

The Case for Programs, Policies, and Practices That Promote Healthy Youth Development

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Well over a century ago, the noted Midwestern preacher and lecturer Henry Ward Beecher made the observation that “the philosophy of one century is the common sense of the next.”¹ In the mid-1800s, the transformation of avant-garde thinking to shared, taken-for-granted knowledge may well have required up to a century to occur. Today, the rapid accumulation of evidence and experience, coupled with the technology to almost instantly share that information, means that an innovation can move from experimental to mainstream status faster than ever before. Just in the past generation, we have witnessed an evolution regarding how we think about meeting the health and social needs of our young people. In the 1960s and 1970s, “healthy youth development” (what psychologists often call “positive youth development”) could best be described as a philosophy or perspective. People who promoted the use of youth development strategies in their programs, policies, or practices shared a core set of values: they were advocates for youth rights, believed in expanding opportunities and resources for young people, and were committed to the idea that young people developed competence and capacity through contribution, experience, and experimentation.²

Today, there is a base of scientific evidence derived from intervention and evaluation studies that shows that, when deliberate strategies are used to promote healthy youth development, we can reduce the risky behaviors of young people that threaten their health and well-being. Beyond this, by providing opportunities to develop skills and competencies and to have positive experiences with caring adults who have high expectations of and a positive attitude toward youths, we increase the likelihood that young people will grow up to be caring, capable adults.³

However, we also understand that evidence alone is not enough to transform the way we provide health and social services, to alter how we educate adolescents, and to intentionally assure the opportunities, experiences, and resources that demonstrably promote healthy youth devel-

opment.⁴ Shifting the emphasis from risk and problems to an approach that emphasizes strengths and the development of competence requires us to be persuasive with people who may not understand either the philosophy or the science behind healthy youth development. For some, the evidence will be compelling. Results from interventions, evaluations, and health surveys of young people from Asia, Europe, Africa, Latin America, North America, New Zealand, and Australia demonstrate the protective effects of strong, positive relationships, beliefs, and experiences, including:⁵⁻⁷

Investment in the healthy development of our young people has moved well beyond the level of philosophy or perspective. It is now grounded in evidence about what works and what makes a difference.

- Parents and family
- Other adults outside of the family, specifically those who value and reward positive, prosocial behaviors rather than antisocial behaviors
- Teachers who are perceived as fair, interested in students as people, have high expectations of students, and care about students' success
- A sense of spirituality or connectedness with a creative force in the universe, without regard to religious group or affiliation
- A sense of optimism about the future and one's place in it
- Opportunities to learn, to serve, to make a difference

These and related opportunities and experiences that we regard as protective factors for young people provide

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anchoring points within their respective contexts of family, school, and community. The anchoring points, in turn, foster environments that help prevent the emergence of feelings of loneliness and alienation that, in 1970, Phillip Slater⁸ regarded as endemic and inevitable in contemporary American life. The pessimism discussed by Slater is reflected more recently in the brilliant analyses by Australian science writer and epidemiologist Richard Eckersley, who also believes that rapid social change is propelling Western culture toward increasing disconnection and apartness. Young people are regarded as particularly vulnerable to the effects of these social changes.⁹ However, the evidence demonstrates that protective factors can reduce the likelihood that young people will be involved in behaviors, including acts of violence against others or against oneself, substance abuse, early and unprotected sex, and infliction of emotional distress, that are dangerous to themselves and to others.⁵⁻⁷

Of great importance, we also know that these protective effects seem to apply across social groups of young people. Again, drawing from a wide variety of international data, we see protective effects for young people of both sexes; for those in urban and rural areas; for those from a variety of racial and ethnic groups; and for those living in wealthy, highly technological societies and in poor and technologically developing nations.

Research on healthy youth development also shows that social connectedness is the foundation for developing skills, capacity, and experience. In carefully evaluated programs, we see successful outcomes when youths are given opportunities to develop skills in decision making; when they learn skills that allow them to participate in activities that are of service to others in school and community settings; and when they have opportunities to reflect on the meaning of these service activities with the help of trained facilitators. For young people, opportunities for valued contributions reduce involvement in risky behaviors, and participation in service-learning predicts greater involvement in civic life as adults. The latter finding is exciting because it suggests that people who are involved in service-learning during their adolescent years are more likely to become involved during adulthood in their community, in community organizations, and in networks that join them with others.¹⁰

Why is this important?

If you speak with a group of decision makers who are not impressed with the evidence about the importance of protective factors, healthy youth development, and reducing the risky behaviors of young people, you might share the following information: research by Robert Putnam and colleagues¹¹ on the health and community life of adults indicates that adults with fewer connections to their community and less civic involvement have a shorter life expectancy, have less favorable emotional health, and are more likely to live in a community with greater political corruption than adults who have stronger community ties. Their research further indicates that, among adults who are in a

social group (ie, a group connected with a school, a community center, a religion, or another organization that brings together people who have shared purpose), the risk of dying during the next year is half the risk among adults who are not in a social group. This latter finding held up even after a variety of other factors, including health status and poverty, were controlled for in the analysis.¹¹

As people (eg, scholars, health care practitioners, and advocates) concerned with the health and well-being of youths, we must be able to respond persuasively to the skeptical adult who asks, "So, when we think about the problems we have with youth violence, substance abuse, teen pregnancy, school drop out, and teen isolation, are you telling us that social change is creating these difficulties?"

We might say that if history has taught us anything, it is that changes in social conditions change the threats to our health and well-being. The social conditions impacting young people have surely changed: their mobility is increasing, they are confronting an opportunity gap that is widening on the basis of resources and education, and they are less connected to community and adult networks. Many young people are less embedded in their communities than their predecessors were. These changes require that we begin to think differently about the promotion of healthy youth development.

We might also give skeptical adults a brief history lesson. The roots of the modern youth development movement go back more than 100 years. At the dawn of the 20th century, people showed the same kind of imagination we are seeing today in terms of linking the individual's needs, issues, and problems to the larger social context. People understood a century ago that rapid social change was affecting large numbers of young people, sometimes in very challenging ways. Great waves of immigrants, especially from Central and Eastern Europe, came to the United States in the late 1800s and early 1900s, and many of today's Americans had grandparents and parents who were among those millions of immigrants. These social changes led to rapid increases in poverty, the growth of slums, and tenement living. Major social concerns of that day sound very familiar to us today and include educational achievement, employment opportunities, development of strong roots and a sense of connection to one's community, and movement of young people into the social mainstream though active involvement in their communities.

As people thought about the needs of young people, individuals working in capacities similar to those of modern youth workers and social workers focused on helping immigrants acclimate to contemporary American society. The efforts of many of these professionals were guided by a vision of active preparation for modern American life, in which the diverse array of immigrants had an opportunity to learn the skills of citizenship and partake of an active and vibrant community life that embraced the broader culture while nourishing culture-specific elements of theatre, local newspapers, music, and art. Today, we hear echoes of those

efforts within our midst, as youth advocates welcome new arrivals to our nation and struggle to understand how to meet the educational, employment, health, and social needs of people who traveled across the globe to become part of our communities.

At present, our best understanding of the things that young people need in order to be ready for the modern world is captured in the new vocabulary of youth development. We describe the importance of developing the capacities of young people. We talk about strengths, developmental assets, and healthy youth development, and we recognize the importance of civic engagement, well-being, and thriving. The goal of healthy youth development is promotion of competence and positive behaviors, not only the prevention of negative behaviors and reduction of risk factors. We understand that even when young people do not have major problems or high-risk behaviors, they are not necessarily prepared for the demands of adult life. And of note, being prepared for adult life is not the same as being engaged. Our language has changed.

A generation ago, our professional organizations stood shoulder to shoulder with millions of people during strug-

gles for human rights and health care access. Rhetoric associated with the latter issue increasingly focused on what we, as health care professionals, called the five A's: access, availability, affordability, appropriateness, and acceptability of services.

Today, when we think about the needs of our young people, we often focus on the five C's: connection, character, caring, compassion, and contribution.¹²

A May 2000 White House conference about raising teenagers stated that all young people need safe places to grow up, support and guidance from caring adults, and opportunities to learn, contribute, and make a difference.¹³ Our youths need caring role models and energized communities to help them grow into healthy, engaged, and productive adults.

These are the nutrients communities can provide our youths. Investment in the healthy development of our young people has moved well beyond the level of philosophy or perspective. This approach is now grounded in evidence about what works and what makes a difference. Our task is to align programs, policies, and practices with this evidence. Our young people, and all of us, will be the beneficiaries. **NCMJ**

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