



INVESTING IN BOYS AND YOUNG MEN OF COLOR: THE PROMISE AND OPPORTUNITY

Community factors and family circumstances are critical to young people’s adolescent development and growth into successful adults. Poverty, crime, or violence in a community and instability in a family’s financial resources, housing, food, or caregiving significantly affect a young person’s emotional and social well-being, as well as physical and psychological health. Boys and young men of color experience these issues at a far greater frequency than other demographic groups. With fewer family resources to fall back upon, young men of color need investment and support from the community to improve their odds of succeeding in adulthood.

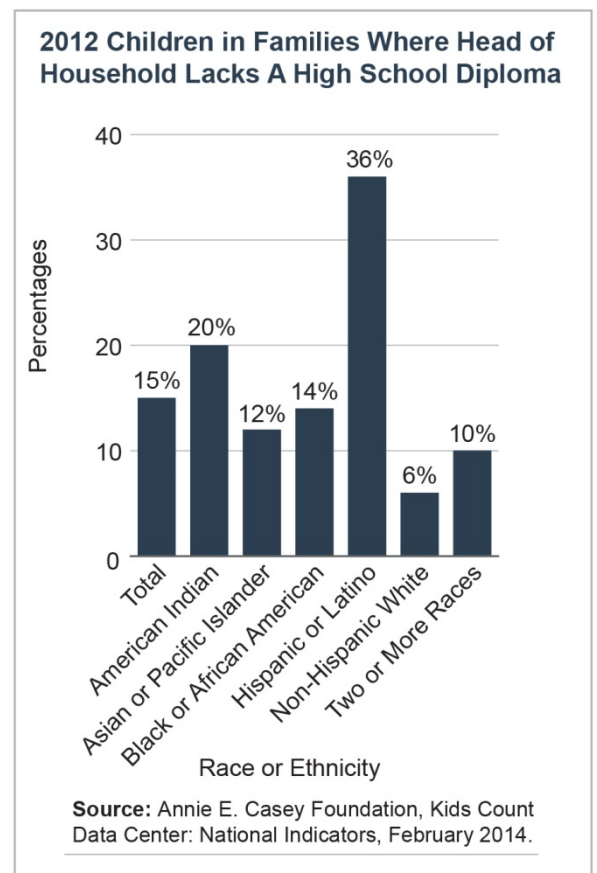
Distressed Families and Communities

Parental education, household income, and family instability are highly correlated. Youth who grow up in homes where the main breadwinner lacks a high school education are more likely to be poor. Furthermore, they are *less* likely to have the support and guidance they need to graduate, pursue higher education, find meaningful work, and contribute to their communities.ⁱ

Nationally, 15 percent of children and youth live in families where the parents did not graduate from high school. Thirty-six percent of Latino children and youth live in families where the head of household does not hold a high school diploma—more than double the national average and six times the rate for white children. Similarly, Native American children are three times more likely than Whites to live in families where the head of household does not hold a high school diploma, while Asian/Pacific Islander and African American children are twice as likely (see Figure 1). The data demonstrates the critical need for solutions that help both vulnerable parents *and* their children. These are often referred to as two-generation solutions—programs and policies can be focused on the whole family, the parent and/or the child.ⁱⁱ

Parents without a high school education are often financially unstable; this makes it difficult to maintain housing, as well as meet food and basic needs, and adds stressors that impact effective parenting. As the number of families in poverty in a community grows, the opportunity to be successful dwindles for youth. The effects of concentrated poverty become apparent when neighborhood poverty rates rise above 20 percent. In this brief, concentrated poverty is defined as neighborhoods with poverty rates of 30 percent or more and is based on the 2011 federal poverty threshold (22,811 per year for a family of two adults and two children).ⁱⁱⁱ

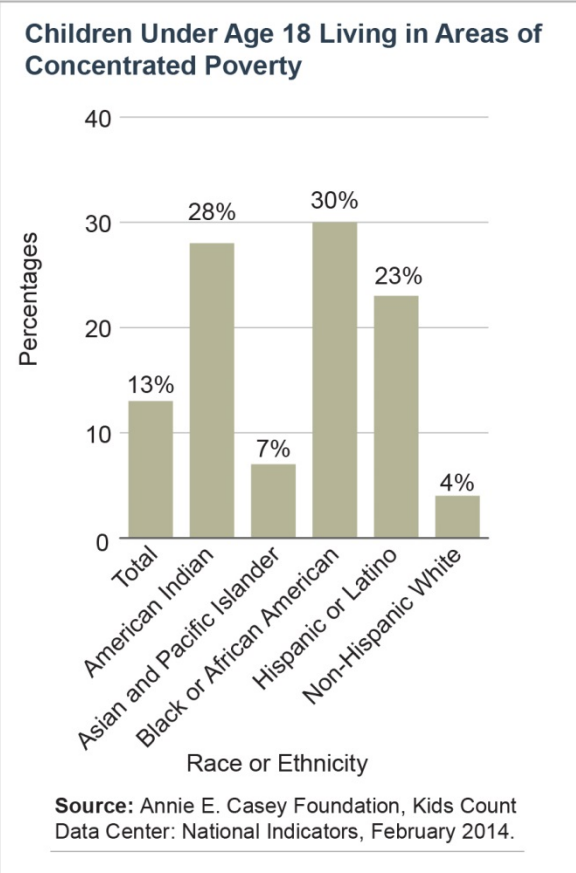
Figure 1.





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Figure 2.



Over a four-year period (between 2008 and 2012), 13 percent of all children and youth under age 18 lived in neighborhoods where 30 percent or more of their neighbors were poor. Thirty percent of Black children and 28 percent of Native American children lived in concentrated poverty (See Figure 2). Incidents of crime and violence are far more prevalent in communities with concentrated poverty. Consequently, children of color are more likely to be exposed to crime and violence than their White peers.

Reducing the number of young men who experience violence in their communities—as victims, perpetrators and bystanders—is critical to improving their health and environment.^{iv} These symptoms impact behavioral and emotional development, as well as academic performance. Formative experiences during early childhood and adolescence have a lasting impact on health and well-being. Healthy development during these stages provides the building blocks for achievement in school, work, and life, while exposure to toxic stress—from extreme poverty, neglect, abuse, or witnessing violence—can interrupt normal brain development with long-term consequences for learning, behavior, and physical and mental health.

Southeast Asian American Young Men’s Collaborative

Young men in three California communities are working to improve the lives of Southeast Asian families by developing the goals, strategies, and skills to affect policy change. Through national trainings, participants in the Southeast Asian American Young Men’s Collaborative learn how to impact law and policy using the art of storytelling. Then they return to their cities, towns, and states to advocate for fairer policies, including safety-net programs for immigrants and low-income families, culturally specific health services, entrepreneurship opportunities for immigrants and refugees, and comprehensive immigration reform. The Southeast Asian American Young Men’s Collaborative focuses its agenda on three main objectives: improving educational outcomes of young men; stopping the deportation of refugees (particularly Cambodian men); and ending the school-to-prison pipeline where infractions in school are creating pathways to jail and prison for students. The young men in the Collaborative have made impressive gains by catalyzing changes to law enforcement practices and policies across the state.

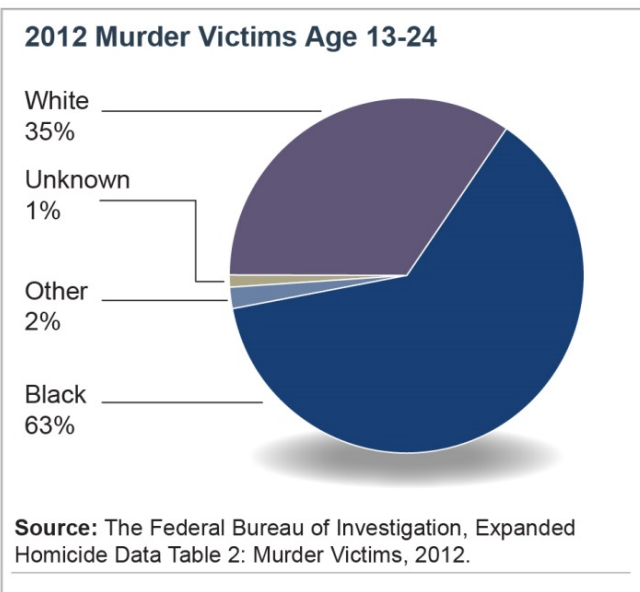
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For example, between 30 and 40 percent of youth exposed to community violence develop posttraumatic stress symptoms, such as re-experience (nightmares, intrusive thoughts, and flashbacks); avoidance of traumatic triggers and emotional numbing (constriction of affect); and physiological hyper arousal (hyper vigilance, insomnia, and behavioral problems)^v. Emerging research in California indicates that youth of color populations disproportionately experience adverse childhood events that negatively affect their developing systems and have lifelong repercussions. California's Native Americans reported the highest number of adverse events in childhood, with 29 percent reporting four or more, while seven percent of Asian/Pacific Islanders reported four or more. The average for White Californians was 1.6 adverse events, compared to 1.7 for Hispanics, 1.8 for Blacks, and 2.6 for Native Americans.^{vi}

Figure 3.



Young men of color suffer murder at disproportionate rates; in addition to the tragic loss of life, this traumatic event has significant repercussions for their surviving friends, families, and communities. Among 10- to 24-year-olds, homicide is the leading cause of death for African Americans; the second leading cause of death for American Indians and Alaska Natives. In 2012, 63 percent of murder victims ages 13 to 24 were African American, with the majority being male (Figure 3). Most of these victims were killed by firearms. The number of African American males who are gunshot survivors and must deal with the posttraumatic stressors from those incidents is 24 times the number who pass away.^{vii}

K.L.E.O. Community Family Life Center

K.L.E.O.'s in-school counseling program engages approximately 200 high school youth in Chicago's Englewood Community. It provides mentoring and advocacy services to reduce the likelihood of aggressive behavior or criminal activity and to lessen the frequency of truancies, suspensions, and expulsions. A related program also seeks to improve the students' academic performance and increase their involvement in extracurricular activities. Young adults (from the same neighborhoods and backgrounds as participants) serve as youth advisors, working to prevent violence, resolve conflicts, and motivate students to responsible behavior and academic achievement. Youth advisors/counselors act as hall and cafeteria monitors, mentors, counselors, and role models, and establish trusting relationships with the students. They meet with groups of high-risk students at lunch or during the school day to solve problems, provide safe passage to students before and after school, and closely coordinate with school administration, teachers, counselors and safety staff. KLEO also offers after-school, weekend, and summer programs, creating 24-7 relationships with young people.

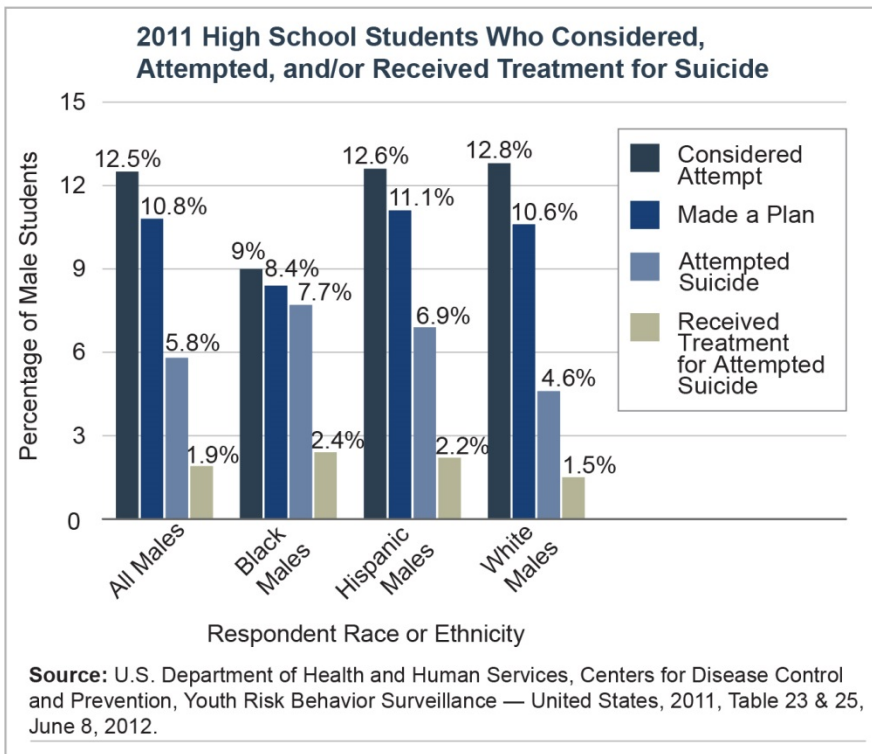
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Suicide in Communities of Color

Figure 4.



The prevalence of suicide attempts (an expression of extreme emotional distress) is one illustration of the toll community distress takes on vulnerable youth’s physical and mental health. A national survey examining emotional distress showed that White males are the most likely to consider suicide. However, Black (7.75 percent) and Hispanic (6.9 percent) students led among males in reporting actual suicide attempts and receiving treatment for injuries sustained during an attempt (2.45 and 2.2 percent respectively).

Sexual Behaviors

Sexual behavior that places young men of color at elevated risk of early parenthood and disease exposure is just one example of physical health disparities resulting from community distress. In terms of potential health risks from sexual behavior, young men of color report elevated rates of sexual activity and minimal exposure to information about how to protect themselves from disease and pregnancy. Black males reported the highest rates of current sexual activity at 46 percent, while Hispanic males (35.3 percent) were slightly above the male average (33 percent). Yet fewer than half of African American or Hispanic men told researchers that they received instruction on birth control methods before first intercourse.^{viii} Despite high school students who reported being sexually active in 2011 (about 34 percent) having limited access to formal information, about 6 in 10 Hispanic males reported using condoms at last intercourse, while more than 3 in 4 Black males did so. Hispanic males also reported the lowest incidence (13.3 percent) of using birth control pills or another form of prescription birth control with their partners before last intercourse (Figures 5 and 6).

In a survey conducted by the Center for Native American Youth, young people cited suicide prevention as a top priority to be addressed in their community. Native teens experience the highest rate of suicide of any population group in the United States. It is the second leading cause of death—and 2.5 times the national rate—for American Indian and Alaskan Native youth in the 15-24 age group.



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Figure 5.

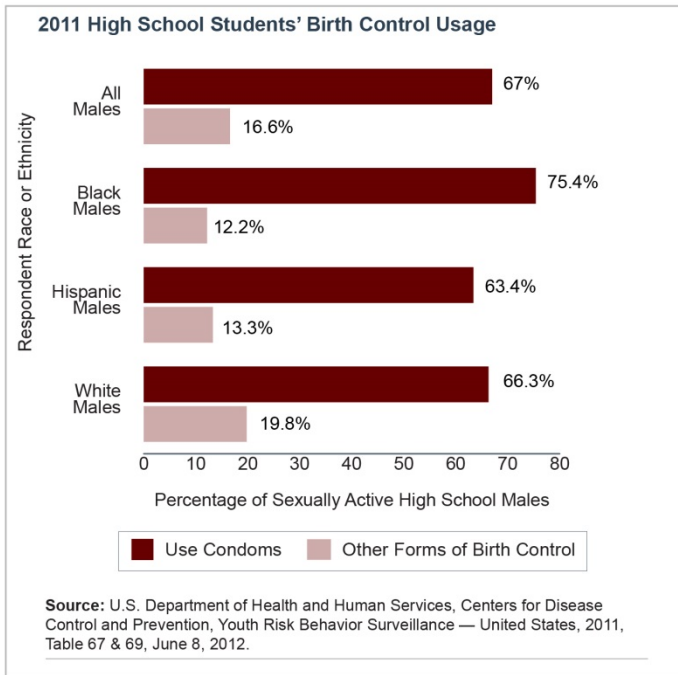
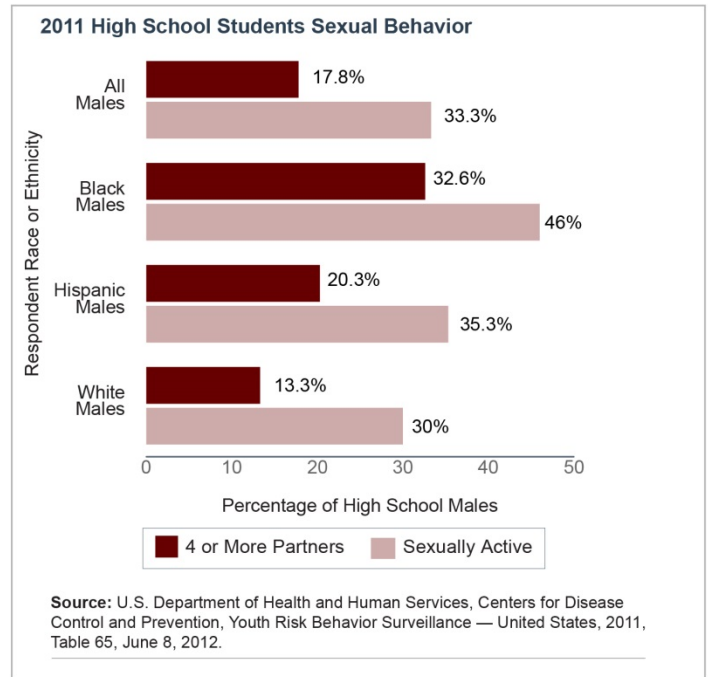


Figure 6.

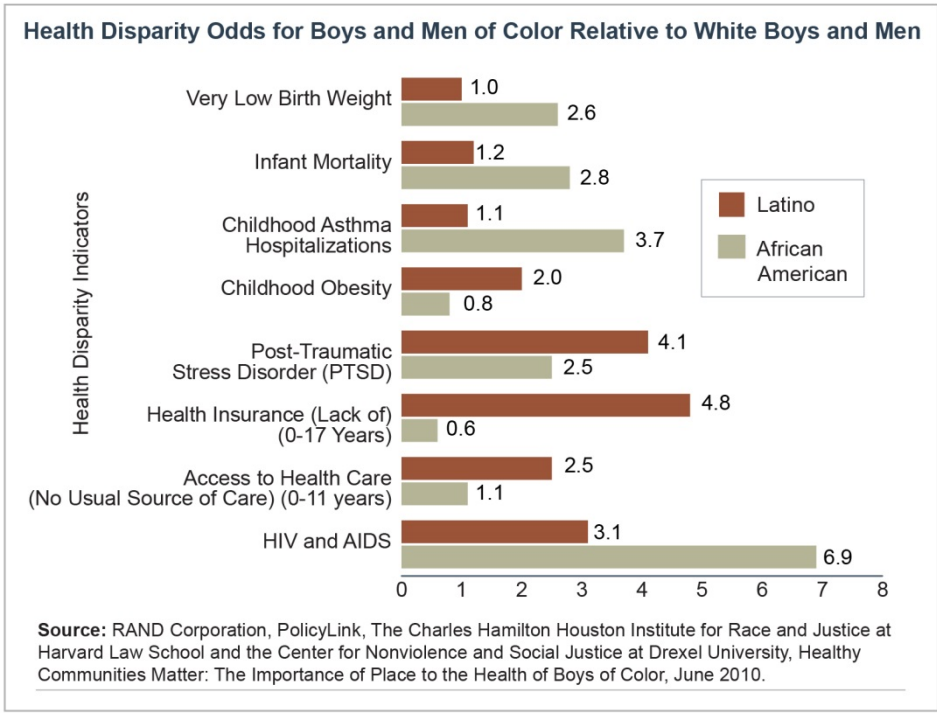


Nearly 1 in 3 black high school males reported more than four partners in their lifetime, in contrast to 1 in 5 Hispanic males; both exceeded the male average (17.8 percent). With more partners comes increased risk of early parenthood and exposure to sexually transmitted infections. In 2011, African American males age 15 to 19 had a syphilis rate 11 times the rate of Whites and 5 times the rate of Hispanics, a gonorrhea rate 30 times higher than the rate of White men, and a chlamydia rate 11 times that of Whites. Black males were also more likely than White males to have a history of sexually transmitted infections.^{ix} In 2012, the rate of new HIV infections per 100,000 for Black men (103.6) was the highest of any group—more than twice that of Latino men (45.5), who experienced the second highest rate. A study in 20 major U.S. cities found that 30 percent of Black gay and bisexual men were infected with HIV, compared to 15 percent of Latino and 14 percent of White gay and bisexual men. Perhaps most concerning is that many of these men did not know they were infected.^x



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Figure 7.



Research on young men of color also shows a convergence of physical risk factors that impact academic achievement and employability throughout their lifespan. African American infant boys are 2.6 times more likely to be born with extremely low birth weight, predisposing them to high blood pressure, diabetes, and heart disease later in life. Black boys were nearly 4 times more likely to be hospitalized for asthma, and Latino males under 17 were nearly 5 times more likely to lack a regular source of health care^{xi} (Figure 7). Studies of men over 18 showed elevated rates of diabetes and cardiovascular disease among American Indian men (particularly those who smoked frequently) and Black men (particularly those who were obese).^{xii}

East Bay Asian Youth Center

Focusing on Southeast Asian young men who have experienced trauma, the Center works to support their social and emotional development through intensive outreach to high-risk juvenile offenders and their parents/caregivers. The Center also provides comprehensive case management support to each youth, connects routinely with teachers and administrators to monitor academic progress, works with probation officers to promote compliance with probation conditions, and offers therapeutic activity groups to engage youth in addressing the impact of trauma on their lives. Participants gain new skills and interests through therapeutic activities such as video production and take on additional responsibilities mentoring other youth. A 2011-2012 study found that the program prevented recidivism among 94 percent of participants.

For more information, please visit <http://www.ebayc.org>.



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Interventions Addressing Community Barriers to Success

The wide range of potential threats to a young man's physical and mental well-being must be addressed comprehensively using a number of different strategies. Although many communities face similar challenges nurturing their young men of color, frequency and degree may differ between them. Allowing communities to conduct a needs and strengths assessment to determine how best to serve their vulnerable youth can increase the odds of an intervention's success. For instance, giving concentrated-poverty communities the flexibility to adjust eligibility and income criteria to serve more high-needs youth and extend services until age 24 can help ensure positive long-term outcomes for young men of color and their neighborhoods. Communities that are structured for the success of vulnerable youth engage a wide range of stakeholders, look to meet their needs holistically, and adapt successful practices to the specific context of neighborhoods nurturing young men of color.

Utilize culture as a means of bolstering health

Research shows that instilling a strong sense of pride in community, heritage, and culture or ethnicity can help young men of color avoid negative health outcomes and inoculate them against the negative effects of many environmental factors. Attention to culture and community supports instill pride, increases school persistence, and improve employment outcomes. Learning about culture and heritage with mentors and elders forges strong ties to caring adults and allows young men to access their mentors' wider networks of resources. Moreover, such programs can build cultural capital by increasing young men's confidence, willingness, and ability to seek out and sustain the interventions that can improve their mental and physical health outcomes. In addition to instilling a strong cultural foundation, programs should also incorporate personal and leadership development activities that support civic engagement and community connections. Utilizing peer education and mentorship models can benefit both groups of participating youth. Those receiving critical health messages are more likely to internalize them when they come from trusted messengers, while youth in the mentorship role gain valuable leadership skills and positive self-efficacy that can inoculate them against negative behaviors.

Increase access to school-based health centers

Research suggests school-based health centers may have the greatest impact on health-related quality of life among children of low socioeconomic status who may not receive care elsewhere.^{xiii} A national study showed that 71 percent of students who had access to a health center reported a doctor visit in the past year, compared to 59 percent of those who did not.^{xiv} Unfortunately, while there are about 100,000 public schools in the United States, a 2011-2012 school year survey reported just 1,900 school-based health centers.^{xv} For boys and young men of color, these centers can act as a critical resource for health screenings and education, as well as basic primary and preventive care, and as a gateway to other supports and services. Improving access to quality care is particularly critical for underserved youth who face barriers such as lack of transportation or physician shortages.

Invest in cross-sector youth violence prevention initiatives

Rigorous studies have shown impressive violence reduction and prevention outcomes in programs that require coordination among city, county, state, and federal law enforcement agencies, as well as service providers and city agencies, community and religious leaders, street workers, and researchers. Recognized programs rely heavily on street outreach in high-violence neighborhoods and recruit former offenders to engage youths involved in criminal activities and gangs. Outreach workers mentor and counsel at-risk youths, direct them toward nonviolent alternatives for diffusing conflict, and support their efforts to resist gang involvement. They also help clients access education, jobs, and services, including drug treatment. Local community and religious groups participate by organizing marches, rallies,^{xvi} and prayer vigils to reinforce the community's commitment to nonviolence.



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Embed trauma-informed practices into all youth-serving systems

To improve health outcomes among young men of color, research increasingly shows it is critical to change the philosophy and culture of how our systems provide services to youth experiencing violence and trauma. The most effective communities employ a comprehensive youth service delivery approach. Caring adults—sometimes called case managers, youth advocates, navigators, or simply mentors—are responsible for engaging youth by identifying and meeting their needs in the areas of education, employment, basic skills, and wraparound supports. All adults who interact with them should be sensitized to signs of post-traumatic stress and trained to respond in beneficial, rather than counterproductive, ways. Adolescent young men, in particular, are also more likely to experiment and take risks as part of a normal process of growing up. Community service delivery personnel and health care providers who understand the impact of these experiences will be better able to help young men of color thrive in school and in life. Communities should provide sensitized mentors and other caring adults able to connect diverse populations to systems that are equipped to resolve youth’s mental and physical health issues and meet their related needs. Community-based organizations can also provide platforms for youth to educate their teachers, mentors and healthcare providers—helping them better understand the unique cultural, language, and health issues affecting these groups. Ideally, our workforce, child welfare, justice, education, adult education, and other youth-serving systems should all be trauma-informed and work in concert to prioritize vulnerable youth for service, as well as coordinate support.

Widen access to community institutions providing healthcare

To increase the odds of reaching disconnected youth, health messages and on-ramps to health support pathways should be embedded in community institutions ranging from barber shops to recreation centers. For instance, since nearly half of all school-based health centers are prohibited from providing contraceptive care, young men need access in other settings where they are likely to congregate. Increasing connections and improving access to public benefits such as nutrition support, screenings, and subsidized treatment for disease can also improve young men’s health outcomes.

Support young fathers

Too often, programs for vulnerable youth that address the concerns of parenting teens ignore or discount young fathers’ needs and responsibilities. School and job policies around absences are seldom designed with non-custodial parents in mind. Becoming a father during adolescence makes it more difficult to finish schooling because it increases pressure on a young man work more hours to support his child. However, job opportunities for those who leave school without a diploma or advanced credential are limited to low-wage or high-risk options, placing the entire family at greater risk of distress. Young fathers need supports and flexibility built in to education and employment systems, as well as interventions that address child care, expanded nutrition and diaper needs, and transportation to medical appointments.

Grow the ranks of culturally competent healthcare providers

Cultural competency is crucial to reducing disparities in the delivery of physical and mental health services. Services that are respectful of and responsive to the beliefs, practices, and cultural and linguistic needs of diverse communities are essential for positive outcomes. Sensitivity to diversity of gender identity and sexual orientation is increasingly important as well. Communities and their education and health care systems must be able to address the needs of their diverse populations without cultural differences hindering the delivery of services. Lack of cultural competency is often characterized in two ways: a lack of diversity among educators and health professionals; and a lack of consistent behaviors, attitudes, and policies that enable individuals to effectively work in the cross-cultural situations commonly encountered in these fields. In the short term, it is critical to equip all health providers and those who interact with young men of color with the skills to meet their mental and physical health needs most effectively. A longer-term solution involves strengthening the pipeline into health and science careers so that today’s youth of color can become tomorrow’s culturally competent providers of mental and physical health care.



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Engage entire families

Among low-income parents from high-poverty communities, unmet mental health needs stemming from trauma, stress, and exposure to violence are a key barrier to school and work success and can affect their parenting. This is particularly an issue for people of color, who are far more likely to live in communities of concentrated poverty where violence and trauma are prevalent. Hence, it's important to engage entire families and build parental capacity to nurture and assist young men of color, so that students are supported at home, at school, and during community activities.

Reduce mental health stigma

Research has shown stigma to be a barrier to seeking mental health services, particularly for young men of color. By increasing public awareness and employing peer educators and older male mentors to convey the importance of mental health, we can help prevent the mental health challenges that contribute to negative outcomes.



Note: The terms “African American” and “Black” are used interchangeably throughout this document as well as the terms “Native American” and “American Indian.” The terms “Hispanic” and “Latino” are used interchangeably by the U.S. Census Bureau and throughout this document to refer to persons of Mexican, Puerto Rican, Cuban, Central and South American, Dominican, Spanish, and other Hispanic descent; they may be of any race. This brief includes the most recent available data. In some instances, data was not available for all race or ethnic groups.



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Endnotes

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