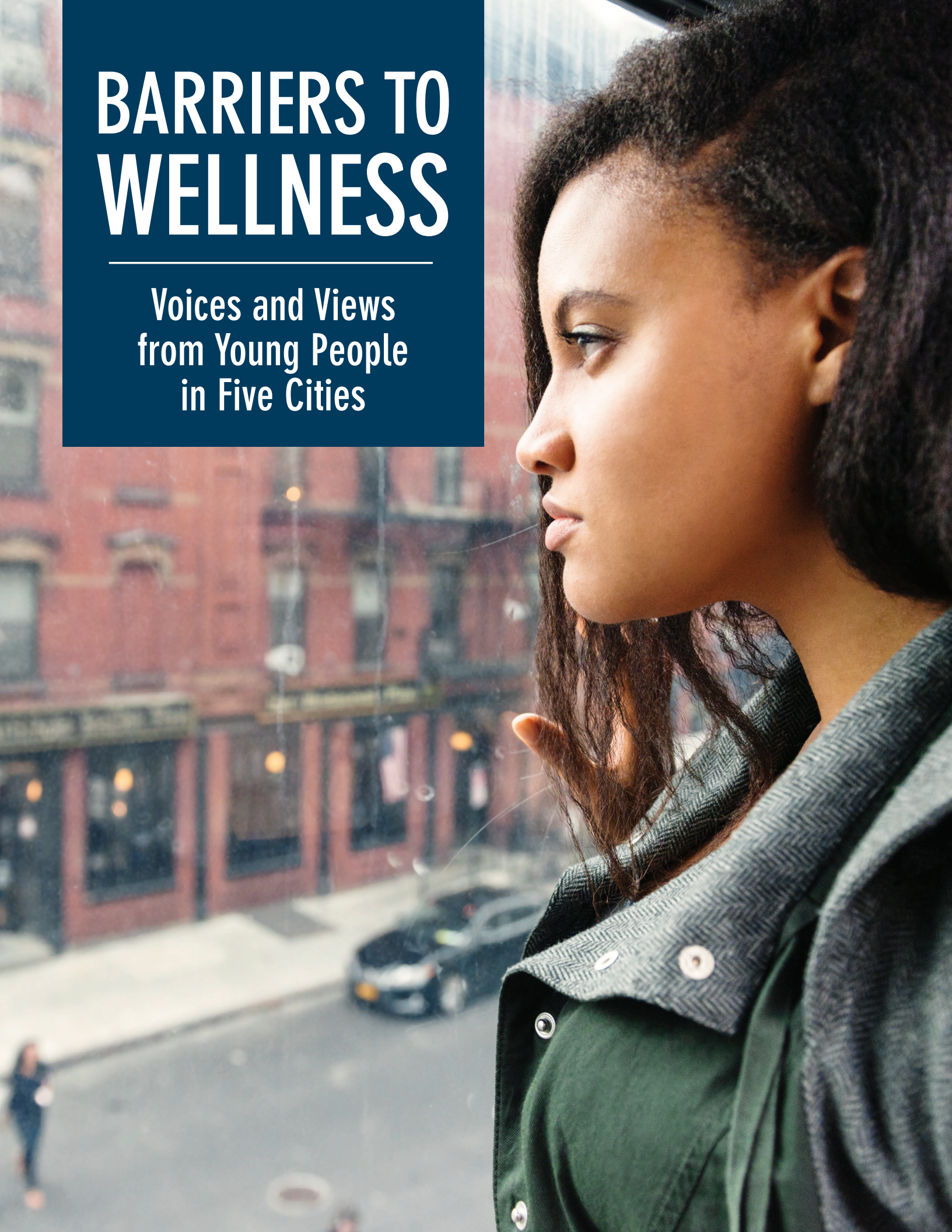# BARRIERS TO WELLNESS

Voices and Views from Young People in Five Cities

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OVERVIEW

Young people of color and young people growing up in low-income communities are at high risk for experiencing poor health. In part, this is because they have inequitable access to the supports, opportunities, and experiences that science affirms are essential for children's well-being. Wellness initiatives—holistic approaches to overall physical and psychological health—offer promising prevention-focused health strategies. Wellness approaches are less common, however, in communities of color. At the same time, youth of color are the fastest-growing segment of the child population in the U.S.

Young people will be healthier if they are involved in decisions that affect their quality of life.

Therefore, identifying promising practices to improve the health and well-being of young people of color and young people in low-income communities is critical to the vitality of our nation. To align policies and practices with young people's lived experiences, decision-makers need to hear from young people themselves. Yet engaging young people in health-related research, policy, or recommended practices is an approach that has not been widely used or studied in the public health field.

To better understand the obstacles to well-being experienced by young people of color in low-income urban communities, the Center for Promise (CfP) implemented a youth-led health and wellness assessment in five cities. This report summarizes findings from the youth-led assessment, bringing young people's voices and views into the discussion about what affects their health and wellness.

With guidance from university-based researchers and support from adult coordinators in each city, teams of young people decided how to approach the assessment. While the assessment methods varied from surveys and interviews to "photovoice" (using photography to observe, document, and discuss the features of a community), common themes emerged across the five cities. In short, the six major findings from the youth-led assessment are:

Finding 1. Young people are under stress.

Finding 2. Young people feel unsafe.

Finding 3. Young people mistrust and fear police, leading to anxiety and avoidance of public places.

Finding 4. Young people observe and suffer from a lack of access to community resources.

Finding 5. Young people cite stereotyping and racial bias as reasons they feel unsafe and unwelcome.

Finding 6. Young people are engaging in risky behavior to cope with stress.

Each of these findings is discussed further below, and in more detail in the full report on the study.

INTRODUCTION

Parents and other caregivers want their children to grow up to be healthy, caring, hard-working adults; they want their children to be "well."[1] Unfortunately, these basic aspirations are threatened when children are not exposed to the supports, opportunities, and experiences that science tells us are essential to their well-being. Young people need safe places to learn and play, developmentally appropriate access to health resources, enriching learning environments, caring adults who can serve as guides, and opportunities to be actively engaged in the development of their own well-being and the well-being of their communities.[2] Youth in low-income communities and youth of color have fewer opportunities for and less access to these supports. As a result, their well-being is jeopardized.[3]

Youth in low-income communities and youth of color are at heightened risk of poor health, both during early childhood and across the lifespan, for a variety of reasons. These include pervasive stress and trauma; lack of access to resources such as high-quality nutrition, medical care, child care, stable housing, parks and play spaces, and public schools; and the legacy of racial discrimination and discriminatory public policies that strip resources from communities of color.[4] Health inequity has an immense social and economic impact not only on individual lives, but also on the life of a community, the health care system and the larger society.[5]

This report examines health and wellness through the eyes of young people of color in five urban communities.

People of color comprise the majority population in about half of the 100 largest cities in the U.S.,[6] and are estimated to represent the numerical majority of the population by mid-century.[7] Identifying promising practices to improve the health and well-being of youth of color and low-income youth is therefore critical to the vitality of our nation and will remain so well into the future.

Despite their heightened risk profile and their growing numbers, young people of color and young people growing up in low-income communities are rarely consulted by policymakers and community leaders as stakeholders when decisions are made that affect their health and well-being. As a result, adults make decisions based on their own perceptions of what needs to be done. This approach misses opportunities to create pathways to improved health that are aligned with the lived experiences of young people. Thus, the authors of this report argue that young people will be healthier if they are involved in decisions that affect their quality of life.[8]

Young people conducted health assessments in five U.S. cities: Boston, Chicago, Denver, Philadelphia, and St. Paul.

Youth participation in community research partnerships is an emerging field. To our knowledge, this is the first youth-led assessment conducted simultaneously in multiple U.S. cities. This youth-led health assessment was designed to tap into young people's perspectives by engaging them not only as partners, but as leaders in community health research and assessment.

To conduct the pilot program, the university-based research team partnered with youth development organizations and grassroots organizers to engage young people in the design and implementation of youth health assessments in five U.S. cities (Boston, Chicago, Denver, Philadelphia, and St. Paul) between May and September 2016. See the full report for a description of the partner sites and how they were chosen.

Young people identified and prioritized health areas and threats in their communities and led the assessment design and implementation. Adult program staff at each site supported the young people with protocol development and implementation as well as data analysis. Across the five cities, young people identified similar health threats (see Findings). Youth participants found value in the process, reporting that they enjoyed developing research skills and gaining new perspectives on their communities.

RELATED LITERATURE AND OTHER BACKGROUND INFORMATION

Two major bodies of literature—the health and well-being of communities of color and community partnership research—informed our research. The full report, available at www.americaspromise.org/BarrierstoWellness, provides brief background on each of these areas. To summarize, over the past decade there has been a marked shift in the health field from a focus on the individual to an expanded view that recognizes environmental contributions to health and well-being. Notably, efforts to promote health and health equity now frequently emphasize the importance of the social determinants of health (SDOH).

SDOH are contextual factors that influence individual health and well-being, such as education, economic stability, social and work environments, and racism. Because these factors vary across communities, there has been an increased recognition of the value of community engagement—including the participation of youth—in health and development initiatives. Youth participation is new in the context of health research, but it has been employed in other fields such as education, youth development, and social work.

The full report also presents a detailed description of the youth-led health assessment training, implementation procedures, and outcomes, followed by the research methods and findings. The report culminates with a discussion of lessons learned during the implementation process and recommendations for engaging youth in future health research and action. The university-based research team's goal in carrying out this project is to encourage future efforts to develop programs and policies that are responsive to the priorities, values, and life circumstances of young people.

HOW THE YOUTH-LED ASSESSMENTS WERE DESIGNED AND IMPLEMENTED

Of the five sites, four conducted surveys in person (allowing for both closed and open-ended responses), two implemented "photovoice" protocols, and one carried out a mixed-methods protocol that included photovoice, key informant interviews, and observations. Methods specific to each site, as well as the topics young people chose to explore, can be seen in the table below.

Photovoice is a form of visual ethnography employed by community action and health promotion researchers to catalyze community change. Participants use photography to record and reflect of their concerns and strengths, they then through critical dialogue move from observation and understanding to community action.

Youth Researcher Demographics, Topics, and Methods by City

CITY	YOUTH DEMOGRAPHICS	TOPICS EXPLORED		ASSESSMENT METHODS
Boston	Black/African American (n=4) Multiracial (n=1) Hispanic/Latino (n=2) Mean age (18.14 years) Age range (16-21 years) Gender (4 male; 3 female)	• Police interactions • Gentrification • Stress • Violence and safety	• Food environment • Racism/race relations • Sleep • Mental health	Survey administered in person
Chicago	Black/African American (n=8) Mean age (16.13 years) Age range (15-17 years) Gender (2 male; 6 female)	• Police interactions • Violence and safety • Food environment • Racism/race relations	• Safe sex • Drug use • College access	Survey administered in person
Denver	Black/African American (n=6) Multiracial (n=2) Mean age (16.13 years) Age range (13-18 years) Gender (3 male; 5 female)	• Police interactions • Gentrification	• Racism/race relations • Teen pregnancy	Observation Key informant interviews Photovoice
Philadelphia	Black/African American (n=4) Asian Indian (n=2) Mean age (17.33) Age range (17-19 years) Gender (1 male; 5 female)	• Police interactions • Violence and safety • Food environment • Racism/race relations • Drug use	• Teen pregnancy • Stereotypes • Social media • Peer Pressure	Survey administered in person Photovoice
St. Paul	Black/African American (n=5) Multiracial (n=1) Mean age (26.17 years) Age range (23-34 years) Gender (5 male; 1 female)	• Police interactions • Stress • Unemployment	• Mass incarceration • Quality of education	Survey administered in person

FINDINGS FROM YOUTH-LED ASSESSMENTS

Although assessments varied from site to site, there was a great deal of agreement on the threats to health and the assets that promote health. When looking across the data collected in all five cities, six key findings emerged.

Overall, the findings indicate that young people are living with pervasive stress. They are living under siege—over-policed, undervalued, and marginalized. They don't feel safe in their schools or in their communities. Across sites, the relationship between young people and the police was named as a key impediment to youth wellness. Other frequently mentioned barriers were gentrification, inequitable food environments, and racially-motivated stereotypes and biases. Additional factors threatening the health and well-being of young people included drug use, unsafe sex, and social media.

FINDING 1
Young people are under stress.

Young people in all five sites discussed stress as a threat to health. In their own words, stressors include:

> "Employment concerns, race relations with police, money, education."

> "The lack of job opportunities and community resources that promote holistic well-being (aka mind, body and soul), without these vital resources our youth is destitute."

> "Underlying racial tension, police brutality, lack of employment, homelessness in environment, violence."

> "Racial profiling in everyday life. Knowing they [police] have a lack of knowledge."

In Boston and St. Paul, the majority of respondents agreed with the statement: *"Youth (young adults) are living under stress,"* 78 percent and 52 percent respectively.

FINDING 2
Young people feel unsafe.

Feeling unsafe was perceived by young people as a stress-or. In Boston, only 5.7 percent of respondents agreed or strongly agreed with the statement, *"Youth feel safe in the community."* The Chicago youth researchers asked respondents, *"How often do youth feel unsafe?"* and nearly a quarter of respondents (24 percent) said "always" and just under half (47.6 percent) replied "sometimes."

Threats to Health and Well-being
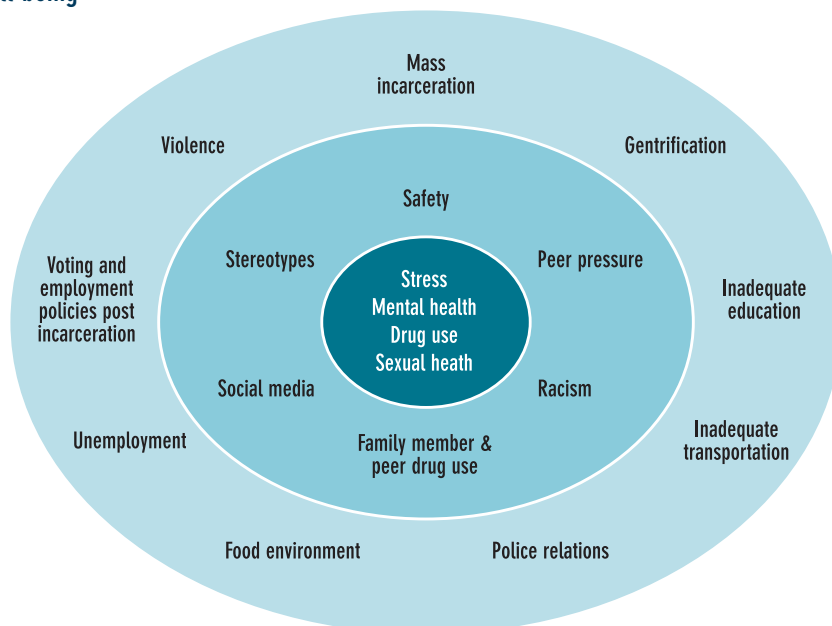
> **"We're afraid to talk about our problems because we either feel like no one's listening, cares, or we don't want to seem inferior… It boils down to the environment, in my opinion. If we don't see more positivity around us, we're likely to behave negatively and, in an already impoverished state of mind, we act based off of survival."**
>
> *Survey respondent, St. Paul*

FINDING 3
Young people mistrust and fear police, leading to anxiety and avoidance of public places.

Across all five cities, policing was widely seen as a source of stress and fear.

Despite feeling unsafe because of community violence, only 20 percent of the 123 young people surveyed in Boston agreed with the statement that, *"Young people in my community go to the police if they need help."* The vast majority did not. This finding was not unique to Boston. In Chicago, where recent violence has been well documented, youth researchers explored interactions between youth and police. The Chicago survey asked, *"How do police impact youth in the community?"* and *"How do police treat youth in the community?"* Responses for both questions were similar. Out of 156 survey responses in Chicago, 76 respondents said police antagonized youth, 41 responses focused on police helping people and upholding the law, and 32 described the police as inattentive to youth. When asked directly how the police treat youth, out of 156 survey responses, 94 said police antagonize youth, 54 said police keep the peace, and 16 said police ignore youth.

When describing the relationship between young people and the police, Chicago survey respondents said things such as:

> "The police are a scary figure to most youth. They are seen to be avoided at all cost."

"With an increase in police brutality reports, I think it causes youth to distrust police and look at police as enemies. It promotes an 'us and them' mentality."

"Not all police treat you the same. Some mess with you for no reason at all. Others just pass by."

During Philadelphia's data analysis session, young people shared stories about being "policed." They described situations after school when groups of youth of color downtown were made to "move along" and recounted not being let off the train at certain stops when there were "too many of them."

Chicago Youth Survey Responses Regarding Police Relations

- ■ Not paying attention to youth
- ■ Upholding the law
- ■ Antagonizing youth
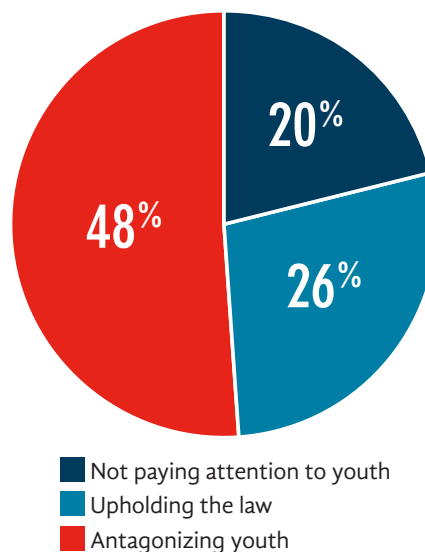
FINDING 4
Young people observe and suffer from a lack of access to community resources.

Young people identified the food environment, gentrification, and unemployment as features of their living environments that threaten health and well-being.

The Chicago team, for example, found that 63 percent of respondents said young people have access to healthy, affordable food. However, when the team asked specifically about snacks, the vast majority of respondents (75 percent) reported that young people purchase their snacks at gas stations and corner stores. When Boston's youth researchers inquired about where young people get their food, the most commonly cited response was fast-food outlets.

Access to healthy food may be impeded by stereotypes of young people as menacing or likely to steal. During the protocol development phase, Chicago youth described being followed by store owners. They explained that after school, young people had to wait in line to enter stores and that they shopped under heavy surveillance, with only a few of them able to enter the store at a time.

Gentrification emerged as a threat to health in four of the five communities. However, only the Denver and Boston teams specifically explored gentrification in their assessments. The Denver team captured the impact of gentrification on health and well-being using photovoice, interviews, and observation. Images from the Denver team depict new construction and contrast newly revitalized areas with older sections of the community. Youth reflections on their images tell a story about the creation of a new and enriched community for higher-income white people, at the expense of current lower-income people of color. Their reflections on newly developed areas describe feelings of marginalization, for example,

> "I am the only Black person here; I am uncomfortable; people are looking at me."

Youth describe gentrification as worsening already poor relations with local police and impacting their outdoor activity. Youth report that as areas gentrify, cameras are installed in downtown areas. They note that places where youth once congregated are now off-limits, because their presence is not welcomed by newcomers. To avoid interactions with the police and surveillance, young people say they are more likely to stay inside and spend time in people's homes as opposed to walking around and spending time downtown.

FINDING 5
Young people cite stereotyping and racial bias as reasons they feel unsafe and unwelcome.

Stereotypes and racial profiling, along with racism, were described as stressors and seen as threats to the health and well-being of young people. The Boston team examined the level of agreement with the statement, *"Young people in my community are discriminated against because of their race."* Nearly 70 percent of respondents agreed or strongly agreed with this statement. Similarly, 63 percent of Chicago respondents agreed with the statement that

people are judged based on their skin color.

The Philadelphia team explored factors that influence stereotypes and found that race was the most cited factor, followed by social class and appearance. Blacks were identified by respondents as the group most commonly stereotyped. The youth researchers in Philadelphia also used photovoice to explore stereotypes. Reflecting on the images they had captured, youth researchers discussed stereotypes associated with race, gender, style of dress, and hair. They then discussed how young people internalize negative stereotypes and the impact of that internalization on their confidence, esteem, and mental well-being.

> " Kids can't freely walk or play in the community without being worried about getting beat up or shot and killed."
>
> *Survey respondent, Chicago*

FINDING 6
Young people engage in risky behaviors to cope with stress.

Youth identified drug use, sexual health practices, and social media as threats to health. The teams in Chicago and Philadelphia both explored drug use and sexual health.

Just under 60 percent of Philadelphia respondents (59.6 percent) agreed that drug and alcohol use is an issue among high school students. The most common reasons cited to explain why youth use drugs were stress relief, peer pressure, or to fit in. In Philadelphia and Chicago, the plurality of respondents (61 percent and 64 percent, respectively) agreed with the statement, *"Young people or high school students are impacted by family members who use drugs."*

Both the Chicago and Philadelphia teams asked respondents, *"Are you having safe sex?"* The vast majority of respondents in both cities (72.5 percent) said no. In Chicago the most common reason cited for not having safe sex was not being taught about safe sex, followed by it feels better, and ignorance. The Chicago and Philadelphia teams asked people where youth get information about safe sex. Responses included school, helpful adults, social media, and clinics.

RECOMMENDATIONS

The study's findings send a clear message that including young people's voices in decisions related to health and wellness changes the conversation. When we listen to what young people in the five urban communities say about striving for wellness against the odds that adversity creates, we hear that feeling safe and welcome in their own communities is an essential precursor to improving health. Therefore, we recommend that a variety of community decision-makers consider taking these steps.

• Funders of health-related efforts, including public health 'practitioners, should consider a holistic wellness approach to investing in urban communities and communities of color and seek youth input to inform it.

• Urban planners, developers, and housing advocates should engage community residents including youth to conduct a neighborhood health assessment, identifying assets and challenges in the community in order to avoid the unintentional loss of social, cultural and recreational spaces.

• Youth-serving organizations, educators, and local political officials should be equipped with the appropriate training to create safe spaces for racial healing, particularly for youth of color who have experienced traumatic events with community violence and police brutality.

• Public safety officials and mayors should invest resources to engage key stakeholders in the public safety and juvenile justice system and youth of color in safe and structured dialogues to rebuild trust and improve police-community relations.

• All adults involved with the justice system—police officers, juvenile court judges, parole officers, and caseworkers—should look for opportunities for positive interactions with young people, seek to examine their own biases about individual youth and groups of youth, and watch out for negative behavior among their peers.

• Cities, counties, and states should create pipeline programs to increase racial, cultural, gender, and age diversity in municipal and state leadership.

• State and local decision-making bodies—e.g., citizen advisory boards, school boards, state boards of education, local boards of health, city and county councils – should include one or more positions for young people to serve as full voting members.

FOR FURTHER RESEARCH

This youth-led health assessment was designed to tap into young people's perspectives by engaging them not only as partners, but as leaders in community health research and assessment. Our findings suggest that additional research that engages a community's youth as leaders could offer multiple benefits: new insights into the health and well-being of young people of color residing in urban areas, a broader understanding of young people's wellness, more effective youth-centered policies and practices, and more efficient spending of limited health promotion resources.

Through our research, we gained knowledge that may be helpful in the design of future studies. For example, the program timeline and part-time nature of the program restricted the amount of data the young people were able to collect. Surveys conducted by the young people involved a "convenience" sample; that is, the participants were not randomly selected. In addition, youth in each site developed their protocols independent of one another. These features of the methodology mean that the results cannot be generalized beyond the sites in which the studies were conducted. It is noteworthy, therefore, that similar themes emerged across sites. The youth researchers' findings open important lines of inquiry in each community, as well as nationally.

We found young people exiting the program felt empowered and confident in their ability to engage as leaders in community research. The fieldwork enhanced their connection to the community and provided them with a new perspective through which to process their lived experience. Moreover, in the context of analysis, the youth picked up on nuances in the data that might otherwise have been missed by adults. Listening to young people (the "end-users" of our work) provides critical insights into how best to support them.

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