

Ensuring Healthy Development:

A Proposal for Young Americans

By Houkje Ross

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“When it comes to adolescent health we need to start emphasizing the positive,” said Gordon Raley, executive director of the National Assembly of Health and Human Services Organizations. “In the past there has been too much emphasis placed on the negative. We tell them they need to stop smoking, stop drinking, and stop dropping out of school,” he said. Instead, we should be talking about what we need to give them for positive health and well-being, said Raley.

Younger Americans Act

Raley is part of a coalition of more than 40 youth organizations, including General Colin Powell’s America’s Promise organization, that is supporting the National Collaboration for Youth’s (NCY) proposal for a Younger Americans Act (YAA). In September 2000, Senator James Jeffords (R-VT), Chairman of the Health, Education, Labor and Pensions Committee, introduced the Act to Congress, along with Senator Edward Kennedy (D-MA).

YAA would authorize funds to local communities to ensure that youth have access to five resources for positive youth development that the President’s Summit for America’s Future and other experts say adolescents need for healthy development. These qualities include: ongoing relationships with caring adults; safe places with structured activities during non-school hours; marketable skills and competencies through education and youth development and opportunities for community service and civic participation. The President’s Summit for America’s Future was held in Philadelphia in 1997 with the goal of increasing civic participation and to help solve the common problems that community’s face. Particular emphasis was placed on the issues and problems facing youth.

Modeled after the Older Americans Act, YAA would provide incentives for communities to plan, implement, and be accountable for strategies that link existing community-based organizations, businesses, and other segments of the community in ensuring that youth have access to the things they need for healthy development.

Many Health Problems are Preventable

With its emphasis on linking communities, resources, and institutions together, the YAA could be a powerful factor in improving adolescent health. Most teen health issues are social and behavioral in nature—and stronger communities could promote healthy activities while curbing many negative health behaviors teens are now engaging in.

The Centers for Disease Control and Prevention noted that six categories of behavior are responsible for 70 percent of adolescent mortality and morbidity. These are: unintentional and intentional injuries, drug and alcohol abuse, sexually transmitted diseases and unintended pregnancies, diseases associated with tobacco use, illnesses due to inad-

equated physical activity, and health problems due to inadequate dietary patterns.

Minority adolescents, many of whom live in or near poverty, are at a further disadvantage for good health when compared to their white counterparts due to a variety of factors. “We know that poor environments, where parents don’t have access to medical care, good pre-schools, and neighbors that can monitor a child’s behavior, can negatively impact a child’s health and well-being,” said Jacqueline Eccles, PhD, from the Institute for Social Research at the University of Michigan. According to the Society of Adolescent Medicine, a lack of health care early on can have life-long effects because part of being a teen means forming attitudes and behaviors.

Many low-income minority children and adolescents face a disproportionate array of problems. For example, American Indian/Alaska Native adolescents continue to struggle with high rates of substance abuse, according to the National Institutes of Health. Homicide rates for African American teenagers ages 10 to 14 are three to four times greater than for whites. Older Hispanic and African American teens have much higher rates of HIV/AIDS compared to other groups.

Following the Lead

The YAA program could be a healthy push in the right direction. But getting local communities to work with federal and state governments, schools and health clinics, and other institutions may take a while. The idea has been around for a number of years.

“There are lots of programs—ranging from prevention programs, YMCAs, or Boys and Girls Clubs—that have a positive influence on the health and well-being of teens,” said Dr. Eccles. For example, a program for AI/AN youth that is run through the Anchorage Boys and Girls club is helping to curb adolescent substance abuse by teaching the life skills and strategies to stay healthy. Other programs, like the Across Ages program in Philadelphia, involve Hispanic, Asian, and African American youth in community service and elder mentoring activities. The program aims to improve social competence.

“To provide some continuity in a youth’s life, these programs need to coordinate and work together,” said Dr. Eccles. For example, if a community program is teaching youth about science or health, it should be coordinating with the local school system. “But our communities and our institutions are not designed to work that way,” said Dr. Eccles. We don’t yet know how to effectively design and plan schools and other programs that can work together,” she added.

Researchers are just beginning understand and explore adolescent behavior—especially risk related behaviors—in terms of communities, not just families. “Although we don’t yet know the specifics, certain factors can play a role in ensuring a positive development of teens,” said Reed Larson, PhD, a human development professor at the University of Illinois. Like Gordon Raley,

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Dr. Larson also addresses the need to emphasize the positive when it come to youth: “Programs that try to fix problems are less effective than those that address the entire youth and stress involvement, positive motivation, and goal setting,” noted Dr. Larson.

In January of 2001, the National Academy of Science’s (NAS) Committee on Community-Level Programs for Youth will introduce a report that will discuss what is known about adolescent well being, factors/influences (including individual, familial, and neighborhood) that promote adolescent well-being, and how community-level programs can support adolescent health, development, and well-being.

For more information about the upcoming NAS report, contact Michele Kipke at: mkipke@nas.edu. For more information on the progress of the Younger Americans Act, contact Gordon Raley, National Collaboration for Youth, 202-347-2080. ❖

