



Health for Boys and Young Men of Color

January 2012

Summary of Roundtable Discussion

In the United States there are pronounced disparities in health by race, ethnicity, class, and gender for a wide range of outcomes, and research suggests that young males of color are particularly at risk. A full understanding of health by race and gender requires attention to the social conditions in which health is embedded. There is wide variation in the physical and social conditions experienced by children and adolescents in the United States, and these conditions vary dramatically by race, ethnicity and gender. As such, this roundtable discussed aspects of the physical and social environment that influence the health of young males to understand and address the magnitude of the health disparities they face by race and ethnicity.

This roundtable looked at the data on the health of adolescent (ages 11-19) young males of color, and discussed how these health outcomes are shaped by disadvantaged contexts and unequal opportunities. The participants noted how a variety of social factors—including early life conditions, education and employment opportunities, neighborhood conditions, the criminal justice system, the educational system, health care, and experiences of discrimination and chronic trauma— affect the health of young males of color and the disparities that are observed. Given this, the participants adopted to use the term “health” globally to capture indicators of emotional, physical and mental health status as well as indicators of high-risk behavior.

The participants subsequently delved into the growing body of research on promising strategies to reduce health disparities and to promote the emotional, physical and mental health among young males of color in middle school and high school in the United States. Consequently, this led to the roundtable to consider two types of policy approaches--(1) targeted efforts designed to improve specific health outcomes or behaviors; and, (2) broader approaches designed to address social conditions that impact multiple health outcomes. The participants throughout the discussion emphasized the need for any health focused strategies to be able to be implemented by schools, community-based organizations, private-public partnerships, and government.

Policies and Practices Impacting this Population

The health of young adolescent males of color in the United States is embedded within social and environmental contexts that shape their health and well-being throughout their lives. To effectively address their health disparities and promote opportunities for healthy development, this roundtable concluded that policy must prioritize comprehensive strategies to improve the physical, social, educational, and economic conditions in the neighborhoods where these children live (that is, place-based, policy -focused strategies that connect up to state and federal policy).

Education Policies

Education policies have significant impact on health outcomes for all students, and disproportionate impact for boys and young men of color.

- Suspension/expulsion policies at the LEA level push youth out of school. This is often a contributing factor to negative behavior that leads to violence. Alternative approaches to school discipline that keep young men in school will help to reduce youth violence, as well as improve academic outcomes.
- Often, school or academic goals are seen as competing with mental health goals outcomes. Training school staff and mental health staff on the intersection of these goals, and encouraging collaboration can lead to improved outcomes in both spheres.
- There is generally insufficient funding in schools to implement health related services or interventions. High poverty schools, in particular, need additional resources to address the myriad health issues that students face. There needs to be greater analysis of the allocation of resources to these schools, and if schools are actually reaching the most students in most need.
- Connectedness to school and education is a health issue. In the long-term, connectedness to school leads to better life outcomes that are directly correlated to better health outcomes. School climate and the learning conditions impact connectedness and play a role in resiliency. Further exploration is needed about the nexus between health and education.

Anti-Immigration Legislation

Anti-immigration legislation is driving many youth out of social service programs because of ineligibility or fear due to their immigration status. This impacts health both in the short-term and long-term. Young men are not receiving health services currently, nor are they receiving education and employment/training services that will improve their life outcomes as young adults.

Youth Violence and Trauma

When internal and external resources are inadequate to cope with external threat, the experience is one of trauma. A primary trait of trauma is the associated powerlessness that a person experiences. Trauma has sometimes been defined in reference to circumstances that are outside normal human experience. This definition does not hold true with young males of color and their families. For this population and for others, trauma can occur often and become part of their common human experience. Besides violence, assault, and other traumatic events, here are more subtle and insidious forms of trauma—such as discrimination, racism, oppression, and poverty—are pervasive. When experienced chronically—and often by multiple generations—these events and conditions have a cumulative impact that can be fundamentally life-altering. Such traumas are directly related to chronic fear and anxiety, with serious long-term effects on health and other life outcomes.

The mental health service arena is still suffering the effects of fiscal cuts made during the 1980s. This has been compounded in recent years by the current fiscal crisis and deep budget cuts to health and human services

departments at the state and local levels. Much of the effect is being felt on the ground level, with fewer providers being mandated to do more with less.

Privatization and Public Funding Cuts

The increasing trend toward privatization of public resources has significant impact on community access to services. The past 5 years of recession have created significant budget deficits for state and local governments, and widespread layoffs across the county. As a consequent, the public sector is once again being pushed to look at privatization in the belief that this will create short-term cost savings. Coupled with this, many policymakers' efforts to balance past public budgets have resulted in substantial cuts to funding for public services. In particular, a number of these reductions have targeted programs that cities and counties operate on the state's behalf and that provide critical services to low-income children and families, and children and families of color.

Many states have not – by and large – directly eliminated services or tightened eligibility requirements in these programs. Instead, the states have left cities and counties in a bind, in essence asking them to do more with less, or have left the task to private entities through contracting for services. This failure to provide funding for increases in local basic operating costs – such as gasoline, rent, and employees' health coverage – has added up to a funding shortfall that now exceeds billions of dollars per year when forgone federal funds are taken into account. In addition, governments have used privatization to reduce the amount of revenue spent on services in effect resulting in services cuts. Because state populations and the cost of delivering services continue to rise, these cuts contribute to a funding squeeze on programs operated by city and/or counties. In some cases, local governments have used local dollars to help make up for a portion of state funding cuts. However, local governments' ability to maintain this funding is eroding as local revenues, particularly property tax and sales tax collections stagnate due to the turmoil in the housing market and the economic downturn.

The consequences of the funding squeeze are largely hidden from view, particularly in the context of state budget debates, but it is clear that this funding squeeze has a direct impact on the ability of many of the promising strategies for young males of color to come to scale.

Health Access

While the United States is faced with the implementation of the Affordable Care Act and the prospect of for some significant improvements in the nation's health care system, we know that even well-planned and adequately financed structural reforms will only go part of the distance toward addressing the longstanding health problems of many communities of color face. Communities of color disproportionately lack access to health services due to lack of insurance coverage or even lack of access to services which do not require such coverage. This is particularly intense for boys and young men of color.

Although the passage of the Affordable Care Act (ACA) presents a unique unprecedented opportunity to increase access to health services for boys and young men of color, there remain several challenges to its benefit accruing to young males of color. Barriers still exist to utilizing ACA's benefits in areas such as disproportionate representation in the juvenile justice and foster care systems that hit these boys and young men especially hard with disruptions in coverage. In addition, despite a growing national consciousness about addressing health care disparities and issues concerning cultural competence, state-level progress on the most important leading health indicators has been elusive for young males of color.

And while the past struggles of community health and political leaders achieved a “seat at the banquet table” for communities of color through the establishment of private practices, community clinics and whose missions focused on these communities. These cornerstone health care institutions are now confronting a new demographic reality along with an ongoing restructuring of health care financing in an era of reduced state funding and an ever more competitive managed care environment.

Potential Solutions

Strategies to improve the health of young men and boys of color must confront the underlying causes of health inequalities, which will require attention to topics that fall outside of what is conventionally considered to be the health sector (e.g., schools, neighborhoods, etc.). There is ample evidence that social and economic policies can be designed to improve the health and life chances of young males of color in the United States. The participants focused their attention here on the challenging task of focusing on those evidence-based strategies that will (a) maintain fidelity to the evidence-based programs; (b) reach the communities and families that will benefit the most; and, (c) be taken to scale with the proper public investment. The participants also concluded that there is also an immediate need for rigorous evaluations of several of the initiatives presented.

Education

Ensure that student interventions created by schools to address academic success pay sufficient attention to health risks that impact academic achievement. For example, early warning system policy is currently being implemented in some communities and being proposed in federal legislation. These systems are designed to identify middle school students who are at high risk for high school dropout. The risks associated with high school dropout include chronic absenteeism and behavioral issues, both of which are related to health. The interventions need to appropriately address the health risks associated with high school dropout.

- Reduce the use of harsh and extreme school policies and practices that disproportionately “push out” boys and young men of color and expand the use of common sense school discipline models that increase the participation and efficacy of boys and young men of color in California’s public schools. (Denver, CO; Florida; Chicago, IL; Baltimore, MD; Los Angeles, CA)

- Expand the number of public schools that adopt “full service” school models that engage community and other important partners in providing children and youth with the supports needed for healthy and social development in high-need neighborhoods. (Beacons Schools - Youth Development Institute-New York City, New York; Children's Aid Society Community Schools-New York City, New York; Communities In Schools, Inc.-Alexandria, Virginia; Center for Mental Health in Schools: An Enabling Component to Address Barriers to Learning- Los Angeles, California; Oakland Unified School District Thriving Students-Oakland, CA; University Assisted Community Schools-Philadelphia, Pennsylvania; Schools of the 21st Century- New Haven, Connecticut)
- Accelerate the adoption of school reforms, curriculum, and collaboration/partnerships that have demonstrated success improving academic achievement, graduation, college attendance, and workforce training among males of color. Such reforms should account for the urgent need to ensure the social science curriculum from pre-school to university; and, includes the content, pedagogy, and leadership/service experience that are required to ensure the healthy development of young men of color into responsible and contributing members of their families, communities, and the greater society. (Baltimore County, MD; Newark, NJ; Fort Bend, TX; Montgomery County, MD)

Youth Violence and Trauma

To address the realities of chronic trauma experienced by boys and young men of color, particularly adolescent boys of color, community institutions beginning with health providers need to incorporate this experience into their approach to these young males. Because trauma is an overarching issue though, it is difficult to assess just one place where it lies in the policy arena. The research suggests specific solutions that address the issue of chronic trauma could be considered solidly in the context of behavioral and mental health, child welfare, and juvenile justice.

- Practices of restorative justice as a policy point of intervention in schools and community serving organization rather than just in the criminal justice systems (West Philadelphia, PA; Santa Fe County, New Mexico; Oakland, California).
- Build on violence prevention efforts where parks and recreation systems and youth development approaches are utilized.
- Support and expand community-based efforts that are consistent with a trauma-informed approach (The Sanctuary Institute at the Andrus Children's Center -Yonkers, NY; Caught in the Crossfire, a program of Youth Alive! – Oakland and Los Angeles, CA; “Healing Hurt People” Program-Philadelphia, PA; National Latino Fatherhood and Family Institute – Hacienda Heights, CA; California Youth Outreach – San Jose, Fresno, Oakland, Salinas, Santa Rosa; Wraparound Project at San Francisco General Hospital-San Francisco, CA; CeaseFire-Chicago, IL; Out of the Crossfire, Inc.-Cincinnati, OH; Project Ujima-Milwaukee, WI; Violence Intervention Advocacy Project-Boston, Springfield, Brockton, Lawrence, Worcester, MA; Violence Intervention Project-Baltimore, MD)

- Strengthen healthy relationships and family ties during and after incarceration i.e. community justice for youth and the importance of kinship networks.
- Strengthen and expand community-school prevention efforts and ensure schools and neighborhoods are safe and free from violence.
- Lead to the adoption of an equity-based school finance approach in which allocation of state and federal funds accounts for the scale and diversity of needs boys and young men of color encounter as they move through our public school system. This restructuring of school finance policies would need to account for the actual cost of preparing students for college and careers in high-need neighborhoods and would be reflected in basic state reimbursement rates and in allocation of competitive grant programs.

Health Access

- Create coordinated care networks that integrate health care providers (hospitals, clinics, school-based health centers) to comprehensive care networks through for instance, expanding number of school-based health centers linked to an integrated delivery network; improving the primary health care workforce development system and expanding capacity for these providers to address communities' health needs; and establish integrated health care services for juvenile offenders that maximize the use of community clinics, county behavioral health departments and county probation agencies and existing funding streams.
- Prototype delivery system reforms targeted to boys and men of color in the public safety net system to model for the private sector; and identifying and creating financial incentives to emphasize prevention within the health systems as well as inclusion of community health approaches aimed at primary prevention.
- Support outreach, enrollment, retention and utilization efforts targeting low-income and low-wealth communities that focus on improving the policies, practices and systems that manage enrollment in and utilization of health and other resources (e.g., simplifying the processes, utilizing technology to improve public access, etc); developing efforts to ensure seamless health coverage that responds to changing life circumstances and transitions; and implementing targeted, large scale education campaigns on coverage options.
- Prototype community-based efforts consistent with a trauma-informed approach that create trauma-informed care in community health centers and medical centers that serve the community; and support trauma-informed prevention activities that understand the influence of race and gender in health seeking behavior.

Community Access and Place-Based Approaches

- Explore the positive outcomes of communities using a place-based approach where public funding across systems is used to achieve a set of community-wide outcomes. Communities of color need strategies to reach a community vision for a healthy community that is inclusive of the many systems serving boys and young men. This approach creates community accountability. There should also be a network across communities of color to share strategies and ideas. Finally, community-based organizations need capacity building assistance.
- Communities of color need infrastructure resources and policies to support the development and sustaining of parks and green spaces to support positive physical development and combat obesity for boys and young men. Many communities of color lack sufficient safe outdoor space for young people, and in periods of economic downturn, upkeep of these spaces is often reduced or neglected altogether.

Youth Development and Empowerment

- Develop policies to operationalize relationship building with young people as a key component to increasing health outcomes. The “caring adult” or “child advocate” approach is proven to have positive impact on outcomes. This approach should be strengthened.
- Develop programmatic practices that emphasize empowering youth to be responsible for their own health. For example, health literacy work that focuses on areas such as eating habits, sexual health, and decreasing morbidity.

Quantifying the Effects of these Policies and Practices

The roundtable participants universally believed that while a range of entities collect data on the impact of policies and programs on young males of color, the data does not flow among these entities in a cohesive or standardized way. Entities within the health care system, education system, justice system and human services system both face challenges and systemic biases when collecting race, ethnicity, gender and language data from patients, enrollees, members, and respondents. Explicitly expressing the rationale for the data collection and training staff, organizational leadership, and the public to appreciate the need to use valid collection mechanisms may improve the situation. Nevertheless, some entities face information technology (IT) constraints and internal resistance to collecting and analyzing data in a way that would help with the quantification of the impact of the policy approaches mentioned by the roundtable participants. Indirect estimation techniques, when used with an understanding of the probabilistic nature of the data, can be one way to supplement direct data collection efforts.

- Data on health practices and outcomes exists, but the analysis is often limited. It can be difficult to find data disaggregated by age, gender, and race or ethnicity to accurately describe health issues facing boys and young men of color. There is also limited data available on LGBTQ youth and immigrant or undocumented youth due, in part, to low self-identification of youth in these categories.

- Local data matters greatly, particularly to provide a greater level of detail about neighborhood health issues, to identify gaps in service, and if existing efforts are working well. Participatory research is a valuable means of gathering local data on boys and young men of color. It facilitates asking the right questions in the appropriate manner to solicit the level of responses needed to create real change.
- Data on the solutions is also very important. There is too much emphasis on researching health problems. Data on promising solutions and effective strategies for boys and young men of color tells the story of what we are trying to achieve and drives innovation in other places. There should be a deeper dive into researching evidence based practices. One important caveat, however, is acknowledgement of the tension between evidence-based practices and a rights-based approach. Finally, there needs to be space to effectively counter practices that may have positive evidence-based results but are not culturally appropriate interventions for this population.
- The impact of stress for boys and young men of color ought to be examined and taken into consideration. Poverty, environmental stress, physical and mental health are all interrelated.
- Data on cost of interventions versus public savings is often effective in messaging about the need to do more or invest in health strategies for a community.
- Important to consider qualitative data – and consider trust building issues analysis.
- Getting data out reveals other issues (i.e. housing), political will (i.e. layout public health implications) and economic predictors' impact.
- There must be an urban/rural balance in resource allocation and you cannot accomplish this without data.

Opportunities to Frame Health Discussion

Examples of framing that has been used, or could be effectively used in the future, include:

- The importance of a “medical home”
- Cost of interventions versus public savings
- Place Matters – elevating gender, race and socio-economic status in the context of a community
- “How do you help boys of color to thrive?”
- The impacts of poverty/economic insecurity on health
- Connect violence reduction and jobs to broader issues of health

Creating Political Will to Make Change

- Need to change perceptions and include voices of African American, Latino, and Asian Males with a focus on their assets; and including data points on consequences.
- Whose public will? How do we educate our communities? And tap into existing networks at the grassroots level? Engage young people directly? And mobilize?
- expand the “table” (tax reform expertise / advocates look at access issues i/e/ cash only families
- More connections are needed with universities trusted institutions

Who Else Is Engaged In This Work Nationally And Locally?

- Look at Open Society Foundation/City of New York/Bloomberg Foundation Collaboration; 100% Graduation Campaign in Alameda County, CA; African American Men and Boys Initiative in Pittsburgh, PA; Second Chance Project in Los Angeles, CA; College Bound Brotherhood in San Francisco Bay Area, CA; Chicago 2025 Campaign
- Boys & Men of Color tables in Oakland, South Central LA, Fresno, Chicago, New York City, Philadelphia, Ohio, Newark

Participants

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