It Takes a Village: Innovative multi-sector collaboration to improve Public Health through Positive Youth Development program implementation, evaluation and data analysis

*Moderator: Patty Flanagan, YWCA Central Massachusetts*
It Takes a Village:

Innovative multi-sector collaboration to improve Public Health through Positive Youth Development program implementation, evaluation and data analysis

- Data: Nikki Nixon, Worcester Division of Public Health
- Program Presentations:
  - Grace Sliwoski, YouthGROW
  - Laurie Ross, HOPE Coalition
  - Judi Kirk, YouthConnect
- Funder Perspective: Heather Mangione, United Way of Central Mass.
Data: The Status of Health and Well-Being among Youth in Greater Worcester

Nikki Nixon, M. S.
Worcester Division of Public Health
Youth Mental & Emotional Health

- Feeling Sad or Hopeless: 27% Greater Worcester, 27% Massachusetts, 30% United States
- Serious considered suicide: 14% Greater Worcester, 15% Massachusetts, 18% United States
- Planned a suicide: 11% Greater Worcester, 12% Massachusetts, 15% United States
- Attempted suicide: 7% Greater Worcester, 7% Massachusetts, 9% United States

Source: Greater Worcester Regional Youth Health Survey (RYHS), 2015
Youth Physical Activity & Screen Time

Did not participate in at least 60 minutes of physical activity ≤1 day: 20%
No physical activity at least 60 minutes per day ≥5 days: 58%
≥ 3 hours of screen time (computer, video games, etc.) per day: 56%

Source: Greater Worcester Regional Youth Health Survey (RYHS), 2015
Perception of Weight & Dietary Habits

- **Slightly or Very Overweight**: 32%
- **Not trying to lose weight**: 56%
- **Did not eat breakfast in past week**: 17%
- **Did not eat fruit in past week**: 14%
- **Did not eat vegetables in past week**: 14%

Source: Greater Worcester Regional Youth Health Survey (RYHS), 2015
Violence and Dating Violence

- Carried a weapon on school property: 3% (Greater Worcester), 3% (Massachusetts), 4% (United States)
- Injured in a physical fight: 3% (Greater Worcester), 2% (Massachusetts), 3% (United States)
- Experienced physical dating violence: 10% (Greater Worcester), 7% (Massachusetts), 10% (United States)
- Experienced sexual dating violence: 11% (Greater Worcester), 8% (Massachusetts), 11% (United States)

Source: Greater Worcester Regional Youth Health Survey (RYHS), 2015
Public High School 4-Year Graduation Rate

Worcester Public High Schools’ 4-year Graduation Rate was slightly below the state’s average for 2017

Worcester’s Public High Schools’ 4-Year Graduation Rate has been improving annually

Source: Massachusetts Department of Elementary and Secondary Education
YouthGROW
Worcester Regional Environmental Council

Grace Sliwoski
Director of Programs, Worcester REC
YouthGROW Program Model

- Urban agriculture youth employment program (all youth are paid hourly during summer months with limited year round employment opportunities)
- Two farm campuses in low income neighborhoods
- Year Round Programming
- 34 teenagers
- PLUS Curriculum
Program Objectives

• Youth take on leadership roles in our community
• Youth are prepared with the tools they need to be successful in life
• Community members are aware of environmental injustices in Worcester and understand the importance of local food
• Youth become advocates for urban food access and environmental justice issues in Worcester and beyond
Public Health Impact

• Diet and Physical Activity- Increased access to healthy foods and knowledge of food resources, basic nutrition and food preparation skills, physical exercise through gardening, stress reduction

• Violence Prevention- Community Gardens and Employment as interventions

• Studies show reduction in vandalism, gun assaults in areas surrounding community gardens

• Farm Campuses intentionally located in high gang activity neighborhoods
HOPE Coalition, reducing youth violence and substance abuse and promoting positive mental health and youth voice in Worcester.

Laurie Ross
Associate Professor of Community Development, Clark University
HOPE Coalition:
Youth-Adult Partnership for Policy and Systems Change
Worcester Youth’s Perceptions of Mental Health

- “It means you are insane, psychotic.”
- “If you have a messed up home, and a messed up teacher, you’ll have a messed up head”
- “You go to an office with bad music, old magazines and have to wait in the room with an old, white unfriendly lady knowing someone is going to get into your business”
Youth: Stress, Depression as Key Issues
Existing mental health services do not meet youth’s needs

Adults: Waitlists, transportation, insurance, lack of crisis intervention, issues with referrals, under-resourced prevention services
The Setting

Partners:
- Boys and Girls Club
- Friendly House
- Girls Inc
- Worcester Youth Center
- YouthConnect
- YOU, Inc.

Funders:
- FCHP
- Greater Worcester Community Foundation
- United Way of Central MA
- UMass Memorial Health Care
Individual and Organizational Changes

- Increases access.
- Builds capacity.
- Reduces stigma.
- Prevents problems.
- Saves money.
- Healthier communities.
YouthConnect, a seamless, inclusive youth-serving consortium, modeled on best practices and built on a framework that delivers positive outcomes for health, education, and family stability.

Judi Kirk, Director of Community Impact
YouthConnect and Boys & Girls Clubs of Worcester
**Goal:** Provide high quality neighborhood-based recreational, educational and cultural activities to isolated and underserved Worcester youth aged 5-24 with focus on the middle school years. Establish a seamless, inclusive youth-serving system; a consortium modeled on best practices and built on a framework that delivers positive outcomes for health, education, and family stability.

**Common Outcomes for Youth**
- Education
- Health
- Family Stability

**Common Outcomes for the Consortium**
- Substance Use: Social Norms Campaigns to delay first use of substances, communication skills, risk avoidance.
- Racism & Discrimination: All programs to meet Health Equity Compliance, undoing racism training for coalition staff and volunteers.
- Mental Health: Staff trained in Youth Mental Health First Aid, embedded Mental Health supports throughout Consortium, LGBTQ supports and counseling services, reduction of stigma associated with access to mental health services.
- Physical Activity: Healthier youth through increased levels of physical activity, leadership development and team building, advocacy and youth voice as part of policy & systems change.
- Access to Healthy Food: Healthier youth through healthier eating habits, advocacy and youth voice as part of policy & systems change.
- Access to Care through Supporting Partners: Homeless youth supports, primary care and health and wellness referrals, sex education, pregnancy prevention, school-based clinic.
- Cultural Responsiveness: Staff Dev activities to support culturally appropriate services, engagement of youth identified during summer outreach.
Common Outcomes for Youth

**Education:**
Increase the High School Graduation Rate for at-risk youth through on time grade progression.

**Health:**
Reduce the childhood obesity rate by increasing the number of children and families accessing opportunities for
1) year round physical activity and
2) increased consumption of fruits and vegetables.

**Family Stability:**
Reduce the child poverty rate through prevention programs and stability supports for youth in low income neighborhoods and subsidized housing resulting in a better prepared workforce.

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Common Outcomes for the Consortium

- Year-Round youth development access for at risk youth.
- Identify and share common definitions, indicators and assessment tools to drive decision making and efficiency.
- Youth move freely between partners.
- Develop a collective web presence.
- Convene leaders to develop youth friendly transportation.
- Collaborate for funding and resource development.
- Engage supporting partners to fill gaps.
- Trust, learn from, share with and support each other.
Indicators:

**Education: Graduation Rates**
- 44% thru college visits
- 52% through informal staff contact
- 68% through leadership and service learning programs
- 79% through participation in High Yield Learning activities, homework help, study groups and STEM/STEAM programming
- 100% through formal mentor matches

**Health: Obesity Rates**
- 36% increased participation in physical activity weekly
- 4% increased their consumption of healthy fruits and vegetables

**Family Stability: Reduce the childhood poverty rate**
- 61 young adults accessed HiSET/ABE/ESOL programming with 3% of participants successfully completing programs.
- Formed partnership with Worcester Youth Work Alliance for Youth Worker Development
- Partnered with Youth Worker Training Institute to provide Certification opportunities for Youth Workers.
Youth Development Theory
Self-Expectation: An indicator of Resilience.

(Healthy Youth Development Self Expectation Survey Results)

**Education:**
Boys show a 14% improvement over the program year in their Self Expectation. Girls consistently reported higher self-expectation than boys on both pre and post surveys.

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<thead>
<tr>
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<th>Pre Test</th>
<th>Post Test</th>
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<tbody>
<tr>
<td>Girls:</td>
<td>81%</td>
<td>86%</td>
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<tr>
<td>Boys:</td>
<td>69%</td>
<td>83%</td>
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**Peer Adult Relationships:**
Girls report higher positive self-expectation than boys on all questions for both the pre and post surveys. Interestingly, boys reported self-expectation is lowest related to their ability to get along with people that are different and their ability to stand up for themselves under negative peer pressure.

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<th>Post Test</th>
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<tbody>
<tr>
<td>Girls:</td>
<td>71%</td>
<td>77%</td>
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<tr>
<td>Boys:</td>
<td>63%</td>
<td>69%</td>
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Youth Development Theory

Self-Expectation: An indicator of Resilience.
(Healthy Youth Development Self Expectation Survey Results)

**Interests:**
Girls again report higher levels of varied interests than boys on all questions except those related to video games. Boys do once again show the most positive change from the beginning to the end of the program.

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<th>Post Test</th>
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<tbody>
<tr>
<td>Girls:</td>
<td>71%</td>
<td>72%</td>
</tr>
<tr>
<td>Boys:</td>
<td>61%</td>
<td>72%</td>
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**Self Esteem:**
Consistently, girls again report higher self-expectation than boys for this series of questions both pre and post. It is worth noting however, related to “expectations to lead”, boys report higher than girls on the post test.

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<th>Post Test</th>
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<tr>
<td>Girls:</td>
<td>68%</td>
<td>75%</td>
</tr>
<tr>
<td>Boys:</td>
<td>54%</td>
<td>68%</td>
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Funder Perspective:
United Way of Central Massachusetts

Heather Mangione, Community Relationship Manager
United Way of Central Mass
It Takes a Village

DISCUSSION

and

QUESTIONS
It Takes a Village: Presenter Contacts

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