Acknowledgements

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Thanks also goes to our partner, the Minnesota Department of Health, particularly Kristin Teipel, Adolescent Health Coordinator. This project, as most things in life, is easier, more productive, and more creative when shared with others.

With respect,

Judith A. Kahn
Director
Konopka Institute for Best Practices in Adolescent Health
Section A:

USING THIS GUIDE

“We just need to open our mouths, and have somebody who’s willing to do their job, listen to us and what we have to say.”

— homeless youth, female, age 16
Overview
No doubt you are reading this because you share a concern with thousands of others in Minnesota — the concern for the well being of our young people. Minnesota excels in many areas related to health, education, juvenile justice, and human services. Yet, Minnesota still lacks a clear vision or agenda for our youth. Without an agenda, a unified strategy to enhance the strengths of youth is practically impossible.

The enclosed material serves two purposes. It is a report of recommendations for creating a healthy youth agenda, generated from meetings with nearly 300 people who work with or on behalf of youth. The recommendations are their suggestions and are written with their words.

It is also a guide to taking action so that this vision for healthy youth development can be realized. This is a guide for you in your work as a policy maker, funder, government employee, youth worker, youth, parent or citizen.

Rationale
Health Futures of Youth/MN was initiated by the University of Minnesota’s Konopka Institute for Best Practices in Adolescent Health. The Konopka Institute serves as a bridge. By connecting researchers and those who affect the lives of young people, we attempt to enhance the exchange of information and the distribution of scientific knowledge, thereby informing policy and practice. The section called About the Konopka Institute will tell you more about who we are.

Overall, adolescents are doing pretty well. Compared to 10 years ago, youth alcohol use, teen pregnancy rates, and violence committed by youth have declined. However, the rates are still high and more must be done. Furthermore, tobacco use is increasing and emotional distress is a major concern of Minnesota youth. At the end of this section, you can learn more about the trends in Adolescent Health in Minnesota, based on the past four Minnesota Student Surveys.

We know that young people have a set of underlying needs that, if met, will increase the possibility they will grow into caring, competent adults. This understanding, articulated as a "youth development" theory or concept, is gaining currency across Minnesota and the country. For example, the National Governors’ Association, through their Center for Best Practices, is working to help states improve outcomes for youth by supporting state-local partnerships and interagency efforts aimed at developing and implementing youth development strategies. Right now, youth development is the best framework for designing and
developing youth polices and practices. You can learn more about this topic in the section called 

**Healthy Youth Development.**

We also know a lot about what methods have demonstrated effectiveness in promoting the health and well being of adolescents. The section called **What Works** stresses the importance of developing policies and programs that are grounded in evidence-based research ("best practices") or, where research or evaluations are inconclusive, basing decisions on promising strategies ("best bets").

One thing we know for sure, from best practices research and from youth development theory, is that we must give youth the opportunity to participate in the resolution of problems that affect their lives. What you will read in the section **Voices of Youth** is compelling evidence that youth are very serious about their lives and their futures, and they have good ideas about how to make our society better.

**Project History**

**Health Futures of Youth/II: The National Recommendations**

In 1998, the Konopka Institute participated with other experts in adolescent health in a federal Maternal and Child Health Bureau (MCHB)/Department of Health & Human Services (DHHS) conference called Health Futures of Youth/II. The purpose of the working conference was to identify the research, programmatic, training and policy issues that could inform federal and private sector funding and programmatic priorities for the next 5-10 years. A similar meeting had been held in 1986 and the recommendations from that meeting informed programmatic priorities for MCHB over the following decade.

At Health Futures of Youth/II participants were assigned to topical work groups and asked to identify the research, programmatic, training and policy issues pertaining to their topic area. The three work groups most relevant to our Minnesota project focused on:

- identifying effective strategies and interventions for improving adolescent health at the individual level;
- improving the capacity of parents, families and adults living with adolescents to improve adolescent health outcomes; and
- increasing the capacity of schools, neighborhoods, and communities to improve adolescent health outcomes.

A summary of the national recommendations can be found in the section titled **Health Futures of Youth.**

**Health Futures of Youth/MN**

The Konopka Institute returned to Minnesota with the idea of conducting a similar process for the state. Also in 1998, the Minnesota Department of Health (MDH) launched an initiative to develop an adolescent health action plan based on youth development theory. The goal of the **Minnesota Adolescent Health Action Plan** is to increase the awareness, coordination and action around adolescent health issues in Minnesota. A report is being developed through an interactive process, drawing Minnesotans together to gather their expertise about
the best ways to invest in healthy futures for adolescents.

In 1999 the Konopka Institute and MDH joined forces to engage those who work with or on behalf of youth in a focused discussion toward the development of an adolescent health agenda for Minnesota. Health Futures of Youth/MN was launched in March of 1999.

Methodology
Health Futures of Youth/MN has three phases, the last of which will be implemented throughout 2000.

Phase one, which took place in Spring 1999, involved working meetings held in three locations across the state: New Ulm, Detroit Lakes and the Twin Cities metro area. These meetings engaged 157 policy makers, funders, program directors, researchers, and policy advocates in a process of prioritizing recommendations for research and evaluation, programs and services, policies and advocacy, and infrastructure changes or enhancements that would improve youth well-being in the state.

During the meeting, participants learned about the national recommendations drafted for MCHB, the current status of the MDH Minnesota Adolescent Health Action Plan, and the current trends in the health status of Minnesota youth, including the latest Minnesota Student Survey data. The participants then moved into small groups to discuss, debate and draft recommendations.

Phase two, called Making a Difference, occurred between November 1999 and January 2000 and consisted of four meetings around the state with those who work directly with youth. These deliberations focused on how to put into action the recommendations proposed from the spring meetings, and also provided training on advocating for youth issues in the community.

The suggestions for action from phase two have been blended with the recommendations from phase one into a final report that articulates an agenda for supporting healthy youth development in Minnesota.

Phase three involves the presentation and distribution of the report to community organizations, policy makers, public agencies, and other concerned citizens.

Recommendations
In order to have effective policies, services, and programs that foster the healthy development of youth, efforts need to be undertaken that build the capacity of all concerned — the individual youth, families and caregivers, schools, businesses, community-based organizations, religious organizations, and policy makers and shapers — to implement, monitor and improve those efforts.

There are four central capacities that should be strengthened:
1. The capacity to develop and implement effective interventions (programs and services);
2. The capacity to enhance what we know (research and evaluation);
3. The capacity to assure sustainability of successful interventions (policies and advocacy); and
4. The capacity to conduct other activities that support the interventions (infrastructure).
Health Futures of Youth/MN used these four capacities to structure the workgroup discussions around the state. The recommendations in this publication were derived from a synthesis of the priorities articulated by participants of the statewide meetings. As much as possible, the recommendations reflect the language of the participants. The section Health Futures of Youth contains a summary of the complete set of recommendations.

The recommendations speak to all of us who work with or on behalf of youth: legislators; county commissioners; government agencies and departments; the funding community; youth serving organizations; and, parents, youth and citizens. The Health Futures of Youth/MN recommendations are organized according to these categories and can be found in the section called Taking Action.

What Can You Do?
Take action for youth, and help them act on their own behalf! How, you may ask? Use the information in the section Tools for Advocacy to develop a plan.

Citizen activism and advocacy is the backbone of our democratic system. Use this report to:
1. Give voice to what we know our youth need. Make overheads or slides and share the information with your agency, your city council, your faith community, or your county commissioners;
2. Convene your collaborative or create a collaboration of organizations and individuals (don’t forget to include youth!) and determine what piece each of you can do to move a healthy youth agenda forward;
3. Write a letter to your legislator expressing your opinion on the issues that matter most to you.

The idea is to make this a living document. We’ll do our part by continuing to send you useful publications and materials. Then it’s up to you — to all of us, to make a difference in the lives of youth in Minnesota.

“The people who work with us, people like teachers, coaches and leaders — I think they need to have genuine caring for the kids they work with. Each kid needs to have someone they know who really cares about them.” — 16 year old male

2/3/00
ADOLESCENT HEALTH IN MINNESOTA

Drawing on data from the past four Minnesota Student Surveys ('89, '92, '95, and '98), Minnesota Department of Health statistics, and other sources, we can create a portrait of Minnesota youth health and risk behaviors.

Tobacco use is increasing among youth in Minnesota: nearly 42% of Minnesota 12th graders reported smoking a cigarette in the previous month compared to 35% nationally. For decades Minnesota teens smoked less than their peers nationally; now they appear to be smoking somewhat more.

Teen alcohol use is declining in Minnesota; but clearly more must be done. At least two-thirds of both Minnesota 9th and 12th graders state that alcohol is a problem at school. While heavy drinking — five or more drinks in one sitting — has declined for 12th graders since 1989, it remains more common in Greater Minnesota than in the Metro area. Although 6th and 12th graders in Minnesota reported less alcohol use in 1998 than in 1995 or in 1992, an increase among 9th graders who reported using alcohol in the past year (51% in 1995 and 54% in 1998) is cause for concern. With over 90% of teens beginning to drink by the time they graduate from high school, alcohol use remains problematic and requires greater attention.

Teen pregnancy rates have begun to decline. Minnesota has one of the lowest overall teen birth rates in the country. However, according to 1996 data, Minnesota has the 3rd highest birth rates in the nation for both African American and Hispanic youth, ages 15-19.

Violence committed by and to youth in Minnesota seems to be decreasing. In Minnesota, the percentage of 12th grade boys who reported physical fights within the past year has fallen from 39% in 1989 to 29% in 1998. However, from 1990 to 1996, the juvenile apprehension rate for violent and serious property crime in Minnesota has remained essentially unchanged (1990: 35 arrests per 1000 youth ages 10 to 17; 1998: 36 arrests), and is higher than the nation’s average for serious property offenses committed by juveniles. Further compounding this worrisome portrait are the sobering data showing that in certain populations, the problem remains of epidemic proportions. The leading cause of death for both African American males and females in Minnesota, ages 15 to 24, is homicide. Of additional concern is the declining age of involvement in violence. In 1996, there were 256 children under the age of 10 referred to a Hennepin County diversion program. Over the course of the year prior to their referrals, they committed 323 offenses including assault, arson and criminal sexual conduct. It is well established that early contact with police is one of the most reliable predictors of future delinquency.

Emotional distress is a major concern of Minnesota youth: it appears to be significantly greater among students of color in Minnesota than among white students. Among Minnesota’s 9th graders, approximately 20% of
African Americans and 25% of Native Americans, Asian Americans, and Hispanic Americans report feeling very discouraged or hopeless (compared to 15% for whites). The second leading cause of death for youth in Minnesota, ages 10 to 19, is suicide (14%). At 10 per 100,000, Minnesota has the 11th highest suicide rate for youth in the nation. By 12th grade, 15% of females and 9% of males in Minnesota report having attempted suicide at least once.
“I think most of these ideas just need to be brought to the attention, I mean I’m sure they’ve been thought of before but just pushed aside by old common values that we’ve always done before that worked but don’t work now.”

— 18 year old male
ABOUT THE KONOPKA INSTITUTE

The Konopka Institute for Best Practices in Adolescent Health (Konopka Institute) was initiated with a grant from University of Minnesota’s Central Administration in 1995 as a community-university partnership devoted to promoting the health and well-being of adolescents in Minnesota. It expanded in scope in 1998 when it became one of five special legislative initiatives funded by the University’s Academic Health Center.

The Konopka Institute, a collaborative effort of the Schools of Medicine, Nursing, and Public Health was established to disseminate best practices for health promotion, prevention and youth services. The collaborative arrangement between the three health-related schools, and strong relationships with other University colleges and units, assures access to multidisciplinary faculty and staff — experts in adolescent medicine, public health, nursing, law, public policy, social work, youth development, and education.

Too often, the results of important research remain physically and intellectually inaccessible to those who influence young people. Buried in the arcane language of poorly distributed academic journals, information trickles down slowly and haphazardly, if at all, to those who design and run programs. They are left to guess what works. Traditional sources of research funding support publication in an academic journal, not public education or even distribution to policy makers. As a result, academic researchers and those who work with adolescents are like two nations separated by a vast chasm of geography and language.

The Konopka Institute serves as a bridge. By connecting researchers and those who affect the lives of young people, the Institute dramatically accelerates the distribution of scientific knowledge, enabling us to influence programs and policy. We focus primarily, but not solely, on four major threats to young people: violence, tobacco, alcohol and teen pregnancy. With each of these four areas, scientists know what protects adolescents from harm. In the hands of the right people, research can make a profound difference in the lives of young people. Knowledge becomes a lever.

The Konopka Institute’s goal is to get reliable information into the hands of everyone who is in a position to help adolescents, including legislators, funders, program administrators, policy makers, educators, physicians, nurses and youth workers. Prepared with a better understanding of what does and does not work, they will, we believe, serve young people better.

We want to help organizations adopt and adapt practices that show the greatest promise for reducing risk-taking behavior. We want governments, foundations and community organizations to invest their resources, time and energy in programs that work, rather than ones that are inefficient and unproductive. The flow of information isn’t a one-way street: through the Konopka Institute, those who work with adolescents can help shape the next generation of research, which will
further refine our understanding of how to protect young people.

In order to accomplish these goals, the Konopka Institute translates and disseminates the results of scientific research about methods that have been proven effective in promoting the health and well-being of adolescents "best practices". Where research is inconclusive, we distribute information about "best bets" — the informed opinion of experts about what helps. We distribute information through numerous channels, including a newsletter, the Internet, monographs, conferences, forums, articles and legislative hearings. We serve as a resource center, providing access to experts and cutting-edge research on a wide range of issues. And we work directly with policy makers, assisting them as they develop policies and programs that incorporate knowledge gained from scientific research. It is urgent work.

Too often, adults view adolescence as a series of problems, and adolescents as the source of those problems; too often, the proposed solution is a series of strategies focused on individual problems. Research tells us that such narrow programs are destined to fail.

The philosophy of the Konopka Institute is inspired and guided by the pioneering work of Gisela Konopka, a long-time professor of social work at the University of Minnesota and the former director of the University's Center for Youth Development and Research. Her work was grounded in a deep respect for adolescents. She saw them as human beings making an important journey into adulthood; the task of adults, in her view, was to provide young people with guidance, support, skills and opportunities.

Trust is crucial. Adults must be willing to develop close relationships with adolescents, and actively engage them in the process of searching for solutions. We need to tap into their creativity and passion, address their desires as well as their needs, engage both their hearts and their minds.

Our best tool, ultimately, is hope. Hope is a powerful medicine, not only for adolescents but for those who aspire to make a difference in their lives. In the face of what can sometimes seem like overwhelming need, hope is a crucial asset. And nothing offers so real a hope as knowledge.

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Section C:

HEALTHY YOUTH DEVELOPMENT

“I’ll be damned if my 2 1/2 year old grows up in the hell (child abuse) I grew up in with no where to go, no where to turn to, no one to talk to, to listen to me. We need to change things for the next generation. We have to make things happen for our next generation because it’s getting worse and worse as each generation grows up.”

— homeless youth, female, age 18
HEALTHY YOUTH DEVELOPMENT

Adolescence—a time of remarkable growth. Everyone goes through it; yet many of us do not understand the profound impact those physical, cognitive, and social-emotional changes have on behavior. Understanding these changes, and the needs which arise from them, is key to understanding why adolescents act as they do.

Adolescence is usually defined as the time between 10 and 21 years of age. Young adolescents, in particular, experience dramatic physical, cognitive (thinking ability) and social-emotional changes that greatly influence their lives.

Physically, adolescence is marked by dramatic growth in height and weight and an emerging sexuality and capacity to reproduce.

Cognitive or thinking abilities begin to shift from concrete to abstract thinking. This allows adolescents to begin to understand concepts such as justice and love. However, there is still reliance upon concrete thinking skills in many areas.

Social-emotional changes are marked by an increase in peer influence; increased need for privacy; desire for increased independence and responsibility; fluctuating self-esteem; continued reliance upon parents for affection, guidance, and limit-setting; the need to experiment and learn new behaviors, roles, and limits; the desire for skill and approval; new desires, opportunities and decisions and limited life experience on which to draw.

Adolescents have emotional and physical needs that arise from these developmental changes ... and which underlie young people’s behavior, including risk-taking behavior.

Many of these needs will be recognizable to anyone who has worked with or has raised teens: physical activity as well as time to relax; opportunities for competence and achievement; opportunity for self-definition (through privacy or exploring their world as participants); creative expression; social interactions with adults and peers; structure and clear limit-setting; and meaningful participation.

Adolescents’ risk-taking behavior is a normal part of development and can be understood in terms of the need it satisfies. The adolescents’ emotional, cognitive and physical struggles are some of the ways they reach out to other people in search of ideas and values that they can incorporate into their own. Providing youth with supportive opportunities for “healthy youth development” is just as crucial for human development as providing conditions for growth in early childhood.

Healthy Youth Development
Youth development is a model or concept that builds on what we know about adolescent development. It stresses the importance of assisting youth to become healthy, productive,
self-confident, independent adults with a sense of purpose and a sense of their future. Therefore, youth development focuses on strengthening the competencies and confidence of young people, developing character and connectedness, and nurturing the talents youth already possess. Youth development encourages young people to learn about their world and their role in shaping it. Youth development takes place in different contexts – family, school, and community or neighborhood.

Healthy youth development should not be viewed as a serendipitous matter; rather it requires an intentional effort. Youth who do not have opportunities to develop these attributes and test them in supportive environments are at greater risk of engaging in antisocial and negative behaviors. Current research indicates that youth who are involved in structured activities and have positive adult relationships are less likely to commit crime and delinquencies, are less likely to experiment with drugs and alcohol, and are more likely to stay in school. Research also indicates that there are associated cost savings with certain youth development models.

The seeds for healthy youth development were planted in 1973 by Dr. Gisela Konopka, who was asked by the former federal Department of Health, Education and Welfare to write a position paper on the requirements of healthy adolescent development. Dr. Konopka’s work remains relevant today, and serves as a foundation for this report’s recommendations and action steps.

Dr. Konopka’s asserts that youth need to:
- Participate as citizens, as members of a household, as workers, and as responsible members of society
- Gain experience in decision making
- Interact with peers, and acquire a sense of belonging
- Reflect on self in relation to others, and discover self by looking outward as well as inward
- Discuss conflicting values and formulate one’s own value system
- Experiment with one’s own identity, with relationships to other people, with ideas; to try out various roles without having to commit oneself irrevocably
- Develop a feeling of accountability in the context of a relationship among equals
- Cultivate a capacity to enjoy life.

Recently, Dr. Konopka has added two other requirements to the list:
- Participate in the creative arts, to learn self-expression and communicate deep feelings from within
- Have adventures and experience what the world has to offer.
Section D:

WHAT WORKS

“Every person should be able to write down at least one adult person they could go to if they have problems.”

— 17 year old female
WHAT WORKS

Best Practices and Best Bets
Successful development and implementation of effective policy and program initiatives and the provision of optimal conditions for health promotion depend on a clear understanding of adolescence and the causes of health-enhancing and health-compromising behaviors. Identifying such causes depends on a combination of theory and research. Theory can tell us where to search for causes and suggest the means of prevention. Research can tell us whether our search has been successful and whether our prevention efforts have been effective. Programs and policies must be continually evaluated to determine what works and what doesn’t work. A commitment to using evidence-based practices (best practices) and promising strategies (best bets), based in theory and substantiated in research, will increase the odds that the needs of adolescents will be met.

We Do Know What Works*
Many studies confirm that most health risk behaviors among adolescents are interrelated. Likewise, many protective factors (things that protect youth from negative or unhealthy behaviors) are interrelated. If we are to really understand how to promote healthy behaviors among our teens, we need to understand underlying causes and motivations in youth, and what circumstances make unhealthy behavior seem attractive.

The most promising prevention strategies embrace the youth development theory which is based on the worlds within which teens live. Effective strategies are all encompassing and comprehensive. They recognize that family and home, social relationships and school, neighborhood and community all influence the health and well being of youth. When all of the pieces come together, these strategies will help youth realize their full potential, teach them about values, and provide them decision-making skills, all of which prepare them for life.

Family and Home
Family and home can protect young people from developing behavior that jeopardizes both life and health. Families protect their teens when they:
- Provide support
- Develop positive family communication
- Are involved in their teen’s school
- Have clear rules and consequences and monitor their adolescent’s whereabouts
- Provide positive, responsible role models for adults and siblings
- Expect their children to do well
- Spend time together.

While there are exceptions to the rules, teens are less likely to develop healthy behaviors when the family is a place of conflict and disruption, or when parents provide little support, low expectations, and use repressive and abusive parenting styles. Teens are at greater risk of developing unhealthy behavior when their family has inadequate problem-solving and coping skills, there is a lack of parental supervision, and when they have easy access to cigarettes, alcohol, guns and other substances.
Young people who live in poverty or whose parents have little education are more likely to adopt behavior that puts their health at risk. Families who have a history of crime or violence are also “red flags” for potential teen health problems.

**Schools**
Schools can provide an environment that protects kids. When teens feel they belong, when they believe the school to be fair and non-prejudicial they connect in a positive way. These schools:
1. Expect commitment from students
2. Develop a caring school climate
3. Have clear rules and consistent consequences
4. Provide positive, responsible adult role models
5. Expect students to do well.

When schools have a high rate of academic failure, when they are repressive, segregate students and support poor classroom management, their students are at greater risk of developing health-compromising behaviors.

**Community**
Why is it that some communities seem to be filled with highly successful and healthy youth, while others seem overrun with “troublemakers”? Teens are more likely to develop healthy behavior in communities where:
1. Adults advocate for teens
2. Neighbors monitor young peoples’ behavior
3. Adults model positive, responsible, healthy behavior
4. Teens model positive, responsible, healthy behavior
5. Youth programs are available.

Communities make a difference in the lives of youth when they invest in social capital that promotes teens. Neither poverty nor wealth increases a community’s likelihood of promoting positive health behavior. Rather, high rates of poverty, unemployment and crime put youth at risk. Densely populated neighborhoods, where families move frequently, and where media promote health-compromising behaviors have a negative effect on their youth. When communities face multiple problems, when family resources are consumed with meeting basic needs, youth are less likely to thrive. Youth need attention, time and energy. Communities that have energy to give to youth are more likely to raise healthy young people.

* Excerpted from “Growing Absolutely Fantastic Youth,” a guide to effective community-based prevention and intervention strategies; Konopka Institute, March 2000
Section E:

HEALTH FUTURES OF YOUTH

“We need more programs to help us learn life skills — the things that carry you through life. This helps us think about the future.”

— 17 year old male
SYNTHESIS OF THE WORK GROUP RECOMMENDATIONS

The federal Maternal and Child Health Bureau sponsored an invitational conference that brought together national leaders from widely divergent sectors to work on topics critical to the future of youth health, well-being and development. The intent of the conference was to identify the critical issues that should inform federal agency and private sector funding and programmatic priorities for the next 5-10 years. What follows is a synthesis of the recommendations from the work groups focused on:

- Identifying Effective Strategies and Interventions for Improving Adolescent Health at the Individual Level
- Improving the Capacity of Parents, Families and Adults Living with Adolescents to Improve Adolescent Health Outcomes
- Increasing the Capacity of Schools, Neighborhoods, and Communities to Improve Adolescent Health Outcomes

RECOMMENDATIONS

In order to have effective policies, services, and programs that foster the healthy development of youth, efforts need to be undertaken that build the capacity of all concerned (the individual youth, families and caregivers, schools, businesses, community-based organizations and religious organizations, and policy-makers and shapers) to implement, monitor and improve those efforts. There are four central capacities that should be strengthened: the capacity to enhance what we know (research and evaluation), the capacity to develop and implement effective interventions (services and programs), the capacity to assure sustainability of successful interventions (policy and advocacy), and the capacity to conduct other activities that support the interventions (infrastructure).

Services/Programs: Build capacity to design, implement, monitor, and improve effective programs and services.

- Disseminate and market information about and models of successful programs and services; models must be theory based and demonstrate effectiveness of process and outcome indicators.
- Disseminate and market information about how states, counties, and communities can take effective programs to scale.
- Develop, promote and support interdisciplinary and culturally appropriate training models for practitioners and researchers that are based on principles of healthy youth development, early intervention, and prevention.
**Research/Evaluation:** Build capacity to enhance basic and applied knowledge of effective and efficacious (accountable) community-based strategies to promote healthy youth development.

5. Conduct longitudinal studies that capture the developmental interplay between risk and protective factors, beginning at young ages; all research models should be contextually and culturally appropriate.

6. Develop reliable and valid process and outcome indicators that can be used to plan programs, establish efficacy, and demonstrate effectiveness.

7. Conduct prospective studies that compare the validity/effectiveness and costs of various strategies.

- Disseminate and market tools for monitoring and evaluating interventions.

8. Conduct studies that can inform effective dissemination of best practices to the public through different media, resulting in a well-researched, systematic, multifaceted and ongoing effort to use the media to educate and inform.

**Policy/Advocacy:** Build the capacity of stakeholders to sustain efforts to insure healthy youth development.

- Develop effective social marketing strategies for dissemination of basic and applied research findings to inform adolescents, their families, policy decision-makers, funders, businesses, the health care industry, the general public and others that serve adolescents. The goal is to influence the development, promotion and support of policies, services and programs that encourage healthy youth development research, early intervention and prevention programs, and training.

1. Develop adolescent health policy based upon best practices and principles of youth development, early and continuous interventions, and prevention/promotion strategies. Such policies should have monitoring and evaluation components.

2. Develop a unified advocacy strategy for insuring investment in youth.

**Infrastructure:** Build capacity to conduct necessary research and evaluation, disseminate information, and advocate for youth.

4. Create and support a national adolescent development planning council consisting of a full range of national stakeholders.

5. Create local adolescent development planning councils consisting of a full range of local stakeholders.

6. Create regional training and technical support centers.

7. Identify and recruit leaders to sustain effective programs, evaluation and advocacy.

8. Enlist a wide range of public and private community institutions in collaborative efforts and partnerships to support, inform and assist adolescents and their families.
HEALTH FUTURES OF YOUTH/MN
Creating an Agenda for Healthy Youth Development

Summary of Recommendations

Health Futures of Youth/MN
In 1999 the Konopka Institute and the Minnesota Department of Health joined forces to
engage those who work with or on behalf of youth in a focused discussion toward the
development of an adolescent health agenda for Minnesota. While Minnesota is known
for its innovative health and social service initiatives, it had become clear to both
organizations that Minnesota still lacked a clear vision or agenda for its youth. Without
an agenda, a unified strategy to enhance the strengths of our youth is practically
impossible.

Phase one took place in Spring 1999 and involved working meetings held in three
locations across the state: New Ulm, Detroit Lakes and the Twin Cities metro area.
These meetings engaged 157 policy makers, funders, program directors, researchers,
and policy advocates in a process of prioritizing recommendations for changes or
enhancements that would improve youth well-being in the state.

Summary of Recommendations
In order to have effective policies,
services, and programs that foster the
healthy development of youth, efforts
need to be undertaken that build the
capacity of all concerned (the individual
youth, families and caregivers, schools,
businesses, community-based
organizations and religious
organizations, and policy makers and
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and implement effective interventions
(programs and services), the capacity to
enhance what we know (research and
evaluation), the capacity to assure
sustainability of successful interventions
(policies and advocacy), and the
capacity to conduct other activities that
support the interventions
(infrastucture).

The analysis of the recommendations
from the spring meetings revealed a set
of recommendations that appeared
consistently across all three meetings.
They emerged as three overarching
principles for this report:
evidence–based practices (best practices)
or promising strategies (best bets) must
be used to guide policy and program
efforts; youth development is the
theoretical framework for guiding
program and policy development; and
funding streams that are efficient and
lead to cost effectiveness must be
enhanced.

The following recommendations were
derived from a synthesis of the priorities
articulated by participants of the three
meetings this spring. As much as
possible, the recommendations reflect
the language of the participants.

Services/Programs: Build capacity to
design, implement, monitor, and
improve effective programs and
services.

Recommendation 1. Programs must be
research-based and have the
characteristics of strategies currently
known to be best practices or promising
strategies in addressing youth health-
related concerns and in promoting
youth development.
Recommendation 2. Youth programs and agency policies affecting youth will be responsive to the cultural, ethnic and geographic diversity of Minnesota’s youth.

Recommendation 3. Youth serving professionals and providers will receive cross-disciplinary training on youth development concepts and on components of effective youth program development for prevention, intervention and health promotion.

Research/Evaluation: Build capacity to enhance basic and applied knowledge of effective community-based strategies to promote healthy youth development.

Recommendation 1. Youth serving organizations will use community-based outcome evaluation techniques to provide feedback on the effectiveness of their programs.

Recommendation 2. Policymakers, practitioners, funders, and the general public will understand and support the integral role of evaluation research in the design and implementation of effective programs and policies.

Recommendation 3. Research and program evaluation results on prevention, intervention and health promotion for different populations of youth (e.g. early adolescents, youth of color, youth with disabilities) — what works and what doesn’t work — will be systematically collected and routinely disseminated.

Policy/Advocacy: Build the capacity of stakeholders to sustain efforts to insure healthy youth development.

Recommendation 1. Minnesota policy makers, planners, funders, practitioners, communities, and families will embrace a unified adolescent policy and program agenda that focuses on healthy youth development and support for the parents of all Minnesota’s youth.

Recommendation 2. Minnesotans will recognize youth as “resources to be developed, rather than problems to be solved” (Karen Pittman).

Recommendation 3. State, county and local policies will promote strategies that help parents and other adults meet the needs of, and reinforce responsibilities to, children and youth.

Infrastructure: Build capacity to conduct necessary research and evaluation, disseminate information, and advocate for youth.

Recommendation 1. State, county and local youth initiatives will engage in interagency collaboration to maximize existing resources.

Recommendation 2. Public and private funding strategies will include effective prevention and intervention efforts.

Recommendation 3. A mechanism will be created to provide ongoing consultation and education for community-based organizations designing, implementing and evaluating research-based initiatives for youth.
Section F:

VOICES OF YOUTH

“If adults don’t understand us, how can they understand what we like and don’t like.”
— 18 year old male
In 1998 the Minnesota Department of Health (MDH) launched an initiative to develop an action plan for addressing adolescent health-related issues based on youth development theory. The goal of the Minnesota Adolescent Health Action Plan, being developed by the state Adolescent Health Coordinator, is to increase the awareness, coordination and action around adolescent health issues in Minnesota. For the purposes of the Action Plan process, health was defined as “complete physical, mental and social well-being.”

Specifically, the Minnesota Adolescent Health Action Plan seeks to:

3. inform about the scope and nature of adolescent health issues and healthy development;
4. identify and clarify trends in the health status of Minnesota adolescents;
5. promote a vision for healthy Minnesota adolescents;
6. promote a “healthy development” perspective to use when adolescent health issues are addressed in Minnesota;
7. recommend strategies that can effectively improve the health of youth; and
8. motivate Minnesotans (of all ages) to engage in activities that lead to improved health of all adolescents in our state.

The Action Plan has involved a variety of individuals, organizations and systems to advocate for and increase effective activities around adolescent health issues, especially youth themselves.

During the spring and summer of 1999 approximately 400 youth between the ages of 12 to 21 met in 38 different focus groups across the state of Minnesota. Groups were held with youth in a wide variety of settings, community agencies, drop-in centers for homeless youth, juvenile correctional facilities and churches.

Of the total number of participants 56% were from rural areas and 44% were from urban and suburban areas (7 - county metro, Rochester, Duluth, St. Cloud); 36% were youth of color; 63% were female and 37% were male. The age range of participants varied with 27% in early adolescence (ages 12-14), 51% in middle adolescence (ages 15-17) and 22% were in late adolescence (ages 18-21).

The Adolescent Health Coordinator of Minnesota’s Department of Health led these informal focus groups engaging youth in discussions using the following questions:

9. How do you describe a teen who is healthy and successful?
10. What are the biggest problems that affect teens in your community?
11. What helps teens in your community to avoid or deal with these problems?
12. What more should we do to support teens to be healthy and successful?

Their answers are intriguing and challenging! They have broad views of health and creative ideas of ways in which we, the adults, can support their healthy development.
Top 10 Problems Identified by Youth

<table>
<thead>
<tr>
<th>Problem</th>
<th>Percentage</th>
<th>(Focus Groups)</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1 Alcohol and Other Drug</td>
<td>71%</td>
<td>(27 out of 38)</td>
</tr>
<tr>
<td>#2 Stress and Emotional Distress</td>
<td>58%</td>
<td>(22 out of 38)</td>
</tr>
<tr>
<td>#3 Stereotypes about Youth and Lack of Respect for Youth</td>
<td>55%</td>
<td>(21 out of 38)</td>
</tr>
<tr>
<td>#4 Schools</td>
<td>47%</td>
<td>(18 out of 38)</td>
</tr>
<tr>
<td>#5 Sexual Activity and Pregnancy</td>
<td>42%</td>
<td>(16 out of 38)</td>
</tr>
<tr>
<td>#6 Violence</td>
<td>37%</td>
<td>(14 out of 38)</td>
</tr>
<tr>
<td>#7 Adults</td>
<td>34%</td>
<td>(13 out of 38)</td>
</tr>
<tr>
<td>#8 Racism</td>
<td>32%</td>
<td>(12 out of 38)</td>
</tr>
<tr>
<td>#9 Inadequate Activities for Youth</td>
<td>29%</td>
<td>(11 out of 38)</td>
</tr>
<tr>
<td>#10 Depression and Suicide</td>
<td>26%</td>
<td>(10 out of 38)</td>
</tr>
<tr>
<td></td>
<td>tied for 4th with Parents and Family</td>
<td></td>
</tr>
<tr>
<td></td>
<td>tied for 10th with Societal Problems</td>
<td></td>
</tr>
</tbody>
</table>

Youth’s Solutions to Their Top 10 Problems

- Promote a positive image of teens.
- Increase the knowledge and skills of adults about adolescent health and healthy development.
- Support parents of teens to be effective parents.
- Build strong supportive relationships between adults and teens.
- Improve the connection of teens to school.
- Increase the partnership with teens in addressing youth issues.
- Expand the opportunities for teens to be involved in recreational activities that provide healthy outlets.
- Support and strengthen the opportunities for teens to become actively involved in their community.
- Improve the connection of teens to the world of work.
- Strengthen communities so that they’re better able to support healthy teens.
- Address and decrease racism.

It is up to us, as adults and decision-makers, to help youth realize their full potential in health and healthy development. You have the opportunity to take this information and use it to inform your decisions. Youth are interested in their futures and need us to help them move forward on a positive path.

The identified problems and their solutions will be incorporated into the Department of Health’s Minnesota Adolescent Health Action Plan. For more information on the Voices of Youth or the Minnesota Adolescent Health Action Plan contact:
Kristin Teipel
Adolescent Health Coordinator and Project Coordinator
Minnesota Department of Health
Phone: 651.281.9956
E-mail: kristin.teipel@health.state.mn.us.
"We just need attention — it’s a critical part of helping us do well."

— 18 year old male
We all have an important role to play in order to reach our goal of moving a healthy youth agenda forward in Minnesota. As a State Legislator, you have the opportunity to be a leader by developing and enacting youth development policies and programs. Moving the youth development model forward requires a cultural shift in youth policy and practice. For example, supporting universal efforts that invest in youth and their families and are comprehensive in approach. Public policies and programs such as these encourage healthy youth development of all young people in Minnesota.

**Programs and Services:** Building the capacity to design, implement, monitor, and improve effective programs and services.

**Recommendation**
Youth programs and agency policies affecting youth must be responsive to the diversity of Minnesota’s youth and have characteristics of strategies currently known to be best practices or promising strategies. Additionally, youth serving professionals and providers will receive cross-disciplinary training on youth development.

**Action Steps**
1. Create more early intervention initiatives to reduce the need to respond to youth and families only after a crisis has occurred.
2. Recognize that successful programs need to be adapted to each community in order to be effective at the local level.
3. Create opportunities to learn about and celebrate diversity.
4. Provide leadership by sharing the vision of healthy youth with constituents and local government.

**Research and Evaluation:** Building the capacity to enhance basic and applied knowledge of effective community-based strategies to promote healthy youth development.

**Recommendation**
Community-based program evaluation and research will be conducted to identify what works and what doesn’t work, especially for specific populations of youth. This information will be systematically collected and disseminated for use in the design and implementation of programs and policies.

**Action Steps**
- Provide youth-serving organizations with resources to accommodate additional responsibilities of program evaluation including staff time, training and associated costs.
- Develop a central clearinghouse to manage and disseminate information state-wide for decision-makers, funders, and organizations serving youth.
- Involve different populations (including youth) in identifying outcomes, designing the evaluation, and developing a dissemination plan to allow for diverse perspectives.
Policy and Advocacy: Building the capacity of stakeholders to sustain efforts to insure healthy youth development.

**Recommendation***
Minnesota decision-makers and communities will embrace a healthy youth agenda that recognizes youth as resources rather than problems while both supporting youth and their families and reinforcing their responsibilities.

**Action Steps**
- Provide leadership for adoption and integration of a healthy youth agenda into state laws and policies.
- Develop policies that both encourage interagency collaborations and are flexible enough to reflect the needs of communities.
- Promote family friendly policies that help parents manage the major stresses of caring for a family:
  - affordable family insurance
  - livable wages
  - paid time off to attend to family needs.

Infrastructure: Building the capacity to conduct necessary research and evaluation, disseminate information, and advocate for youth.

**Recommendation***
Sustaining program, evaluation and advocacy initiatives in support of healthy youth development requires working collaboratively across agencies, directing funding toward effective prevention and intervention strategies, and providing technical assistance and education for ongoing quality improvement.

**Action Steps**
1. Facilitate interagency collaborations through policies and programs.
2. Come to a common understanding of the characteristics of “effectiveness” as articulated by research and positive outcomes of evaluated programs.
3. Support voluntary programs for families that provide a continuum of care from infancy through adolescence.
4. Structure policies and allocations so that collaborative efforts do not decrease available resources in communities, particularly in rural communities throughout the state.

**Funding Strategies**
1. Sustain programs and services that show promise or demonstrate their effectiveness through outcome-based program evaluations or research, and discontinue programs and services that cannot demonstrate effectiveness.
2. Develop long term funding (3-5 years) that supports healthy youth development rather than remediation of problems of youth.
3. Fund programs and services based on community needs rather than competitive funding in order to encourage collaboration among existing resources and providers.
   - Provide adequate funding for program evaluations and research and dissemination of results.
   - Fund dissemination of what works and what doesn’t work to policy makers, funders, and providers.
   - Support innovation to advance the understanding of effective and efficient programs and policies.

* Abridged recommendation. See Health Futures of Youth section for full set of recommendations.
TAKING ACTION:
COUNTY COMMISSIONERS

We all have an important role to play in order to reach our goal of moving a healthy youth agenda forward in Minnesota. As County Commissioner you have the opportunity to be a leader by developing and enacting youth development policies and programs. Moving the youth development model forward requires a cultural shift in youth policy and practice. For example, supporting universal efforts that invest in youth and their families and are comprehensive in approach. Public policies and programs such as these encourage healthy youth development of all young people in Minnesota.

Programs and Services: Building the capacity to design, implement, monitor, and improve effective programs and services.

Recommendation*
Youth programs and agency policies affecting youth must be responsive to the diversity of Minnesota’s youth and have characteristics of strategies currently known to be best practices or promising strategies. Additionally, youth serving professionals and providers will receive cross-disciplinary training on youth development.

Action Steps
1. Create more early intervention initiatives to reduce the need to respond to youth and families only after a crisis has occurred.
2. Identify and disseminate information about what works and what doesn’t work based on community-based evaluations of your county’s programs, and from applied research.
3. Recognize that successful programs need to be adapted to each community in order to be effective at the local level.
4. Employ and involve individuals from diverse populations in program planning and implementation.

Research and Evaluation: Building the capacity to enhance basic and applied knowledge of effective community-based strategies to promote healthy youth development.

Recommendation*
Community-based program evaluation and research will be conducted to identify what works and what doesn’t work, especially for specific populations of youth. This information will be systematically collected and disseminated for use in the design and implementation of programs and policies.

Action Steps
1. Provide youth-serving organizations with resources to accommodate additional responsibilities of program evaluation including staff time, training and associated costs.
2. Disseminate results of evaluations and research.
3. Involve different populations (including youth) in identifying outcomes, designing the evaluation, and planning for dissemination to allow for diverse perspectives.
4. Make the necessary changes to existing programs, or to discontinue programs or services.
when they cannot demonstrate their effectiveness.

**Policy and Advocacy:** Building the capacity of stakeholders to sustain efforts to insure healthy youth development.

**Recommendation***
Minnesota decision-makers and communities will embrace a healthy youth agenda that recognizes youth as resources rather than problems while both supporting youth and their families and reinforcing their responsibilities.

**Action Steps**
1. Develop policies that both encourage interagency collaborations and are flexible enough to reflect the needs of communities.
2. Promote healthy youth development by investing in comprehensive services and programs that are prevention oriented and/or intervene before severe problems arise.
3. Create positive youth programs and safe places for youth to gather which engage them in meaningful activities.
4. Promote family friendly policies that help parents manage the major stresses of caring for a family:
   - affordable family insurance
   - livable wages
   - paid time off to attend to family needs.
5. Rebuild connectedness within and among rural communities.

**Infrastructure:** Building the capacity to conduct necessary research and evaluation, disseminate information, and advocate for youth.

**Recommendation***
Sustaining programs, evaluation and advocacy initiatives in support of healthy youth development requires working collaboratively across agencies, directing funding toward effective prevention and intervention strategies, and providing technical assistance and education for ongoing quality improvement.

**Action Steps**
1. Commit and work towards interagency and cross-department collaborations.
2. Create policies that shift resources and time to developing innovative service delivery systems.
3. Insure collaborative efforts do not decrease available resources in communities, particularly in rural areas in the county where services are sparse.

**Funding Strategies**
6. Provide community-based prevention and intervention funding that is “need” based, versus short cycles of competitive funding that force youth serving organizations to divert their time and effort away from improving their programs.
7. Sustain programs that have demonstrated their effectiveness and discontinue funding programs that are not effective.
8. Increase length of time (3-5 years) funding is available for programs and services, to allow adequate time to determine program effectiveness.

* Abridged recommendation. See Health Futures of Youth section for full set of recommendations.
TAKING ACTION:
STATE, COUNTY, AND LOCAL
GOVERNMENT AGENCIES AND DEPARTMENTS

We all have an important role to play in order to reach our goal of moving a healthy youth agenda forward in Minnesota. As an employee of a government agency you have the opportunity to lead the effort by developing and enacting youth development policies and programs. Moving the youth development model forward requires a cultural shift in youth policies and practice. For example, supporting universal efforts that invest in youth and their families and are comprehensive in approach. Public policies and programs such as these encourage healthy youth development of all young people in Minnesota.

Programs and Services: Building the capacity to design, implement, monitor, and improve effective programs and services.

Recommendation*
Youth programs and agency policies affecting youth must be responsive to the diversity of Minnesota’s youth and have characteristics of strategies currently known to be best practices or promising strategies. Additionally, youth serving professionals and providers will receive cross-disciplinary training on youth development.

Action Steps
1. Allow flexibility so that communities can adapt successful programs to meet their local needs.
2. Create more early intervention initiatives to reduce the need to respond to youth and families only after a crisis has occurred.
3. Create opportunities to learn about and celebrate diversity.
4. Provide cross-disciplinary training to individuals working with or on behalf of youth to increase understanding of the knowledge, skills and beliefs each profession contributes to the field of youth development.

Research and Evaluation: Building the capacity to enhance basic and applied knowledge of effective community-based strategies to promote healthy youth development.

Recommendation*
Community-based program evaluation and research will be conducted to identify what works and what doesn’t work, especially for specific populations of youth. This information will be systematically collected and disseminated for use in the design and implementation of programs and policies.

Action Steps
1. Provide training and resources to contracted services and providers to accommodate additional responsibilities of program evaluation including staff time, training and associated costs.
2. Develop a standardized program evaluation tool and process for use by youth-serving organizations so that the evaluation process takes less time away from direct service to clients.
3. Disseminate results of evaluations in easy to understand and practical ways to facilitate application of findings by other organizations.
4. Make the necessary changes to existing programs, or discontinue programs when they cannot demonstrate their effectiveness.

**Infrastructure**: Building the capacity to conduct necessary research and evaluation, disseminate information, and advocate for youth.

**Recommendation** *
Sustaining program, evaluation and advocacy initiatives in support of healthy youth development requires working collaboratively across agencies, directing funding toward effective prevention and intervention strategies, and providing technical assistance and education for ongoing quality improvement.

**Action Steps**
1. Use a collaborative process to develop priorities, goals and outcome measures for healthy youth development.
2. Provide services and programs across an entire continuum of care, from primary prevention and early intervention to later intervention and remediation strategies.
3. Incorporate best practices and promising strategies into criteria of Requests for Proposals (RFPs).
4. Identify one central agency to provide technical assistance, education, consultation and dissemination of best practices on adolescent development and health-related issues, using on-site and electronic technology.

**Funding Strategies**
1. Provide community-based prevention and intervention funding that is “need” based, versus short cycles of competitive funding that force youth serving organizations to divert their time and effort away from improving their programs.
2. Sustain programs that have demonstrated their effectiveness and discontinue funding programs that are not effective.

3. Increase length of time (3-5 years) funding is available for programs and services to allow adequate time to determine program effectiveness.


* Abridged recommendation. See Health Futures of Youth section for full set of recommendations.
TAKING ACTION: 
YOUTH SERVING ORGANIZATIONS

We all have an important role to play in order to reach our goal of moving a healthy youth agenda forward in Minnesota. As a member of a youth serving organization you have the opportunity to bridge the efforts of government agencies, private foundations and family members. Moving the youth development model forward requires a cultural shift in youth policies and programs. For example, supporting universal efforts that invest in youth and their families and are comprehensive in approach. Public policies and programs such as these encourage healthy youth development of all young people in Minnesota.

Programs and Services: Building the capacity to design, implement, monitor, and improve effective programs and services.

Recommendation*
Youth programs and agency policies affecting youth must be responsive to the diversity of Minnesota’s youth and have characteristics of strategies currently known to be best practices or promising strategies. Additionally, youth serving professionals and providers will receive cross-disciplinary training on youth development.

Action Steps
1. Base new programs and services on current research and outcome-based program evaluations.
2. Create opportunities to learn about and celebrate diversity, and involve diverse populations in decision making processes and program implementation.
3. Seek opportunities to learn about and work with other professions or disciplines in order to strengthen comprehensive approaches to youth programming and services.
4. Educate decision-makers and community members on the needs of youth by increasing the number of youth advocates and by engaging youth in advocacy.

Research and Evaluation: Building the capacity to enhance basic and applied knowledge of effective community-based strategies to promote healthy youth development.

Recommendation *
Community-based program evaluation and research will be conducted to identify what works and what doesn’t work, especially for specific populations of youth. This information will be systematically collected and disseminated for use in the design and implementation of programs and policies.

Action Steps
1. Identify and integrate community goals and outcomes when developing programs and services.
2. Request adequate funding for both program implementation and evaluation from public and private funders.
3. Determine how evaluation reports will be utilized and then disseminate findings.
4. Change, adapt or discontinue programs that cannot demonstrate their effectiveness using community-based outcome measures.
Policy and Advocacy: Building the capacity of stakeholders to sustain efforts to insure healthy youth development.

Recommendation*
Minnesota decision-makers and communities will embrace a healthy youth agenda that recognizes youth as resources rather than problems while both supporting youth and their families and reinforcing their responsibilities.

Action Steps
1. Involve youth and citizens on agency boards and committees in order to better ascertain and reflect the needs of youth and the community.
2. Recruit and nurture new youth leaders by creating safe places for youth to gather and activities that strengthen youths’ capabilities.
3. Determine and articulate cost savings of prevention efforts and early intervention programs and services to decision-makers and funders.
4. Increase education and support groups for parents of teens.
5. Create a norm for parents of teens that makes receiving parenting education and support a positive step (as currently exists for parents of infants and pre-schoolers).

Infrastructure: Building the capacity to conduct necessary research and evaluation, disseminate information, and advocate for youth.

Recommendation*
Sustaining program, evaluation and advocacy initiatives in support of healthy youth development requires working collaboratively across agencies, directing funding toward effective prevention and intervention strategies, and providing technical assistance and education for ongoing quality improvement.

Action Steps
1. Develop a shared vision with collaborating partners and commit staff time and financial resources to encourage collaborative success.
2. Avoid programming decisions based on “money chasing” or available funds; rather, utilize best practices and promising strategies when developing programs and services.
3. Encourage youth activism and advocacy for effective programs and services.

* Abridged recommendation. See Health Futures of Youth section for full set of recommendations.
TAking action: the funding community

We all have an important role to play in order to reach our goal of moving a healthy youth agenda forward in Minnesota. As a member of the funding community you have the opportunity to lead the effort by developing funding criteria that reflects the youth development model. Moving the youth development model forward requires a cultural shift in youth policies and programs. For example, supporting universal efforts that invest in youth and their families and are comprehensive in approach. Public policies and programs such as these encourage healthy youth development of all young people in Minnesota.

Programs and Services: Building the capacity to design, implement, monitor, and improve effective programs and services.

Recommendation*
Youth programs and agency policies affecting youth must be responsive to the diversity of Minnesota’s youth and have characteristics of strategies currently known to be best practices or promising strategies. Additionally, youth serving professionals and providers will receive cross-disciplinary training on youth development.

Action Steps
1. Adapt, change or discontinue programs and services when effectiveness cannot be demonstrated.
2. Educate decision-makers and community members on the needs of youth by increasing the number of youth advocates and by engaging youth in advocacy.
3. Create opportunities to learn about and celebrate diversity in communities and encourage the participation in program and service development by all members of communities through advisory boards and employment.

Research and Evaluation: Building the capacity to enhance basic and applied knowledge of effective community-based strategies to promote healthy youth development.

Recommendation*
Community-based program evaluation and research will be conducted to identify what works and what doesn’t work, especially for specific populations of youth. This information will be systematically collected and disseminated for use in the design and implementation of programs and policies.

Action Steps
1. Provide youth-serving organizations with resources to accommodate additional responsibilities of program evaluation including staff time, training and associated costs.
2. Disseminate results of program evaluations and research in simple and practical ways to encourage use of effective programs and services.
3. Involve different populations (including youth) in identifying outcomes, designing the evaluation, and developing a dissemination plan to allow for diverse perspectives.
Policy and Advocacy: Building the capacity of stakeholders to sustain efforts to insure healthy youth development.

Recommendation*
Minnesota decision-makers and communities will embrace a healthy youth agenda that recognizes youth as resources rather than problems while both supporting youth and their families and reinforcing their responsibilities.

Action Steps
1. Encourage youth and citizen involvement when developing community and/or program goals and standards.
2. Involve key stakeholders and use the media to develop and present a unified strategy in promoting healthy youth development.
3. Develop flexible policies and programs to meet the individual needs of each community, and focus attention on prevention and early intervention programs and services rather than remediation.
4. Create positive activities and safe places for youth that encourage the healthy development of youth.
5. Promote family friendly policies that support parents in their efforts to care for their families.

Infrastructure: Building the capacity to conduct necessary research and evaluation, disseminate information, and advocate for youth.

Recommendation*
Sustaining program, evaluation and advocacy initiatives in support of healthy youth development requires working collaboratively across agencies, directing funding toward effective prevention and intervention strategies, and providing technical assistance and education for ongoing quality improvement.

Funding Strategies
1. Offer long-term (3-5 years) flexible funding that supports the healthy development of youth and focuses on building youth capacities through prevention and early intervention programs and services.
2. Sustain programs and services that have demonstrated their effectiveness and discontinue funding for those that cannot.
3. Provide community-based prevention and intervention funding that is “need” based, versus short cycles of competitive funding that force youth serving organizations to divert their time and effort away from improving their programs.
4. Fund research, program evaluation and dissemination of best practices and promising strategies.

* Abridged recommendation. See Health Futures of Youth section for full set of recommendations.
TAKING ACTION:
PARENTS, YOUTH & CITIZENS

We all have an important role to play in order to reach our goal of moving a healthy youth agenda forward in Minnesota. As a parent, caring adult or youth, you have an opportunity to educate and inform decision-makers and youth serving organizations of the needs and requests of young people. Moving the youth development model forward requires a cultural shift in youth policies and programs. For example, supporting universal efforts that invest in youth and their families and are comprehensive in approach. Public policies and programs such as these encourage healthy youth development of all young people in Minnesota.

Programs and Services: Building the capacity to design, implement, monitor, and improve effective programs and services.

Recommendation*

Youth programs and agency policies affecting youth must be responsive to the diversity of Minnesota’s youth and have characteristics of strategies currently known to be best practices or promising strategies. Additionally, youth serving professionals and providers will receive cross-disciplinary training on youth development.

Action Steps
1. Educate decision-makers and communities of the needs of youth and encourage communities to accept the different values and practices of its families.
2. Include voices of youth by involving them directly in the decision-making processes or by creating a youth advisory board.
3. Request that policy makers and youth serving organizations work to create more early intervention initiatives to reduce the need to respond to youth and families only after a crisis has occurred.

4. Work with the media to identify and cover the positive contributions youth make to their community.

Research and Evaluation: Building the capacity to enhance basic and applied knowledge of effective community-based strategies to promote healthy youth development.

Recommendation*

Community-based program evaluation and research will be conducted to identify what works and what doesn’t work, especially for specific populations of youth. This information will be systematically collected and disseminated for use in the design and implementation of programs and policies.

Action Steps
1. Help identify clear goals and outcomes for programs and services in your community.
2. Create a common understanding of youth development terminology and an understanding of key characteristics of what works and what doesn’t work for healthy youth development.
**Policy and Advocacy:** Building the capacity of stakeholders to sustain efforts to insure healthy youth development.

**Recommendation***

Minnesota decision-makers and communities will embrace a healthy youth agenda that recognizes youth as resources rather than problems while both supporting youth and their families and reinforcing their responsibilities.

**Action Steps**

1. Share your vision and passion for youth with community members.
2. Motivate youth and citizens to get involved and participate in positive change efforts.
3. Create positive youth programs and safe places for youth to gather which engage them in meaningful activities.
4. Urge employers and policy makers to develop and implement family friendly policies that support parents’ ability to care for their family. This includes:
   - livable wages  
   - affordable family insurance  
   - paid time off to attend to family needs.

**Infrastructure:** Building the capacity to conduct necessary research and evaluation, disseminate information, and advocate for youth.

**Recommendation***

Sustaining program, evaluation and advocacy initiatives in support of healthy youth development requires working collaboratively across agencies, directing funding toward effective prevention and intervention strategies, and providing technical assistance and education for ongoing quality improvement.

**Action Steps**

1. Commit your time and support to helping young people in your community.
2. Encourage decision-makers to use innovation to get things done for youth and their families.
3. Educate and inform funders on best practices and criteria for effective programs and services.
4. Create opportunities for youth to advocate for themselves, and/or convene a community group that advocates for public policies and funding that promotes healthy youth development.

* Abridged recommendation. See *Health Futures of Youth* section for full set of recommendations.
Section H:

TOOLS FOR ADVOCACY

“It’s up to us to make change, to make a difference.”

- 14 year old female
TOOLS FOR ADVOCACY

Citizen activism and advocacy is the backbone of our democratic system. Policy makers rely on constituents for several reasons: to elect them to office; to learn about the important issues of their community; and to identify what they, the elected official, can do to address these concerns. Still, many people hesitate to get involved in public policy because they don’t know how to make a difference.

As a citizen, you have many opportunities to influence the policy decision-making process. Some basic opportunities include:

- Attending your caucus meeting
- Becoming a delegate (you must choose a political party to represent)
- Voting in the primary and November elections
- Becoming an advocate.

There are essentially five basic tools to help you succeed in your pursuit to influence public policy.

- **Know your elected officials.**
  Whether this is your legislator (Representative or Senator), your county commissioner, city council member or school board member, get to know them.
  - Relationships build trust between constituents and their elected officials.
  - Many of them are generalists, making decisions about issues they know little about, and rely on you, the expert – yes, the expert, to inform and educate them of the issues and concerns.

- **Prepare a clear and concise message when talking with policy makers.**
  - Clearly identify the concern or issue.

- Be prepared to inform them why this is important and what you want them to do about it.
  - Use a combination of research, statistics, stories or anecdotes to express your concerns.
  - Try to limit your arguments to three points of persuasion.

- **Offer a solution to the problem or concern.**
  - Policy makers are busy making decisions about many issues; make it easier for them by providing one or two solutions to the concern or issue.
  - Ask for their advice if you do not have a solution.

- **Gather public support for the issue or concern.**
  - Building community coalitions, gathering signatures of individuals in your community, filling the hearing rooms, or calling a town or community meeting are all ways that you can let your elected official know that many people support your efforts and concerns.
  - People power works! When people gather together, others listen.
• **Involve the media.**
  Media play an important role in public policy decision-making by informing policy makers of important issues and concerns and by reporting to the public the activities and decisions of policy makers.
  
  • Talk with reporters and encourage them to write a story about the concern or issue.
  • Write a letter or article for the Opinion page of your paper.

There are several free resources available to the public that can help keep you informed of legislative and local government activities and decisions. These resources include:

• Minnesota’s state web site, *North Star*, www.state.mn.us
  This comprehensive web site has links to all three branches of government (Executive, Legislative, Judicial), as well as to each county government office and many local/city government offices.

• *Directory of the Minnesota Legislature*
  Call either Senate or House Information

• *Senate Weekly*
  Call Senate Information, 1-888-234-1112 or 651-296-0504

• *Session Briefly*
  Call House Information, 1-800-657-3550 or 651-296-2146
Section I:

BIBLIOGRAPHY
BIBLIOGRAPHY


