



NASTAD™

NATIONAL ALLIANCE OF STATE
& TERRITORIAL AIDS DIRECTORS

YOUTH

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Youth Development Approach: Turning Crisis Into Opportunity

INTRODUCTION

In February 2009, the National Alliance of State and Territorial Directors (NASTAD) launched a youth-focused issue brief series, beginning with *[HIV/AIDS: Crisis among Young Black and Latino Gay Men and Other Men Who Have Sex with Men \(MSM\)](#)*, designed to explore the complexity of needs, challenges and social conditions that heighten risk of HIV infection and other negative health outcomes among these populations. The issue brief offered health departments and their community partners a range of guiding principles, effective strategies and best practices for engaging youth, as well as provided a compendium of evidence-based behavioral interventions designed for implementation at both the individual and community levels. Strategy elements closely aligned with programs that are successful in working with special populations were also identified.

This second issue brief focused on youth explores the application of youth development principles as part of an overall public health strategy in which youth play a meaningful role in determining what health department efforts could best help improve sexual health outcomes for adolescents. As in the initial issue brief, we provide a listing of the core elements or characteristics of programs that have been proven, in the literature, to be both effective and efficacious when incorporating key youth development principles. First, however, it is useful to

understand the theoretical concepts of adolescent development and maturation on which many youth-centered approaches are based and how they can successfully be applied or adapted as core aspects of any prevention strategy in which youth have a substantial stake. Within this discussion, thoughtful consideration must be given to acknowledging the political challenges embedded in our view of adolescent sexual health and how recognizing youth as partners in prevention requires a fundamental shift in our view of their potential role in public health.

CURRENT CHALLENGES: THE POLITICS OF MORALITY

For many health departments, reaching young people who are at increased risk for HIV, STD and viral hepatitis infections has become increasingly challenging, particularly for those young people who engage in sexual activities at earlier ages. Additionally, youth living in poor communities and those who have inadequate access to health and education resources face additional challenges that further limit the reach of essential prevention and care and treatment programs. For those living in high-seroprevalent environments, the normal process of sexual curiosity and exploration can lead to unintended consequences that compromise their health and wellness. These issues, among many others, hamper the ability of health departments and their community partners to provide youth

with services that meet their diverse and dynamic needs.

The question must be asked, why, after nearly 30 years in the fight against HIV/AIDS, are persons under the age of 30 facing such great risks, particularly men who have sex with men and other MSM—a group comprising more than half of all new infections?¹ In part, the answer lies in the complex political and moral landscape faced by state and local governments that have to carefully navigate the political landmines and limitations placed on how health and sexuality education is taught. At the same time, attempts to engage youth often fall short of their goal, for the reasons mentioned above, as well as ideological and political constraints that stand in the way of effective collaboration between state departments of health and education around HIV, STD and teen pregnancy prevention programs. In many instances, deficits in prevention funding present significant challenges for many jurisdictions that are increasingly tasked with doing more with fewer resources. Others must rely on funding that promotes abstinence-only-until marriage programs, programs that have been found to be ineffective at reducing the risks associated with sexual activity and that largely ignore the psychological and emotional needs of young gay, lesbian and transgender youth. Some states have been able to overcome these constraints by using creative programmatic and funding measures to address the HIV and STD epidemics among their youth.

It is important to note that this critical view of national, state and local policies toward adolescent sexual health is not intended to demonize the decision-makers, nor overlook the considerable efforts that have been made in the fight against an ever-increasing prevalence of HIV and STD infections among youth. Nevertheless, we must acknowledge and begin to address the devastating impact these policy decisions are having on our nation's most valuable resource and their futures.

The intent of this issue brief is to encourage health departments, service providers and other community partners to re-examine the role young people can play in health care, prevention and education efforts and to examine approaches to working with youth that may serve to increase health departments' capacity to administer effective youth programs and services.

SHIFTING THE PARADIGM: YOUTH DEVELOPMENT AS PREVENTION

Despite the glaring obstacles confronting state departments of health and education, we stand on the precipice of a dramatic turning point in our nation's history. The ushering in of a new president has energized a generation of young people and enhanced their desire to participate in activities that have meaning and offers hope in their lives. This enthusiasm also offers opportunities to work with young people in encouraging legislators and school boards to advance health education policies that are rooted in science rather than ideology. Such efforts empower youth and provide them with the knowledge and resources needed to protect themselves now in order to become healthy adults. In fact, strategies involving meaningful youth participation and engagement offer compelling evidence as to their effectiveness in influencing both individual and community risk and protective factors associated with adolescent sexual health (see Graph 1). One strategy, noted for incorporating strength-based principles into public health practice, is commonly referred to

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as *positive youth development* (PYD), or the *youth development* (YD) *approach*.

Adolescent Development

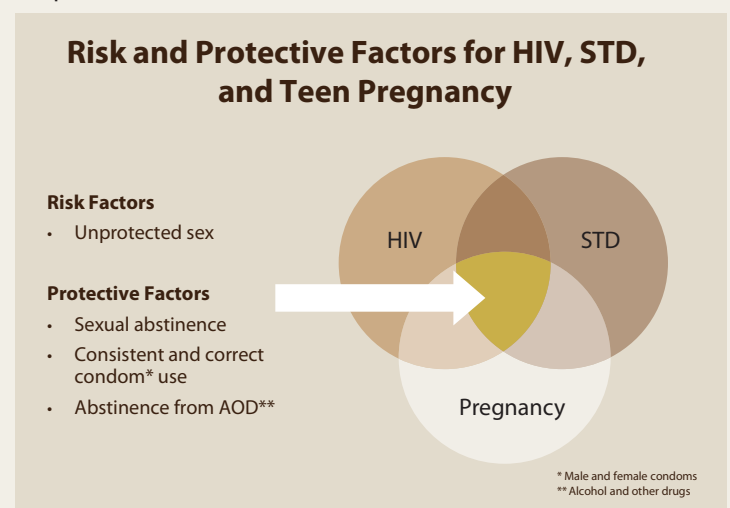
The premise for youth development can be found in developmental psychology, where individual personality unfolds through stages of maturation.³ Healthy psychological, emotional and social development is dependent upon “mastering” developmental challenges unique to each stage. In Erikson’s theory, adolescence is a crucial stage in personality development in which young people begin to explore identity and experiment with roles, attitudes and behaviors, including sexuality. As is the case in all eight stages, Erikson asserts that one must successfully negotiate the physical, cognitive, emotional and social changes in order to resolve the “crisis” of *identity versus potential role confusion* occurring at this stage.⁴ Failing to establish a sense of one’s identity during this period could impede healthy development in later stages of adulthood.

With regard to sexuality, Chapman and Werner-Wilson suggest that developing and maintaining a balanced perspective of adolescent sexuality is essential and requires: 1) “an acceptance that the emergence of sexual behavior in adolescence is normal in the

process of young people transitioning into adults, both physically and psychosocially;” and 2) “an understanding of the role adolescent sexuality plays in the creation of sexually healthy and competent adults.”⁵ As we observe sex and intimacy playing increasingly significant roles in young people’s lives, there is an overwhelming tendency in our culture to avoid or suppress conversations about adolescent sexuality. Parents and policy-makers alike seem to struggle reaching any consensus on how and what our nation’s youth learn about sex. However, given the bombardment of sexually explicit media that otherwise influence and shape adolescents’ ideas about sex, avoiding the opportunity to inform and empower young people often raises more questions. For good or ill, answers to these type questions are sought from peers or online.

Chapman and Werner-Wilson state that sexual curiosity and experimentation are key aspects of sexual identity formation

Graph 1: Risk and Protective Factors for Adolescent Sexual Health



and development. Moreover, forming healthy attitudes about sex and sexuality are not only positive developmental outcomes for youth, but are “both critical and necessary to the formation of healthy, intimate relationships as an adult.”⁶ As public health professionals, achieving this end would contribute significantly to attaining our mission in “assuring conditions in which people can be healthy.”⁷

*Positive youth development recognizes that all adolescents have strengths and that both children and youth will develop in positive ways when these strengths are aligned with resources for health development in the various settings in which adolescents live and interact.*²

MOVING FROM DEFICITS TO ASSETS

As a system, public health is “designed to protect, promote and improve health overall [and] is a collective effort to identify and address the unacceptable realities that result in preventable and avoidable [negative] health outcomes.”⁸ However, focusing primarily on disease, Kreipe describes traditional public health measures as being “deficit-based,” with greater emphasis being placed on reducing mortality or morbidity rather than improving health.⁹ He further states that the “failure” of these measures can be attributed to the lack of participation by the intended recipients in the development and implementation of these services. Considering the cost of sustaining HIV, STD and pregnancy prevention programming targeting young people and the soaring infection and pregnancy rates across these epidemics, it is time to explore new

paradigms and the role of public health in order to reach school-aged youth.

For more than a decade, the infusion of youth-centered approaches into a public health framework that takes into account the overall health and well-being of youth has shown to have the greatest success in meeting their unique sociocultural needs and in addressing the complex social conditions that place them at risk. Weissberg, Kumpfer and Seligman found that the most effective prevention programs serving youth were culturally-appropriate and included youth consumers and service providers in program planning, implementation and evaluation.¹⁰ Moreover, they found that prevention programs for youth which promoted individual and skills development for healthy lifestyle attainment were also effective in helping young people learn how to nurture positive interpersonal relationships, manage behaviors, and set personal goals. Prevention programs experiencing the greatest success with achieving these outcomes were based on “sound theories of child and organizational development” and the use of evidence-based approaches in working with youth that positively impacted their attitudes and behaviors.¹¹

Youth Development & Resiliency

Drawing on principles of adolescent development, the youth development approach views young people as “resources to be developed rather than problems to be solved.”¹² Accordingly, *youth development* is “an ecological, asset-based approach that promotes healthy adolescent development by providing supportive environments, challenging yet developmentally appropriate activities and community-based activities.”¹³ It is the process of *appreciative inquiry*, which requires one’s thinking to shift from problem-solving toward asset development. Thus, the youth development approach focuses on an individual’s internal and external qualities or assets, which are viewed as one’s source of strength and talent.

Stated another way, youth development is about strengthening *resiliency*, or a person’s ability to overcome adverse

circumstances. While some proponents of youth development view resiliency as a “pattern of behavior rather than a personal attribute,” most acknowledge that this concept underscores the importance of protective and risk factors.¹⁴ Additionally, both risk and protective factors are determinants of health and are extrinsic (environment), and intrinsic (inherent) to the individual.¹⁵ Risk or protective factors can occur at all levels of society, as well as co-occur in individuals. Lastly, this literature reveals that their effects are not entirely uniform across social groups. At-risk or protective factors for one group may not be the same for another. In the youth development approach, theories of adolescent social and psychological development form the underpinnings that place considerable emphasis upon the socio-emotional needs of young people.

In public health, *risk factors*, such as, poverty and poor nutrition increase the likelihood that one may experience negative health outcomes. Conversely, *protective factors*, e.g., academic achievement and family support, tend to mitigate the likelihood of negative health outcomes by raising the probability of positive outcomes. Bernat and Resnick indicate that the effects of risk factors can be cumulative. That is, the presence of multiple risk factors in a young person’s life can combine to deepen their negative impact on health outcomes. This effect can also be described as *syndemics*, involving the synergistic interaction between co-morbid conditions.¹⁶ In terms of adolescent behavior, this coexistence of negative behaviors can form “an organized constellation of risk behaviors” and is referred to as a *risk behavior syndrome*.¹⁷ These technical terms are constructive in describing the complex challenges health departments face in keeping young people safe while remaining committed to achieving positive health outcomes. Moreover, these terms highlight the importance of thinking critically when considering strategies involving youth participation and/or youth as consumers.

Crafting strategies to engage young people require public health

professionals to acknowledge that a young person's development is shaped within the context of systems interacting in their lives, e.g., family, school and other environmental factors.¹⁸ Often times, program administrators fund activities that were developed based on their ideas of the youth problems rather than fully understanding the circumstances or social conditions in which many youth live. Programs often maintain flawed conventional wisdom that young people change their behaviors in accordance with broad program goals that have little to do with the reality and lives of youth. Therefore, when applying youth development, program developers must give credence to the factors young people themselves have identified as targets for intervention. Valuing youth input and the needs they identify invites program staff to consider the whole person, his/her families and communities, as well as their psychosocial, emotional and cultural development. This provides an opportunity to address real needs rather than having short-term goals solely focused on behavior change. Moreover, when considering developing a youth development program, providing a setting and opportunities where young people can grow emotionally, develop competence and become empowered offers young people more than sexual health education. Reinforcing strengths in youth assists in their developing the motivation and reason for wanting to keep themselves safe and healthy.^{19, 20}

The *Search Institute* has conducted extensive research on adolescent developmental assets and has identified 40 measurable external and internal assets described as the "building blocks of healthy development" for young people (see Table 1). In short, their findings reveal that the greater the number of assets youth experience, the less likely that they will engage in risk-taking behaviors.²¹ Programs demonstrating the greatest promise tend to nurture an individual's strengths and capabilities in context to his/her family, school and community, as well as encourage youth to identify and call upon their assets.

Table 1: Search Institute's 40 Developmental Assets

40 DEVELOPMENTAL ASSETS® FOR ADOLESCENTS (ages 12-18)

Search Institute® has identified the following building blocks of healthy development – known as **Developmental Assets*** - that help young people grow up healthy, caring, and responsible.

EXTERNAL ASSETS

Support

1. **Family support** – Family life provides high levels of love and support.
2. **Positive family communication** – Young person and her or his parent(s) communicate positively, and young person is willing to seek advice and counsel from parents.
3. **Other adult relationships** – Young person receives support from three or more nonparent adults.
4. **Caring neighborhood** – Young person experiences caring neighbors.
5. **Caring school climate** – School provides a caring, encouraging environment.
6. **Parent involvement in schooling** – Parent(s) are actively involved in helping young person succeed in school.

Empowerment

7. **Community values youth** – Young person perceives that adults in the community value youth.
8. **Youth as resources** – Young people are given useful roles in the community.
9. **Service to others** – Young person serves in community one hour or more per week.
10. **Safety** – Young person feels safe at home, school, and in neighborhood.

Boundaries & Expectations

11. **Family boundaries** - family has clear rules and consequences and monitors the young person's whereabouts.
12. **School boundaries** – School provides clear rules and consequences.
13. **Neighborhood boundaries** – Neighbors take responsibility for monitoring young people's behavior.
14. **Adult role models** – Parent(s) and other adults model positive, responsible behavior.
15. **Positive peer influence** – Young person's best friends model responsible behavior.
16. **High expectations** – Both parent(s) and teachers encourage the young person to do well.

Constructive Use of Time

17. **Creative activities** – Young person spends three or more hours per week in lessons or practice in music, theater, or other arts.
18. **Youth programs** – Young person spends three or more hours per week in sports, clubs, or organizations at school and/or in the community.
19. **Religious community** – Young person spends one or more hours per week in activities in a religious institution.
20. **Time at home** – Young person is out with friends "with nothing special to do" two or fewer nights per week.

INTERNAL ASSETS

Commitment to Learning

21. **Achievement motivation** – Young person is motivated to do well in school.
22. **School engagement** – Young person is actively engaged in learning.
23. **Homework** – Young person reports doing at least one hour of homework every school day.
24. **Bonding to school** – Young person cares about his or her school.
25. **Reading for pleasure** – Young person reads for pleasure three or more hours per week.

Positive Values

26. **Caring** – Young person places high value on helping other people.
27. **Equality and social justice** – Young person places high value on promoting equality and reducing hunger and poverty.
28. **Integrity** – Young person acts on convictions and stands up for her or his beliefs.
29. **Honesty** – Young person "tells the truth even when it is not easy."
30. **Responsibility** – Young person accepts and takes personal responsibility.
31. **Restraint** – Young person believes it is important not to be sexually active or to use alcohol or other drugs.

Social Competencies

32. **Planning and decision making** – Young person knows how to plan ahead and make choices.
33. **Interpersonal competence** – Young person has empathy, sensitivity, and friendship skills.
34. **Cultural competence** – Young person has knowledge of and comfort with people of different cultural/racial/ethnic backgrounds.
35. **Resistance skills** – Young person can resist negative peer pressure and dangerous situations.
36. **Peaceful conflict resolution** – Young person seeks to resolve conflict nonviolently.

Positive Identity

37. **Personal power** – Young person feels he or she has control over "things that happen to me."
38. **Self-esteem** – Young person reports having a high self-esteem.
39. **Sense of purpose** – Young person reports that "my life has a purpose."
40. **Positive view of personal future** – Young person is optimistic about her or his personal future.

Specifically, these programs target the “5 Cs,” or intended outcomes for positive youth development programs (see Table 2).

Similarly, the *National Research Council and Institute of Medicine* distilled the youth development approach into the following four principles²²:

- **Developmental Areas**—involving life-cycle development in psychosocial, emotional, cognitive and behavioral areas; consideration is given to risk and protective factors and the concept of resiliency;
- **Supports, Services and Opportunities**—supports (positive relationships and interaction with peers and adults); services (schools, public transportation, healthcare facilities); and opportunities (engaging youth, skills development);
- **Youth Engagement**—concerning adult perceptions of youth, opportunities extended to develop leadership capacity, adult mentorship and meaningful participation in activities; and
- **Community Context**—development occurs within the context of family and community; culturally specific; offers opportunities for collaboration across agencies and professional disciplines.

Considerations for Designing Youth Development Programs

As we have discussed, the fundamental aspects of the youth development approach are rooted in the concepts of resiliency and adolescent development. Therefore, youth development programs seek to guide young people toward developing skills, competencies and positive experiences in partnership with caring adults, and conveying high expectations and positive attitudes toward youth. Despite observable variations in how these programs are structured, the majority of youth

development programs are guided by a philosophy that views youth as having inherent capabilities, as well as strengths and talents that can be cultivated. Developmentally, this approach comprises psychosocial and behavioral goals, which are often described as the “5 Cs” of youth development: competence, confidence, connection, character and compassion (see below).²³ Adolescent developmental researchers indicate that young people begin to “thrive” when these traits begin to manifest in their overall behavior. These characteristics are essential to maturation and the transition into young adulthood. Theokas, et al., add that over time, a sixth “C” of *contribution* emerges where individuals take responsibility for enriching their own lives and the lives of friends, family members and those in their community at-large.²⁴

Table 2: Developmental Goals

The “5 Cs” of Positive Youth Development

1. **Competence**—Erikson described this as mastering a stage in one’s development. For youth development, competence (having sufficient skills and knowledge) manifests across a range of social, emotional, psychological, vocational and cognitive abilities;
2. **Confidence**—learning to trust and value one’s own abilities;
3. **Connection**—forming positive relationship bonds with friends, family and community which are mutually beneficial;
4. **Character**—having respect for societal norms and mores; developing a moral compass; and
5. **Caring/Compassion**—having a sense of sympathy and empathy for others.

Youth development is a “deliberate process of providing all youth with the support, relationships, experiences, resources and opportunities needed to become successful and competent adults.” An essential component of youth development is understanding that a person’s protective factors, or assets, can be developed and fortified by strategies that promote healthy adolescent development while offering age-appropriate, community-based activities that challenge and reward youth for their efforts. Therefore, enhancing positive factors in the lives of youth (e.g., connectedness to family, school and community) can reduce their likelihood of engaging in health-compromising behaviors.

Components and Strategies of Effective Youth Development Programs

In their article, Bernat and Resnick examined key elements that contribute to effective youth development programs which were infused into a public health prevention framework. To enhance their strategies, health departments and community partners are encouraged to fully understand and consider these elements during the development, implementation, evaluation and sustainability of programs which target youth. Their findings include:

1. *Programs should be informed by pertinent theories and incorporate validated strategies and/or best practices.* Findings from research studies examining the impact of risk and protective factors across gender, race and ethnicity should be used to help guide the development of strategies and the selection of relevant measures.
2. *Promote protective factors and reduce risk factors.* Strategies that enhance protective factors while reducing risk factors are the most effective in mitigating health-compromising behaviors. Therefore, strategies that offer opportunities for youth to serve in meaningful roles and address

structural-level determinants of health help promote overall adolescent health and wellness.

3. *Multiple behaviors and multiple systems focus.* Studies demonstrate considerable utility in addressing multiple behaviors and outcomes through multilevel interventions. Multilevel approaches demonstrate that building youth competency and mollifying social risks can result in a myriad of positive and long-term outcomes.
4. *Focus on prevention and health promotion.* The fusion of youth development principles into a public health perspective results in a focus on resiliency, where the aim is to target positive health outcomes rather than negative health outcomes. However, “promoting healthy youth development involves the development of skills and competencies, not just preventing negative outcomes.” Bernard and Resnick state that opportunities for youth participation, learning and leadership would allow them to develop skills and competency to provide richer input.
5. *Appropriate duration and intensity (sustainability of effort).* “The intensity of intervention efforts should match the intensity of need.” This is possibly the most challenging element in this school of thought, principally due to budget constraints that typically undercut many social programs.
6. *Rigorous evaluation.* Nationally, there are multiple iterations of youth development programs in need of evaluation to assess their effectiveness, as well as their short and long term outcomes. Equally important is our understanding which programs work for what populations. Youth populations in our nation are not monolithic, rather they are diverse in expression and needs. Therefore, programs should be tailored to address the specific needs of the

population it is intended to serve. Effective, evidence-based youth development strategies need greater dissemination, replication and new investigation to ensure the healthy development and well-being of young people.²⁵

Additional Program Characteristics

Roth highlights three basic characteristics universally shared by most youth development programs: goals, atmosphere and activities.²⁶ She indicates that promoting competence and providing a nurturing setting are distinguishing aspects of youth development programs. Moreover, youth development programs encourage the development of supportive youth-adult relationships in which young people are empowered and have opportunities for being recognized for their gains. Lastly, Roth suggests youth development programs challenge youth through their participation in activities that help them develop skills and confidence.

In his *Guide to Students as Partners in School Change*, Fletcher defines meaningful student involvement as “the process of engaging students as partners in every facet of school change for the purpose of strengthening their commitment to education, community and democracy.”²⁷ Meaningful student involvement requires adults not tokenizing student input, rather they acknowledge the diversity among youth and validate their insight. This permits youth to represent and express their own ideas and opinions. Fletcher also notes that while young people fair better having opportunities for meaningful involvement, it is the quality of these activities rather than quantity that enhances their development.

According to Schulman, a defining component of youth development programs concerns the nature in which young people interact with that program. How this interaction is defined determines the degree of participation and decision-making authority for the youth involved. At the level of *engagement*, “the youth-

adult partnerships contain a shared passion, belief and commitment toward collective action requiring meaningful participation and mutual partnership.”²⁸ She further states that opportunities for engagement arise when an organization is able to align an unmet need in the community among youth with available resources. *Youth involvement* begins at the participation level where young people give of their time to an activity, give voice to their ideas and their opinions sought by adults. *Involvement* “transforms” into a *partnership* when a relationship of mutual respect develops and power is shared between youth and adults. Schulman identifies the following five elements of successful youth engagement programs:

- **Organizational identity**—mechanisms for youth engagement should not supplant rather complement an organization’s core identity;
- **Alignment of management and staff**—recognition and acknowledgement of *power hierarchies within organizations*; requires management flexibility and ceding some control to youth roles;
- **Clear, consensus-driven visions**—articulation of shared mission and intent of agency;
- **Openness to change**—promote incremental steps towards intentional change effort; and
- **Unified values**—achieving “intergenerational integration”; requires validation of youth insight and experience; reframe thinking and perception of youth.²⁹

Schulman includes the following brief descriptions of models of youth-adult engagement: 1) an integrated youth-adult sexual health advisory and implementation board; 2) community-led youth action research teams; 3) a youth health promotions team; and 4) a youth organizing workgroup. Of these, Schulman indicates that youth involvement in research provides the impetus for strengthening youth input into policy decisions.³⁰

CONCLUSION

While adolescence is a time where we begin to explore our identity, make decisions independent of family and friends and experience personal freedom, it is also often marked by turbulent psychological, emotional, cognitive and behavior changes occurring rapidly and experienced at the same time as others around the adolescent. As public health professionals, our understanding and appreciation for the complex circumstances shaping young people's lives is critically important to how we address these challenges. In this issue brief, we turned our attention toward examining the premises and merits of an approach in working with youth that, in many ways, has re-surfaced as a viable option among a set of tools designed to combat the syndemic effects of HIV and STD on America's youth. Given the magnitude of this crisis, we must acknowledge that health departments, education agencies and community-based organizations can no longer afford to invest in token measures with short-term solutions. Although it is not a panacea, the youth development approach offers health departments and their community partners the opportunity to innovate current strategies designed to prevent the spread of new infections while recruiting and partnering with those we endeavor to help. Moreover, in devising strategies to address these crises, we must realize that "Problem free is not fully prepared."³¹ That is, the goals of any prevention strategy for young people must look beyond short-term outcomes. Our efforts must align with their needs and our mission as a profession in assuring they have access to the resources and supports needed to transition into adulthood in good health.

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NASTAD strengthens state and territory-based leadership, expertise and advocacy, and brings to bear in reducing the incidence of HIV infection and on providing care support to all who live with HIV/AIDS. Our vision is a world-free of HIV/AIDS.

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