidence to suggest that these programs either hasten the onset or increase the frequency of sexual activity among adolescents.

Effective nutrition education programs have emphasized a behavioral approach. Experts

recommend that these programs, aimed specifically at preventing eating disorders among adolescents, be implemented in the middle school and continued through high school. In addition to curriculum, schools should consider providing small group work and individual counseling for adolescents at high-risk, as well as a referral system to connect high-risk adolescents with community health services.

Several nutrition programs have changed school food service to improve nutrition. They offer healthful foods in the school cafeteria that reinforce classroom lessons, involve students in planning and preparation of the school menu and display nutrition information about foods.

Healthy teens need to balance nutritional health with daily physical activity. In general, physical activity among teenagers has declined over the past 20 years. Its no wonder that obesity is on the increase among children and adolescents!

What makes a difference? The CDC and other national experts recommend:

1. Comprehensive physical education K–12
2. Comprehensive health education curricula
3. Capital investment in physical activities and facilities
4. Teachers and coaches trained in physical education and health
5. Activities that vary to meet the individual needs of youth.

School Policies

Likewise, school policies can reduce health compromising behavior by youth.

The Center for Disease Control and Prevention recommends a comprehensive alcohol, tobacco and other drug use policy that includes an over- arching rationale and a strict and clearly communicated prohibition of substance use by all school citizens, at all school functions, both on and off campus. They also



PROMISING STRATEGY

Judicious Discipline is a comprehensive part of Fairmont Public Schools curriculum. More than 100 teachers have been trained. Students are taught four basic principles:

- Act in a safe and healthy manner
- Take responsibility for your learning
- Treat all people with respect
- Respect the rights and properties of citizens.

Students live by the historical messages contained in the Bill of Rights. The schools built restorative justice models around these standards. Each month the schools teach specific themes that relate to the standards. Some schools build activities around the themes while others build the themes into the classroom teaching experiences or curriculum.

The high school has a behavior management resource room that is managed by a social worker who helps students who misbehave in class develop a plan that would allow them to reenter the classroom.

Fairmont Public Schools has engaged their community in this effort and these standards are posted at parks, libraries, businesses, social and human service buildings. Together the adults and students are reminded what actions they are accountable for and help one another reconcile when they behave outside the standard.

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“We just need attention—it’s a critical part of helping us do well.”

—18 year old male

suggest that all students receive instruction on avoiding alcohol, tobacco and other drug use. These programs should not be limited to students. All school citizens, parents and community members should also have access to prevention and remediation programs.

Motor vehicle-occupant injuries are by far the leading cause of death due to unintentional injuries both in the United States as a whole and in Minnesota. Schools can play a role, but controlled studies show their role is not in driver education. Rather, schools affect change by promoting seat belt use.

Schools should require that students use seat belts when they are being transported in private vehicles as part of school activities.

While some lobby for the use of seat belts on school buses, the number of children who have died as occupants in school bus crashes has been small; many argue that resources might be better used elsewhere.

School policies designed to reduce violent and delinquent behavior should:

- ◆ Be developed in partnership with students, parents, school staff and community residents
- ◆ Include a clear, positive statement about the behaviors the school expects students to exhibit

- ◆ Have clear developmentally appropriate consequences when the policy is violated, reflecting the severity of the violation
- ◆ Have a clear plan to follow when violent acts occur
- ◆ Have a restorative, rather than punitive perspective

- ◆ Be communicated clearly to students, staff, parents and community members.

Positive policies that demonstrate respect for students appear to be more effective than punitive measures in achieving peaceful norms. ■

PROMISING STRATEGY

STTOP (Stop Teen Tobacco-use: An Organizing Project) joins area health care providers in northeastern Minnesota, Blue Cross/Blue Shield of Minnesota and the American Lung Association of Minnesota to promote community discussion and assist communities in enacting local ordinances to prevent youth access. The project’s primary goals are:

- To raise awareness of the problem of teen tobacco use
- To reduce youth access to tobacco through changes in community policies
- To initiate support for a sustainable community norm of no tobacco use.

This program hopes to provide measurable outcomes including:

- A decrease in the number of youth reporting weekly or daily tobacco use
- A reduction in the number of times youth are able to purchase tobacco products from local retail establishments
- The enactment of strong, local ordinances which restrict tobacco sales to minors
- An increase in community awareness of the issue of tobacco use among youth.



Peers still make a difference.

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Stop Teen Tobacco Organizing
Project (STTOP)
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INVOLVE COMMUNITIES

The level of a community's investment in youth and their social networks affects the likelihood that youth will mature into healthy contributing citizens. Successful activities often involve:

Community Organizing that brings together citizens, including youth, reinforces healthy behavioral norms and is action-oriented.



Developing Policies that establish standards of behavior and penalties, provide barriers to health-compromising products while embracing those that enhance health.



Working with Media to incorporate health enhancing messages that:

- ◆ Minimize exposure to health-compromising messages
- ◆ Appeal to the needs and interests of youth
- ◆ Use peer models
- ◆ Appeal to image and life-style
- ◆ Rely on novelty and humor
- ◆ Demonstrate preventive skills
- ◆ Avoid lecturing.



Providing Opportunities for Youth that involve community service, supervised recreation, mentoring, access to health care, and higher education and career opportunities.



Developing Health Services that provide physical and mental health and preventive services specifically for youth.



Teens need to gain experience in decisionmaking.

Communities Make A Difference in the Health of Teens

Research has shown that communities play a vital role in growing absolutely fantastic (and healthy) youth. People who want to make a difference can join in community activities that promote healthy role models and create places and opportunities for youth.

Create Connections

There are various ways communities can contribute to healthy youth development and the reduction of unhealthy behavior.

Communities that provide service learning opportunities for young people, and provide a place for them to “hang out” demonstrate that they see youth as a resource. These communities see to it that their teens feel connected to their home.

Likewise, media can enhance awareness, attract support, reinforce other prevention activities and keep the public informed of prevention activities.

A Comprehensive Approach

Similar to school-based initiatives, community strategies are more

effective when they engage citizens, agencies, businesses, media and other sectors of the community.

In 1987 six communities in Massachusetts introduced media campaigns, speed watch telephone hot lines, police training, high school peer-led education, alcohol-free prom night, beer keg registration, and liquor outlet surveillance to reduce drunk driving and speeding. When compared to the rest of Massachusetts, these six communities saw 25% fewer fatal crashes and 42% fewer fatal crashes involving alcohol. There was a 50% reduction in teen drinking and driving.

Perhaps most of all, communities need to develop social norms that make alcohol-impaired driving socially unacceptable. Neighbors need to encourage each other to limit alcohol consumption when driving or to use designated drivers. Adults need to intervene when friends or family members plan to drink and drive.

Communities play a pervasive and complicated role in the prevention of violent and delinquent behavior. When communities offer youth activities between the hours of 2:00 and 6:00 PM, the hours after school and before parents get home, delinquent and violent activity among youth is reduced.

With the help of local police departments, more than 3,000 communities nationwide have organized neighborhood watch programs. These community-driven programs, which usually involve a combination of block watches, home security inspections and neighborhood improvement efforts, have proven effective.

Reducing violence will also require reducing exposure to violence on television, in the movies and in video games. Communities will need to find ways to lobby industries and reduce access to violent entertainment.

Communities can help reduce suicide rates for teens and young adults, in part, by recognizing that they have a role to play in ensuring children's mental health.

Community citizens—clergy, police, merchants, recreation staff, physicians and nurses—should be educated to identify and refer youth who are at risk for suicide. Community mental health services need to be linked with other prevention efforts and appropriate services made available to youth.

They can develop policies that restrict access to lethal means of committing suicide, and promote laws that regulate the amount of carbon monoxide content in domestic gas and the number of potentially lethal pills dispensed per prescription.

A handful of community based nutrition intervention trials have been conducted in this country, some of which have demonstrated a positive impact on eating behaviors of young people. For

People who want to make a difference can join into community activities that promote healthy role models and opportunities for youth.

example, the Class of 1989 study, part of the Minnesota Heart Health Program, showed an increase in healthier food choices among younger as well as older adolescents. As part of this community intervention, students were exposed to media messages promoting heart-healthy eating, exercise, and smoking prevention. Community screening for heart disease was also offered, and restaurant menus and grocery store items were labeled with healthful options.

Some of the newer nutrition education programs have begun to partner with the mass media to promote healthful eating patterns in youth. For example, the Harvard School of Public Health has formed a partnership with the Nickelodeon cable network to incorporate nutrition education messages into preexisting programming. Though the impact of these programs has not been assessed, mass media, including television programs, should not be overlooked as an educational tool.

The Centers for Disease Control and Prevention recommend that communities provide a variety of facilities and settings to promote physical activity, including safe parks, biking and walking trails and recreation centers.

PROMISING STRATEGY

In 1986 the Minnesota State Legislature passed its first **seat belt and child/passenger restraint law**. MSA 169.684-686 outlines the requirements that any driver, all front seat passengers, a passenger (ages 3-11) in any seat, and any child under the age of 4 must be properly fastened by a seat belt (including both shoulder and lap belts) or child restraining seat. The driver of the motor vehicle can be issued a ticket and a fine for either the seat belt violation or the child restraint violation.



*For More Information:
Seat Belt Policy
MSA 169.684-686
State of Minnesota*

A Youth Development Approach

The role of the community is broader. Marion Wright Edelman, once the president of the Children's Defense Fund, has often been quoted as saying, "the best contraceptive is a real future." Many have proposed that the most promising approach to reducing premature and risky sexual activity and promoting healthy behavior may be to provide intensive, comprehensive collaborative

programs that support all aspects of a child's life. Called "youth development programs," they include:

- ◆ Classes in family life and sexuality education
- ◆ Medical and health services
- ◆ Employment and career awareness
- ◆ Academic assessments and tutoring

- ◆ Guaranteed college admission
- ◆ Self-esteem enhancement through the arts
- ◆ Participation in individual sports and counseling.

Successful youth development programs embrace a teen, much like a family, and provide that teen with access to enrichment beyond the capacity of the family to provide.

Adopting and Enforcing Policies

Local policies that create a "no-use norm" for youth, restrict access and provide youth with opportunities to create a sense of connection to their community can be effective.

Seven communities in the state of Minnesota participated in a 32-month community effort to mobilize citizens around a policy to reduce youth access to tobacco. This project, Tobacco Policy Options for Prevention, demonstrated significant reductions in adolescent smoking rates.

An effective community strategy is to make it difficult, if not impossible, for youth to obtain alcohol, tobacco or other drugs. The US Department of Health and Human Services suggests:

1. Making cigarette and alcohol sales limited to those 21 years and older.
2. Licensing the sale of tobacco much like states license the sale of alcohol.
3. Developing a graduated schedule of civil penalties for illegal sales.

PROMISING STRATEGY

Learn and Earn Graduation Achievement Program is a voluntary program for students in grade 9 and continues with them until they graduate. The first cohort began in the fall of 1998.

Students work with the program facilitator after school, on weekends and during the summer hours for up to 750 hours each year. Programming is designed to enhance participants' academic education by offering experiential learning opportunities geared toward personal development, career exploration and college preparation. Students receive incentives for their involvement, which includes money to use toward post-secondary education in Minnesota.

Learn and Earn Graduation Achievement Program is offered in four different Twin Cities metro YMCA sites:

- ➔ North Community YMCA is working with North High School
- ➔ Blaisdell YMCA is working with Washburn High School
- ➔ Hiawatha YMCA is working with Roosevelt High School
- ➔ Northwest YMCA is working with Cooper High School



Kids learn skills as members of communities.

*For More Information:
YMCA Greater Metropolitan
Minneapolis Area
30 South 9th Street
Minneapolis, MN 55402
Phone: 612.827.5401
Fax: 612.729.1011*



Teens need to interact with peers to acquire a sense of belonging.

4. Making the licensing agency responsible for enforcement.
5. Using civil and local courts to assess fines.
6. Banning cigarette vending machines.

Some communities successfully involve youth in developing these strategies; the greatest success comes when the entire community is active in reducing access.

In addition to substance use, when citizens, media and law enforcement agencies join together to change policies, injuries and fatalities can be reduced. Communities have lobbied for many of the advances in road construction and car design that have substantially reduced motor vehicle occupant injuries and fatalities.

Effective legal strategies to reduce drinking and driving among adolescents include:

1. Maintaining the legal drinking age at 21 years.
2. Enforcing criminal laws that deter drunk driving.
3. Developing administrative laws that permit license suspension between time of arrest and trial.

4. Increasing the price of alcoholic beverages.
5. Graduated drivers licensing.
6. Administrative license revocation of those found drinking and driving.
7. Zero-tolerance blood alcohol content for young drivers. ■

The Bottom Line

What worked decades ago won't work today. Adolescents' lives are not the same. Schools, communities, neighborhoods, housing and the economy have all changed. Families have changed.

No one understands this dilemma better than those who work with or on behalf of adolescents. They want desperately to know what helps young people to lead healthy productive lives. Government, foundations and community organizations need to invest their resources, time and energy in strategies that work, rather than ones that are insufficient or unproductive. There's a lot to learn from the research.

Research shows us that health-compromising behaviors cluster and that there are overlapping risk and protective factors that affect the occurrence of adolescent alcohol, tobacco and other drug use, motor-vehicle occupant injuries, violent and delinquent behavior, suicide, risky sexual behavior, disordered eating behaviors, and physical fitness.

The similarity and variety of the strategies and approaches presented in this report illustrate the importance of a comprehensive community-wide approach for the

promotion of healthy youth development. In other words, to grow absolutely fantastic youth, strategies must be developed and implemented at all the places where young people's behavior can be influenced, especially family, school and community.

Structured parent-child, home-based activities and other types of parent programs, such as parenting classes or home visitation have been successful in enhancing the home environment and social relations within the home.

Promising strategies within the school include: school policies that promote health and safety; creation of a school environment that facilitates students' feeling of connectedness; comprehensive health curricula in kindergarten through grade 12; health-promoting school-wide media; innovative approaches to education that emphasize the active participation of students and parents; quality early childhood education opportunities; and the availability of health services for youth.

Promising community strategies include: citizen involvement through community organizing, youth development opportunities, health-promoting media messages, ordinances and policies promoting health, and the availability of health services. ■



PROMISING STRATEGY

All Children Excel (ACE) provides integrated services for high-risk 6- to 9-year-old children who are referred by police because of delinquent or violent behavior. ACE is one of only three intervention programs in the U.S. for child offenders under 10 years of age. A multi-disciplinary team reviews each child's history – including risk factors in the family, school, and neighborhood – to determine the level of intervention needed. Children enrolled in ACE receive integrated services until they are 18 years old.

The goal is to keep these children off the path to prison by building protective factors in their lives, including: school bonding and success, social competence, developing a stable relationship with a caring adult and involvement in recreational, skill building, and spiritual activities. ACE uses Multisystemic Therapy (MST) that focuses on:

- Empowering families by teaching them to identify concrete goals for their children
- Identifying day-to-day steps for achieving those goals
- Developing strategies for overcoming barriers.

Rigorous evaluation studies have documented MST's effectiveness in reducing delinquency among juvenile offenders.

*For more information:
Hope Melton, ACE Program Coordinator
Ramsey County Department of Public Health
50 W. Kellogg Blvd.
St. Paul, MN 55102-1657
Phone: (651) 266-4202
Fax: (651) 266-4436
E-mail: Hope.Melton@County.Ramey.MN.US*



Some children need the community to help build protective factors in their lives.

There are a lot of teens out there who don't know the resources that are available to them. And the ones that know, we need to pull them together, tie a rope around them and pull them in so that we can help each other.

—18 year old homeless youth



There are strategies that work.

Putting Research Into Action: A Tool Kit

So, we really do know a great deal about what helps kids thrive. How do we put it into action?

Whether we want to prevent teens from starting to smoke, help them stop drinking, prevent or reduce teen pregnancy and reduce violence we need to take all we've learned and apply it to existing and new programs. We need to train youth workers. We need to train parents and disseminate information to communities.

This tool kit is a resource. It contains: an overview of the theories that guide effective strategies; a summary of outdated beliefs and what we now know about programs that change the lives of youths; the health status of Minnesota youth, as seen from data collected in the Minnesota Student Survey; and checklists for those who write requests for proposals and those who apply for grant money. Finally, there's a list of resources that were used to develop this report.



Involvement of caring adults is protective.

Theory: How Do We Know What Makes a Difference?

There has been a great deal of new interest in understanding how risk, protective factors, and resiliency contribute to healthy youth development. Indeed, 25 years of scientific investigation support the idea that teens are more likely to enter adulthood without engaging in unhealthy behavior if we concentrate on protecting young people from harm by reducing risk and promoting protective factors.

Risk Factors

Researchers in the 1970s and 1980s focused on young people who lived in contexts that we know predict poor social and psychological outcomes, such as poverty, familial conflict, and parental mental illness. Children and adolescents reared with these and other risk factors were considered to be at great risk for becoming involved in alcohol or drug use and interpersonal and self-directed violence. They were more likely to exhibit signs of emotional distress. They were more likely to fail or quit school.

In a risk and resiliency framework, risk factors refer to those things that limit the likelihood of

successful development. Risk factors are not static and can change in relation to a developmental phase or new stressor. Risk factors can exist within the individual, within the family or within the community. Some can be changed (like doing well in school) and others, such as having a parent with mental illness, are not amenable to change.

Furthermore, research of the past 20 years has shown that most negative health outcomes ... suicide, violence, pregnancy, substance abuse ... are influenced by *multiple* factors, each of which incrementally increases the risk of poor outcomes. And many of these outcomes share the same risk factors. In other words, poverty, poor academic achievement, and suicide in the family put youth at risk for multiple problems. This understanding has profound program and policy implications.

Resilience

Researchers interested in resilience

ask the question, “Why is it that one teenager with seemingly the same circumstances as another does well, and the other fails miserably?” What are the things that allow some youth to thrive under quite adverse conditions? What makes resilient kids, kids who do well in spite of it all?

Resilience is the tendency for a child or teen to rebound from stressful circumstances or events and resume usual activity, accord and success. Resilience is the power of recovery.

Resilient children and youth — and adults for that matter — are flexible, but they are not invincible. And resilience does not equal happiness. Resilience is not a trait that some have and others don't. Rather it represents an interaction between the individual and the environment. Resilience implies resistance to threat, but it is a graded phenomenon. Cumulative risk can defeat even the most resilient individual.

In this area of research, the question remains ... what happens in the lives of kids who face adversity that allows them to do well? What protects them from harm? And how do these protective factors operate in the lives of children and youth?

Protective Factors

In tandem with the exploration of risk factors and understanding the nature of resilience, researchers and practitioners began to focus on the identification of protective factors: the circumstances, the experiences, the factors that buffer young people from involvement in

Resilience is the tendency for a child or teen to rebound from stressful circumstances or events and resume usual activity, accord and success. Resilience is the power of recovery.

behaviors and outcomes damaging to themselves and/or to others.

Protective factors are those factors that moderate or mediate the effects of individual vulnerabilities or environmental hazards. They diminish the likelihood of negative health and social outcomes. They often, but do not *necessarily* yield resilience.

Researchers have identified basic protective factors and are now trying to understand how protective factors interact over time. What are all the things that affect the overall well-being of young people and their capacity to function effectively in everyday life? From a developmental perspective, effective functioning means achieving the developmental tasks associated with a particular stage of life. The developmental tasks of middle childhood might include:

- ◆ Adjusting to school
- ◆ Achieving in school
- ◆ Establishing and maintaining friendships
- ◆ Following the rules for appropriate social conduct within school, within the family, and in community settings.

In adolescence, these tasks might include:

- ◆ Ongoing adjustment in school
- ◆ Academic achievement
- ◆ Participation in extracurricular activities
- ◆ Development of close friendships, and
- ◆ Crystallization of a cohesive sense of self.

Risk factors refer to those things that limit the likelihood of successful development.

Different disciplines—psychology, nursing, social work, and medicine, have developed definitions and categorizations to express similar understandings as to the kinds of experiences, assets, and resources that are protective. In general, protective factors are the result of the complex interplay of:

- ◆ Environmental processes (such as school or community institutions)
- ◆ Familial processes (such as parent characteristics or behavior)
- ◆ Self-system processes (such as competence and social responsibility), and
- ◆ Individual characteristics (such as self beliefs and cognition).

There is an accumulating body of evidence that suggests individual attributes are not the be-all and end-all. While important, they coexist with other factors that when changed can reduce the likelihood of adverse outcomes for adolescents. To be sure, as summarized by several researchers, individual characteristics such as strong verbal and communication skills, an easy temperament, problem solving capacities, humor, empathy, perspective-taking skills, and spirituality can be critical in avoiding risky behavior.

But research on successful, high-functioning children and

adolescents also underscores the role of the family and community. There are activities that can boost those protective factors in the lives of young people that can yield resilience. Many successful youth-serving programs have adopted the dual approach of reducing risks in the environment of young people whenever possible, while enhancing multiple protective factors at the individual, family and environmental level. These protective factors include social skills, academic competence, family relationships, and relationships with adults and institutions outside of the family.

We know a lot about protecting kids from harm. Research on risk and protective factors will continue for quite a while, as well as its application to different populations of youth and families.

Recent adolescent research guided by a resiliency perspective has sought to understand how to prevent or minimize adolescents' involvement in the major health-risk behaviors. Studies focus on factors amenable to intervention at the individual, family, school, and community levels.

Of great interest is the identification of recurring, crosscutting protective factors that show promise for application across a variety of populations of adolescents. Quite the opposite of categorical programming, these studies suggest that across gender, racial, and ethnic groups, certain protective factors have great potential for reductions or prevention of many kinds of health compromising behaviors.

This understanding seemingly runs contrary to the once popular notion that efforts should address one risk behavior at a time. What we have come to learn is that risk behaviors cluster — that risk factors that increase the likelihood of young people engaging in one risk taking behavior, increase the likelihood of engaging a several risk behaviors. Young people who engage in violent behavior, also tend to be involved in alcohol. Young people who drink, also tend to smoke. Many protective factors work the same way. For example, doing well in school is a protective factor against substance use, violence and risky sexual behavior.

The resiliency paradigm seeks to identify protective factors that can yield resilience, to explore *positive* prospects for “adolescents at risk”. The research has shifted the perspective from a focus on pathology into a quest for understanding successes, resistance and resilience.

Youth Development Strategies for:

Growing Absolutely Fantastic Youth

Some of the most interesting and innovative applications of resiliency-based program evaluation and clinical research are grounded in a youth development perspective. Running parallel to the interest in resiliency and protective factors, the youth development framework assumes that young people have fundamental, underlying needs for healthy development, some of which are unique to adolescence as a time of life.

These building blocks are not necessarily the same as the developmental tasks of adolescents. Many constitute experiences or circumstances that permit the *achievement* of developmental tasks. They are also congruent with the list of key protective factors identified by resiliency researchers.

Youth Development theory is gaining currency across the country; for example, the National Governors’ Association, through their Center for Best Practices, is working to help states improve outcomes for youth by supporting

state-local partnerships and interagency efforts aimed at developing and implementing youth development strategies. Right now, youth development is the best framework for designing and developing youth polices and practices.

So what experiences do youth need to develop into healthy adults? We knew, even 30 years ago that biology could not provide a satisfactory explanation to what is required for healthy adolescent development. Which is why in 1973, the then-called federal department of Health, Education and Welfare asked Dr. Gisela Konopka professor of social work at the University of Minnesota, to write a position paper articulating the fundamental requirements of healthy youth development.

CHECKLIST FOR SCHOOL-BASED PROGRAMS

Here’s a checklist of protective factors within schools that promote resilience in youth. Does the proposal you are writing or reviewing consider the teen as part of a family, school, and community?

Promoting Connections at School

Does the proposal promote:

- Commitment to school
- Caring school climate
- Perception that teachers and other adults are not prejudicial
- School boundaries (clear rules and consequences)
- Adult role models (adults model positive, responsible, healthy behavior)
- Establishing best friends who model positive, responsible, healthy behavior
- High expectations - teachers encourage young person to do well



Protective factors are the circumstances, the experiences, the factors that buffer young people from involvement in behaviors and outcomes damaging to themselves or to others.

Dr. Konopka believes that youth need to:

- ◆ Participate as citizens, as members of a household, as workers, and as responsible members of society
- ◆ Gain experience in decision making
- ◆ Interact with peers, and acquire a sense of belonging
- ◆ Reflect on self in relation to others, and discover self by looking outward as well as inward
- ◆ Discuss conflicting values and formulate one's own value system
- ◆ Experiment with one's own identity, with relationships; try out various roles without having to commit oneself irrevocably
- ◆ Develop a feeling of accountability in the context of a relationship among equals, and
- ◆ Cultivate a capacity to enjoy life.

Recently, Dr. Konopka has added another requirement to the list:

- ◆ Participate in the creative arts, to learn self-expression and communicate deep feelings from within.

Healthy or positive youth development is an outcome we strive for. But youth development is also being used as a process, a framework based on what the past 20-some years of research has demonstrated to be the developmental needs of youth.

Setting the Record Straight

The conventional wisdom about what's good for kids and what's bad has changed over the years. Here's what the experts say:

To Work or Not to Work?

What we used to think:

After school jobs for pay are good for teens. They build a strong work ethic and keep kids out of trouble.

What researchers say now:

While part-time jobs may increase a young person's sense of worth

ELEMENTS OF A SUCCESSFUL YOUTH DEVELOPMENT PROGRAM

Through an extensive review of research evaluations, several common components emerged to give us a picture of successful Youth Development programs.

They:

- 1 Build strong adult-youth relationships.
- 2 Have a clear, well articulated philosophy about youth.
- 3 Build interventions on a theory of youth development, grounded in research.
- 4 Recognize the strengths of youth.
- 5 Recognize the human resources in the community.
- 6 Actively involve young people in all aspects of the program.
- 7 Provide life skills.

and provide additional income, working too much may exact a high cost. Adolescents who work half-time or more report higher levels of emotional distress, substance use, and earlier sexual activity. Working long hours increases fatigue and provides excessive leisure income.

One Risk-Behavior at a Time, Please

What we used to think:

Youth workers used to believe that they can only work on one health risk behavior at a time. A kid at risk for alcohol, tobacco and other substance use would be sent to a substance abuse program; a teen at risk for early pregnancy would meet with the pregnancy prevention people.

What researchers say now:

Our youth are persons to be treasured and developed, not a series of problems to be solved. Rather than treat problems, a growing number of researchers believe that all young people have certain fundamental underlying needs. When these needs are met, these kids are more likely to develop as caring, compassionate individuals with lots of sparkle, zest for life, and incidentally, are less likely to become involved in unhealthy behavior.

Families: Trap or Treasure?

What we used to think:

A generation ago, most youth experts believed that the role families and parents play in the lives of their children diminished substantially by the time their kids became teenagers.

Most programs to reduce unhealthy behavior were designed

to take place in peers groups—far from parents and family.

What researchers say now:

There is no doubt that peers play a role in the lives of teens, but it's not nearly as important as the role of parents and family.

When a parent is physically present in the home at key times (in the morning, after school, at dinner, or at bedtime), and has high expectations for their children's education, children are on the road to being protected from involvement in behaviors that can damage them.

Change the Kids

What we used to think:

Programs that educate teens, and provide the necessary information and motivation—a “just say ‘no’” approach—are enough to get young people to choose to change their behavior.

What researchers say now:

While the notion of teaching a teen to “just say no” makes good advertising, as a strategy for improving health outcomes it gets a D-. Information and good social skills are important skills for youth in health promotion, prevention or intervention strategies, but by themselves they have little impact on complicated social issues. The most promising strategies address teens themselves, their families, their peer groups, their schools, neighborhood, community and society.


Parents are to Blame

What we used to think:

If parents were strict enough, attentive enough, educated enough, their kids wouldn't screw up. Parents are responsible when their

CHECKLIST FOR FAMILY FOCUSED PROGRAMS

Sometimes it's tough to know which program or policy or strategy will be able to deliver the appropriate outcomes. Here's a checklist of protective factors within families that promote resilience in youth.



Families nurture resilience in youth.

Promoting Connections at Home

Does the proposal or policy promote:

- Family support
- Positive family communication
- Parent involvement in schooling
- Family boundaries (clear rules and consequences, and monitoring of a child's whereabouts)
- Adult and sibling role models (parent(s) and siblings model positive, responsible, healthy behavior)
- High expectations - parent(s) encourage young person to do well
- Time spent with families

teen messes up and it's their job to fix the problem.

What researchers say now:

While there is a wealth of evidence indicating that parents' involvement in their children's lives is one of the most important contributors to children's healthy physical and psychological development, this does not assume they are to blame if their teenage child becomes involved in risky behavior. Many factors make it difficult to parent in a way that is health promoting. Poverty or economic stress increases the risk for families; parental mental health problems can contribute to antisocial behavior among children and youth; the lack of community

supports for families, in the form of adequate and safe housing, quality schools, adequate transportation, and access to good health care affects the ability to parent effectively; and the dissemination of incorrect information about parenting (e.g. children do not need their parents once they have entered adolescence) can take a psychological toll.

The truth is that sometimes, even with wonderful parenting, some kids still engage in unhealthy behaviors. Not all teens who engage in unhealthy behaviors come from unnurturing environments.

CHECKLIST FOR COMMUNITIES



Communities need to support teens.

Here's a checklist of protective factors that can be found in communities. Does the proposal or policy you are reviewing or writing contribute to developing protective factors within the community?

Promoting Connections in Communities

Does the proposal or policy promote:

- Adult support of kids
- Neighborhood boundaries (neighbors take responsibility for monitoring young people's behavior)
- Adult role models (adults model positive, responsible, healthy behavior)
- Youth programs
- Safe and interesting places for youth to gather

It's the School's Job

What we used to think:

Since teens spend so much time in school each week, the school is responsible for changing health compromising behavior of the students. School-based prevention and intervention initiatives provide the most efficient and effective opportunity to influence teens' behavior.

What researchers say now:

While it is true that schools have a "captive audience" of teens, researchers and practitioners now have a better understanding of how the multiple social contexts in which youth live influence behavior.

A school, no matter how exceptional, cannot make up for a teen who comes from a community with no social capital and/or a

family that is in chaos. Effective strategies are those that bring together the stakeholders to craft a comprehensive approach.

Programs Change Lives?

What we used to think:

Practitioners and youth advocates alike often get stuck in the belief that providing youth with more and better services will resolve the problems. Program "bells and whistles" — getting sports stars to mentor, going together to group obstacle courses — will make all of the difference.

What researchers say now:

Programs don't change lives; people do. As Judith Musik of "Ounce of Prevention" teen pregnancy prevention program in Chicago has said: "Not one of us has gotten where we are today because of services we received as

teens." What makes a difference in the lives of teens are the relationships they develop with caring and competent adults. Relationships provide the nurturing and support young people need to master skills and gain confidence. Effective prevention and intervention strategies integrate this critical research finding into all aspects of the program's design. Ultimately, it is people not programs that matter.

You Can't Legislate

Behavior

What we used to think:

Until recently, most youth researchers and practitioners did not think that laws and regulations had a significant role to play in changing the behavior of youth—that you can't legislate behavior.

What researchers say now:

Program evaluation of alcohol and tobacco prevention programs that include a focus on laws show that ordinances and policies make a difference. Restrict the commercial and social availability of alcohol and tobacco and you reduce their use by teens. Likewise, mandatory seatbelt laws have been found to be the most effective means of increasing the rate of seatbelt use and thereby reducing motor vehicle accidents. Access to hand guns is a major risk factor for suicide and violence perpetration and many organizations and individuals are calling for laws that would create safety devices or restrict the availability of hand guns by teens.

The State of Minnesota's Youth

How do Minnesota youth fare? The Minnesota Student Survey has been administered in public schools across Minnesota every three years since 1989. The data from the survey allow persons throughout the state to better understand trends in the behavior of youth that affect their health and well-being.

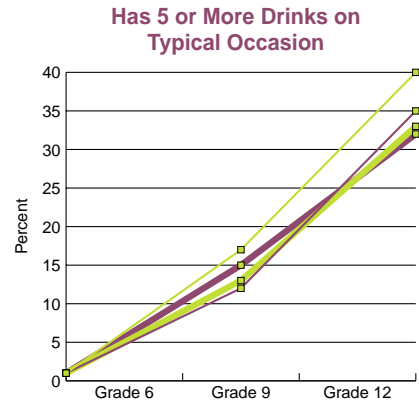
Unique among the states, it paints a fresh portrait of young people in Minnesota every three years. It is particularly important because most of the threats to the health and well-being of adolescents come from two sources: their social environments (the quality and safety of their homes, their neighborhoods and schools) and their behaviors (such as tobacco use, alcohol use, other drug use, suicide attempts, and behaviors that lead to unintentional injury such as drinking and driving).

But like any survey, the Minnesota student survey is not perfect. It only reflects youth in traditional school settings. As we all know, often, the most troubled youth have left these settings early, and they are at greatest risk.

Parents are like the number one things kids need. It's like, we're all doing pretty good in our life. I don't think we'd have gotten to this point if we didn't have some parent or parents behind us in some way.

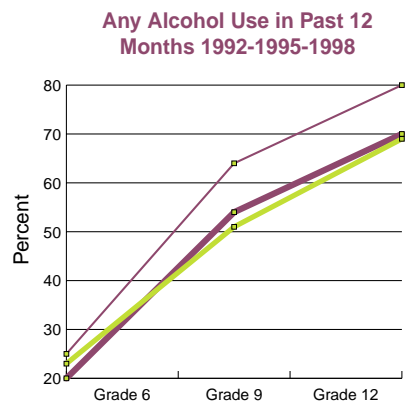
—19 year old male

LEGEND	
■	1998
■	1995
■	1992
■	1989



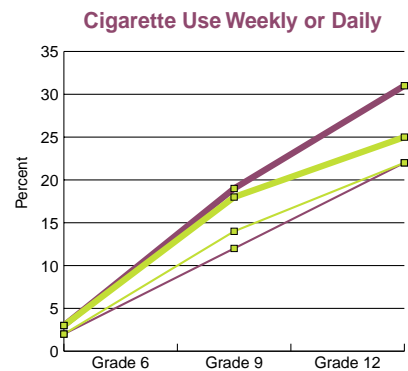
Has 5 or More Drinks on Typical Occasion

The 1998 Student Survey data demonstrated that “binge” drinking continued to be a problem, particularly for Minnesota 9th graders, who reported increased binge drinking each year over the last three times the survey was administered.



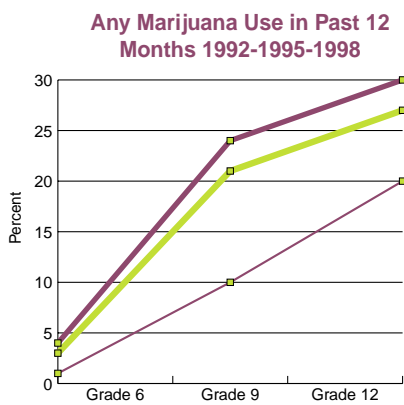
Any Alcohol Use in Past 12 Months

While the rates of alcohol use have remained fairly stable in the last several administrations of the survey, the level of use by youth is still far too high. In 1998, over 1/2 of 9th graders and over 2/3 of all 12th graders used alcohol in the last year.



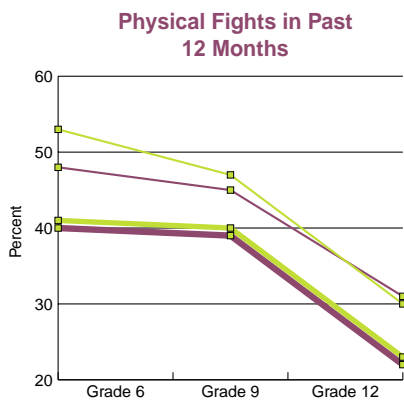
Cigarette Use Weekly or Daily

Since 1992, cigarette smoking by 9th graders has increased considerably. Likewise, the rate of cigarette use by seniors increased dramatically, particularly between 1995 and 1998. In 1998, almost 1 out of every 3 senior high school students in Minnesota smoked cigarettes weekly or daily.



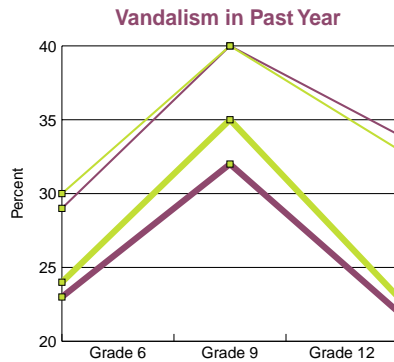
Any Marijuana Use in Past 12 Months

The 1998 Student Survey data indicated that marijuana use was on the increase for all grades surveyed. In 1998, almost 1 of every 49th graders used marijuana in the past year. In 1998, almost 1 in 3 12th graders used marijuana in the past year.



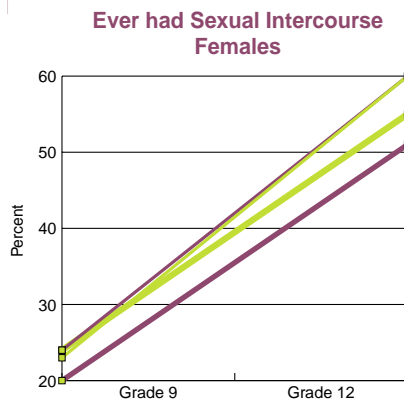
Physical Fights in Past 12 Months

Acts of physical violence committed in the past year by Minnesota youth are down, across all grades. Grades 6 and 9 have seen consistent declines in reported physical fights, across all four administrations of the survey between 1989 and 1998. Since 1992, high school seniors have reported fewer physical fights each year the survey was administered.



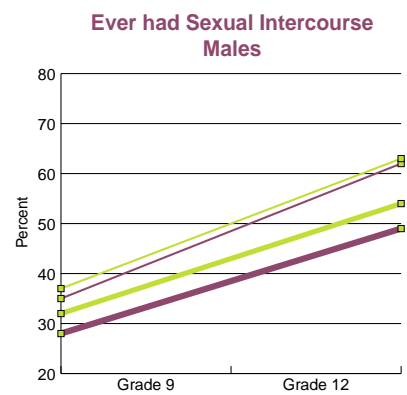
Vandalism in Past Year

Acts of vandalism, committed in the past year, are down across all grades surveyed. Like acts of physical fights, each grade showed record low levels of vandalism.



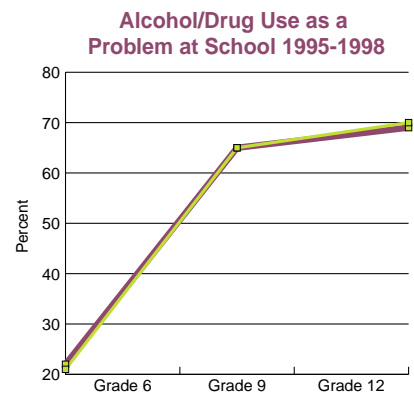
Ever had Sexual Intercourse – Females

In 1998, greater numbers of 9th and 12th grade females reported resisting sexual intercourse as compared to the other three survey years. Nonetheless, 1 out of 5 females in 9th grade and over half of females in 12th grade report having had sexual intercourse.



Ever had Sexual Intercourse – Males

Like their female counterparts, in 1998, both 9th and 12th grade males reported record low levels of ever having had sexual intercourse. Males in grade 9 report higher levels of ever having sexual intercourse than their female counterparts. For the first time since the survey has been administered, males in grade 12 report lower levels of sexual intercourse than females of their same grade.



Alcohol/Drug Use as a Problem at School

While the reported perception of alcohol and drugs as a problem at school changed little between 1995 and 1998, it is significant that over 2/3 of all 9th and 12th graders think alcohol or drug use is a problem at their schools.

Resources:

Adolescent Health-Related Behaviors

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YOUTH AS ASSETS

Ten Tips for Communities:

- ➔ Always start with the gifts, talents, knowledge, and skills of young people. Find out what they like to do and what they are good at doing.
- ➔ Always look for the positive in a unique individual.
- ➔ Every community is filled with useful work and service opportunities for young people. The corollary of this is that there is no community, institution or organization that cannot find a useful role for a young person.
- ➔ Always distinguish between real work and games or simulations, because young people can.
- ➔ Fight age segregation. Youth today are the most age-isolated generation in our history, to everyone's detriment.
- ➔ Avoid aggregating people, especially young people, by what they don't have. Too often, we group people by their deficiencies instead of letting those who can help those who can't.
- ➔ Move as quickly as possible beyond "youth advisory boards" or committees with only one youth on them.
- ➔ Constantly cultivate opportunities for young people to teach and lead.
- ➔ Constantly reward and celebrate creativity, energy and effort - loudly and with spirit. Whenever possible, let young people take the lead on the form the celebration will take.
- ➔ Amplify continuously "we need you". Young people are not a problem, they are our solution.

Developed by:

The Youth as Assets tip sheet is the work of Co-Director Dr. John Kretzman of the Asset-Based Community Development (ABCD) Institute at Northwestern University.

More information about the Asset-Based Community Development Institute and the Institute for Policy research at Northwestern University can be found at <<http://www.nwu.edu/IPR/abcd.html>>.



It is people, not programs, that matter.

Growing

Absolutely Fantastic Youth

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Mission

To promote the adoption or
adaptation of strategies, policies
and systems that show the
greatest promise of supporting
healthy youth development.