# Healthy Communities Matter:

## The Importance of Place to the Health of Boys of Color

# Contents

# Background

While men continue to hold more economic, political and social power in the United States, on matters of health, boys and young men experience worse health outcomes than girls. According to the U.S. Department of Health and Human Services:

- From 1993 to 2003, boys, ages 12 to 17, were 50% more likely than girls to be victims of nonfatal violent crimes;

- In 2004, boys, ages 15 to 19, were five times more likely to die from homicide and seven times more likely to die from a firearm-related incident than girls; and

- Death rates in 2006 were higher for adolescent boys than adolescent girls and increased as boys moved through adolescence. Adolescent boys, ages 10 to 14, were 1.5 times more likely to die than girls in the same age range; for boys, ages 15 to 19, the rates increased 2.4 times and for young men, ages 20 to 24, the rates increased 2.8 times.

While boys and young men experience worse health outcomes, our research shows that health disparities are especially pronounced for African-American and Latino boys and young men. Negative health outcomes for African-American and Latino boys and young men are a result of growing up in neighborhoods of concentrated disadvantage, places that are more likely to put boys and young men directly in harm's way and reinforce harmful behavior.

In other words, if you grow up in a neighborhood with a good school, where it's safe, where you can walk and play outside, where you have a regular doctor and where you have access to good food, you are more likely to live a long and healthy life. On the other hand, if you grow up in a neighborhood where you're not safe, where your school is failing you and where you do not have a place to go when you are sick or a basic grocery store, then you are far more likely to live a shorter life, to earn less money, to be party or victim of violence and to be far less healthy emotionally and

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physically. If you are African American or Latino, you are likely to face not just one of those challenges, but many or all of them at once.

While the overall number of residents living in concentrated poverty has declined, conditions in high-poverty neighborhoods have actually become worse based on every possible indicator – socioeconomic status, public safety, school performance and health. And our data show that this problem is especially acute for African-American and Latino boys and young men. While an expanding body of literature has documented that racial and ethnic disparities exist across a broad range of indicators, our combined research shows how boys and men of color are particularly vulnerable. For instance, boys and men of color have lower high school graduation rates, a greater likelihood of going to prison, and higher mortality rates from homicide.

Our analysis also elucidates the ways increasing social inequality and negative neighborhood conditions converge, and help determine the life course for men and boys of color who attend schools and live in communities of concentrated disadvantage. These schools and neighborhoods have characteristics – concentrated poverty, community violence, high rates of incarceration, overexposure to unhealthy food, lack of recreation – that are linked to disruptive individual behavior and psychological conditions that tend to undermine learning and engagement with school.

Our research also shows that boys and young men of color suffer from trauma at greater rates than white boys and young men. Yet, as these young men move through the array of systems assigned to help them, their histories of trauma are seldom explored. Even worse, these systems – schools, employers, juvenile justice, courts, health care, mental health – often take a punitive rather than healing approach to these young men, interpreting their symptoms as a sign that they are delinquents or sociopaths rather than a sign of both physical and emotional traumatic injury. Hence, the systems designed to help them only exacerbate the trauma.

Just as place is a key factor in determining someone's quality of life, it can also be an effective resource and an organizing tool for addressing the systems that have

3

largely failed young men and boys of color. Moreover, a community-led approach can re-calibrate the trajectory of the lives of African-American and Latino men. More importantly, new approaches must recognize that people do not live in silos, but in communities where everything – the economic, the social, the physical and the environmental – is all connected.

This executive summary combines the collective research efforts of the RAND Corporation, PolicyLink, The Charles Hamilton Houston Institute for Race and Justice at Harvard Law School and the Center for Nonviolence and Social Justice at Drexel University.
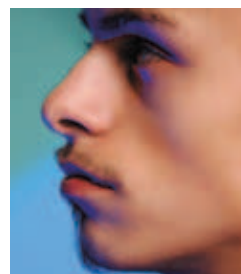
# Findings

> **1** When it comes to health and other outcomes, the odds for boys and men of color are more than two times worse than they are for white boys and men in California.

The RAND Corporation examined the racial and ethnic disparities for boys and men of color[1] looking at four broad areas: socioeconomic, health, safety and ready-to-learn. Across those four areas, they analyzed available data to quantify the magnitude of disparities in outcomes for boys and men of color compared to white boys and men to identify possible starting points for addressing them. Below, we have highlighted those indicators where the odds for boys and men of color are two times or greater than they are for white boys and men within each area:

## Socioeconomic Disparities

African-American and Latino children are 3.5 times more likely to grow up in poverty than their white counterparts. In fact, nearly half of the nation's African-American and Latino fourth graders attend schools that are characterized by extreme poverty.

**Socioeconomic Disparities**
Odds for Boys and Men of Color Relative to White Boys and Men

| Indicator | Latino | African-American |
|---|---|---|
| Children living in poverty | 3.4 | 3.4 |
| Maternal education (less than high school) | 10.2 | 2.0 |
| Children in single-parent households | 1.1 | 2.5 |
| Children living with unemployed parents | 1.6 | 2.4 |

[1] Where available, disparities are focused on African-American and Latino boys and young men in California; in some cases, gender-specific and/or state-specific data is unavailable.

## Health Disparities

- African-American children are more than twice as likely to be born to teenage mothers than white children. For Latinos, it's more than three and half times. Children that are born to teenage mothers have a great chance of repeating a grade, dropping out of high school and being unemployed as young adults.

- Nationally, the risk of contracting HIV or AIDS is 6.9 times higher for African-American male adults and adolescents than for whites. Latinos are 3.1 times more likely. Latinos are 2.5 times more likely to have limited access to health care and 4.8 times more likely to lack health insurance. Latino boys and young men are 4.1 times more likely to suffer from post-traumatic stress disorder than white boys and young men. African-American young men and boys are 2.5 times more likely.

### Health Disparities
Odds for Boys and Men of Color Relative to White Boys and Men

| Indicator | Latino | African-American |
|---|---|---|
| Very low birth weight | 1.0 | 2.6 |
| Births to unmarried women | 2.2 | 3.0 |
| Births to teen mothers | 3.6 | 2.2 |
| Infant mortality | 1.2 | 2.8 |
| Childhood asthma hospitalizations | 1.1 | 3.7 |
| Childhood obesity | 2.0 | 0.8 |
| Post-Traumatic Stress Disorder (PTSD) | 4.1 | 2.5 |
| Health insurance (lack of) (0-17 years) | 4.8 | 0.6 |
| Access to health care (no usual source of care) (0-11 years) | 2.5 | 1.1 |
| HIV and AIDS | 3.1 | 6.9 |

## Safety Disparities

- Nationally, African-American children are almost 9 times more likely and Latino children are more than 3 times more likely than white children to have a parent in prison. An estimated 856,000 California children – approximately 1 in 9 – have a parent currently involved in the adult criminal justice system. The imprisonment of parents disrupts parent-child relationships and alters the networks of familial support. Children of incarcerated parents are more likely to exhibit low self-esteem, depression, emotional withdrawal from friends and family and inappropriate or disruptive behavior at home and in school, and they are at increased risk of future delinquency and criminal behavior.

- Some of the greatest disparities in the RAND research were for African Americans' homicide-related death rates. Homicide is the sixth-leading cause of death among African-American men and the seventh-leading cause of death among Latino men in California. Young African-American men (15-24) have a homicide death rate at least 16 times greater than that of young white men, and young Latino men have homicide death rate 5 times greater than that of young white men. In addition, African Americans and Latinos have increased odds relative to whites of being exposed to other forms of violence, such as shootings, bombs or riots.

### Safety Disparities
**Odds for Boys and Men of Color Relative to White Boys and Men**

| Indicator | Latino | African-American |
|---|---|---|
| Witnessing domestic violence | 1.1 | 2.1 |
| Exposure to other forms of violence (shootings, bombs, or riots) | 2.1 | 3.0 |
| Substantiated child abuse and neglect | 1.3 | 2.5 |
| Disproportional representation in foster care* | .89 | 4.05 |
| Lifetime likelihood of ever going to prison | 2.9 | 5.5 |
| Disproportional representation in prison population* | 1.07 | 4.3 |
| Incarceration rate | 1.5 | 6.7 |
| Children with incarcerated parents | 3.3 | 8.8 |
| Juvenile arrest rate | 1.2 | 2.5 |
| Juvenile custody rate | 2.1 | 5.7 |
| Firearms-related death rate | 3.3 | 10.1 |
| Homicide-related death rate | 5.1 | 16.4 |

*This is not an odds ratio, but rather it is a disproportionality index number. For foster care, the index represents the proportion of children in the foster care system compared with that group's overall proportion in the general population. An index number below 1.00 indicates an underrepresentation in foster care compared with the proportion in the general child population, while a number above 1.00 indicates an overrepresentation of children in foster care. For the prison population, the index represents the proportion of African-Americans or Latinos in the prison population compared with each group's overall proportion in the general population. An index number above 1.00 indicates an overrepresentation in the prison population.

## Ready-to-Learn Disparities

- African-American Californians over 25 are nearly twice as likely to be without a high school diploma as whites, while Latinos in California are almost seven times as likely to be without a high school degree. Latino 8th grade students in California are 2.3 more likely to be below reading proficiency and 2.5 times more likely to be below math proficiency than their white students. African-American 8th grade students in California are 2.4 times more likely to be below proficiency in reading and 2.8 times more likely to be below proficiency in math than white eight graders.

**Ready-to-Learn Disparities**
Odds for Boys and Men of Color Relative to White Boys and Men

| Indicator | Latino | African-American |
|---|---|---|
| High school noncompletion | 6.7 | 1.9 |
| Student achievement: below reading proficiency (grade 4) | 2.3 | 2.2 |
| Student achievement: below reading proficiency (grade 8) | 2.3 | 2.4 |
| Student achievement: below math proficiency (grade 4) | 3.6 | 3.5 |
| Student achievement: below math proficiency (grade 8) | 2.5 | 2.8 |
| School suspension | 1.2 | 2.4 |
| Grade retention | 1.1 | 2.0 |

*"…a large fraction of black and Latino children consistently experience 'double jeopardy' – that is, they live in poor families and in poor neighborhoods. White children very rarely experience double jeopardy."*

**2** Boys and young men of color are at an increased risk of poor physical and emotional health outcomes as a result of where they live.

Economic instability and lack of control over one's environment create chronic stress, which creates trauma, which in turn tends to spur violence. Research by the Houston Institute at Harvard Law School provides an analysis of how neighborhoods and schools of concentrated disadvantage lead to unequal education and life opportunities for African-American and Latino boys and young men.

## Concentrated Poverty, Schooling and Neighborhoods

Poverty is on the rise in the United States. In 2006, 35 percent of black children, 28 percent of Latino children, and 11 percent of white children lived in poverty. Statistics from the federal school lunch program provide another useful measure of poverty and income disparities among young people. In 2005, about 41 percent of the nation's fourth graders met eligibility requirements for free and reduced-cost lunches. However, 73 percent of Latino fourth-graders and 70 percent of black fourth-graders were eligible for free or reduced-cost lunches. About 33 percent of families of Asian fourth-graders met the requirements, and 24 percent of families of white fourth-graders met the requirements.

It's not just that there's a higher incidence of African-American and Latino children living in poverty. They are also more likely to live in neighborhoods of concentrated disadvantage. The very nature of "poverty" differs markedly for different racial groups. Indeed, on many dimensions, poverty is generally harsher for African-American and Latino children precisely because poor black and Latino children are far more likely than white children to also live in poor neighborhoods and attend higher poverty schools.

A 2008 study of 100 large U.S. metropolitan areas, conducted by Dolores Acevedo-Garcia and her colleagues at the Harvard School of Public Health, demonstrated that black and Latino children "consistently" live in more disadvantaged neighborhoods

than white children, even the poorest white children. What's more, Acevedo-Garcia and her colleagues wrote:

> …a large fraction of black and Latino children consistently experience "double jeopardy" – that is, they live in poor families and in poor neighborhoods. White children very rarely experience double jeopardy. Residential segregation is at the root of racial and ethnic disparities in access to opportunity neighborhoods.

A consensus has developed among child-development experts and public health researchers: Environments of concentrated disadvantage tend to engender behaviors and stresses that are not conducive to learning and that often trigger oppositional attitudes toward institutions. Related to this, high-poverty schools – the institutions that are, at least in theory, supposed to be the equalizer – tend to be chaotic, overwhelmed by symptoms of social problems and highly unequal on many important measures, when compared with predominantly middle-class schools.

Generally, neighborhood quality is worse for children of color. Black and Latino children have far less access to schools that display high levels of academic achievement, and less access to after-school programs, physical safety and recreational spaces.

African-American and Latino boys and young men living in neighborhoods of concentrated disadvantage experience the following challenges and obstacles:

### Community Violence

Studies repeatedly show that children living in poor urban areas, disproportionate numbers of whom are children of color, are exposed to high levels of community violence. A seminal 1993 study of violence exposure among fifth and seventh grade students found that 75 percent of students reported witnessing some form of community violence. In a sample of 349 adolescents with a median age of 12 from a 2004 study, similar exposure levels were found, with nearly 80 percent of children having witnessed or been victimized by at least one violent event in the previous 6 months. A 2000 study found that across each income level, children of color were more likely than white youth to report violence.

Research suggests that witnessing and experiencing community violence put children at increased risk for internalizing and externalizing problems that could lead to learning difficulties. Studies have indicated that being victimized by violence and witnessing violence involving friends and family were associated with depression. Another study found higher levels of traumatic stress, depressive symptoms, and lower self-esteem among children in high-violence communities, compared with children from low-violence communities.

## Lack of Healthy Food/Abundance of Unhealthy Food

Dr. Naa Oyo Kwate, professor of public health at Columbia University wrote in the journal Health Place: "If health disparities are to be adequately addressed, attention must be paid not only to the role of the food industry, but to the inequalities underlying the production of its markets and patterns in consumption." Dr. Kwate's study illuminates the way race-based segregation itself engenders the density of fast-food restaurants in high-poverty neighborhoods, which have been linked to poorer health.

In her study, for example, she demonstrated that "unemployment and economic disinvestment,… provides available labor pools and increases community receptiveness to fast food restaurants; and weakens community political strength, thereby reducing possible opposition to siting."

Empirical research demonstrates an association between low-area income and fast food prevalence in the United States, but Kwate's work goes further by highlighting the mechanism through which this phenomenon occurs.

David William and his colleagues at the Harvard School of Public Health demonstrate that conditions associated with segregated neighborhoods, e.g. fewer food choices and stress, tend to discourage healthful food choices and encourage unhealthful ones. This leads to poor physical health, which is strongly associated with poorer cognitive functioning and poorer school performance which, in turn, diminishes life opportunities. Obesity, in particular, which is linked to fast-food consumption, is associated with poorer performance in school.

## Asthma's Unequal Effects

Asthma is on the rise in all racial and ethnic groups. Asthma disproportionately affects children who live in high-poverty neighborhoods, which generally have more toxins and asthma-inducing pollutants. Recent research also suggests a relationship among the level of stress in a community, the widespread perception of neighborhood problems and asthma.

For decades, indoor environmental factors that are more common in lower-income neighborhoods, including cockroaches, mold and dampness, have been shown to be related to higher relative asthma rates among urban children. Though the relationship between asthma and high-poverty neighborhoods is well-established, it is not fully understood why, after controlling for socioeconomic status and some neighborhood variables, poor African-American children continue to have higher rates than other racial groups.

Asthma has profound implications for schooling, as research shows that children with asthma are far more likely to miss school and fall behind than are students who do not have asthma. This is particularly true for cases of moderate to severe asthma. Asthma, studies show, account for more school absences than any other chronic disease.

In one 2006 study, researchers tracked 1,537 absences in a predominantly African-American school district in the Midwest. They found that 31 percent of absences there were due to asthma. Excessive school absence contributes significantly to poor school performance. Poor school performance is one of many variables associated with dropping out of school. Dropping out of school, in turn, is strongly associated with poor economic outcomes, crime and incarceration.

## The Built Environment and Mental Health

The Project on Human Development in Chicago Neighborhoods, an interdisciplinary study on how families, schools and neighborhoods affect child and adolescent development, found that children who live in disadvantaged neighborhoods had significantly worse mental health than children raised in more

advantaged neighborhoods, even after controlling for child and family background and income.

Cornell University Professor Gary Evans' work on the relationship between the physical environment and mental health points to several environmental characteristics that negatively affect mental health and that are more prominent in high-poverty neighborhoods. This includes crowding, noise, indoor air quality, and light. Furthermore, high-rise buildings for low-income families often lack sufficient space for the development and maintenance of social networks. The dearth of safe outdoor space to play often leads parents to keep children inside.

## Exclusionary Discipline on the Rise

Increasing numbers of children and teens in the United States are getting suspended and expelled from public schools. Such suspensions and expulsions make students more vulnerable for falling onto the track to jail and prison.

In California, public school educators suspended more than 770,000 students in 2007. The figure includes more than 332,000 student suspensions for infractions related to violence, crime or drugs and alcohol. That's 6 out of every 100 students, up from 5 per 100 the year before, according to the *San Francisco Chronicle*. The Institute for Democracy, Education and Access (IDEA), based at UCLA, found that in California in the 2002–03 school year, African-American students represented 8 percent of the state's public school enrollment, but 19 percent of out-of-school suspensions. Latino students make up about half of the state's enrollment, and also about half of the state's expulsions and suspensions.

Suspension and expulsion trigger a vicious cycle by further alienating the most vulnerable children from school, pushing the disillusioned youngsters into the streets, and then onto the track to jail. Not only do suspension and expulsion rob students of instructional time and endanger their academic performance in the short term, but well-controlled research studies have demonstrated a strong association between suspension/expulsion and dropping out of school. Dropping out, it is well established, is strongly associated with involvement in the criminal justice system and incarceration.

## Incarceration's Impact on Community Health and Prosperity

More and more children have parents in jail or prison. The most recent statistics, from 2002, show that more than 1.5 million children have at least one parent in state or federal prison. But about 10 million more have parents who were incarcerated at some point in those children's lives. Between 1991 and 1999, the number of children who had an incarcerated parent increased by 50 percent, or a half-a-million children. Specifically, in California, an estimated 856,000 children have at least one parent involved in the criminal justice system.

Experts agree that children of incarcerated parents are likely to develop a variety of problems related to having a parent who is incarcerated. Also, the most recent research suggests that, after controlling for a host of other risk factors, incarceration of a parent exerts a particular type of trauma, perhaps because of the stigma attached to incarceration and because it has the power to create new stresses in so many areas of a child's life. Devastating emotional separation, economic hardship, disruption of living arrangements, and social stigma combine to make parental incarceration a source of enormous stress for a child.

Behavioral reaction of children to parental incarceration includes anxiety, withdrawal, resistance to rules and outside authority, aggressive school behaviors, and rejection of limits on behavior. A recent review of evidence suggests an interdependent relationship between having an incarcerated parent and anti-social behavior, child mental health, school failure, future unemployment, and delinquency.

## 3   If trauma is the problem, then healing and preventing trauma must be the underlying focus of any solution.

As the RAND research pointed out, African-American and Latino boys and young men are disproportionately affected by various forms of trauma and adversity including violence, poverty, unemployment, imprisonment, lack of access to health care, marginalization and low social status. This chronic adversity creates deep emotional pain and distress, and overwhelms an individual's ability to cope.

In their report, Hoover Institute researchers point out that children react to trauma in a variety of different ways. It is quite typical that a traumatized child's view of the world as a potentially dangerous, unpredictable place will undermine a child's ability to form positive relationships with teachers and peers, engage in academic work, process information and be attentive. Furthermore, research shows that children who have been or who are continually suffering from forms of trauma often appear to be ambivalent, aggressive, demanding and disruptive. Experts point to a range of typical behaviors of traumatized children. These include impulsivity, hyper vigilance, verbal and physical aggression, defiance and withdrawal.

Research shows that the brains of children who are exposed to chronic trauma and stress develop differently than children whose experiences have been more secure. Two key developmental processes are hindered by exposure to trauma – neurodevelopment (the physical and biological growth of the brain) and psychosocial development (personality development, capacity for relationships, development of moral values and social conduct).

The landmark Adverse Childhood Experiences (ACE) Study examined the relationship between traumatic childhood experiences and physical and emotional outcomes in adult life. The study determined that adverse childhood experiences have a powerful correlation to health outcomes in life, including: teen pregnancy,

smoking, substance abuse, sexual behavior, instability in the workforce and personal relationships, heart disease, lung disease, suicide, HIV and STDs and early death.

Given the high incidence of trauma and chronic adversity that African-American and Latino boys and young men experience, the Center for Nonviolence and Social Justice examined whether the institutions engaged with boys and young men of color are being responsive to those who have experienced trauma. Their analysis had three key findings:

- Trauma is seldom explored by the array of systems – schools, juvenile justice, courts, health care, mental health – assigned to help boys and young men of color;

- Those institutions often take a punitive rather than healing approach to these young men (as highlighted by the Houston Institute research on exclusionary discipline), interpreting their symptoms as a sign that they are delinquents or sociopaths rather than a sign of both physical and emotional traumatic injury; and

- There is a best practice – the Sanctuary Model – that allows institutions that engage with boys and young men of color to change their organizational culture in a way that will allow them to best respond to boys and young men of color in which their psychologically and socially traumatic experiences can be addressed. The model is currently being adopted by over ninety human services delivery program nationally and internationally.

*"Men and women of all races are born with the same range of abilities. But ability is not just the product of birth. Ability is stretched or stunted by the family that you live with, and the neighborhood you live in – by the school you go to and the poverty or the richness of your surroundings…."*

**4** Policies that support community-based solutions are needed to address the health issues faced by boys and young men of color.

On June 4, 1965, President Lyndon Johnson stood at a podium at Howard University to deliver the commencement speech at the historically black college. Johnson that day called for a public effort to widen opportunities for African Americans. The root causes of inequality, he said, are "complex and subtle." Johnson characterized sources of racial inequality, as a "seamless web…They cause each other. They result from each other. They reinforce each other."

Johnson elaborated: "Men and women of all races are born with the same range of abilities. But ability is not just the product of birth. Ability is stretched or stunted by the family that you live with, and the neighborhood you live in – by the school you go to and the poverty or the richness of your surroundings. It is the product of a hundred unseen forces playing upon the little infant, the child and finally the man."

In other words, place and circumstance matter. We have learned a lot since Lyndon Johnson delivered his speech at Howard University nearly half a century ago. Research and knowledge now demonstrate more precisely the manner by which a constellation of forces converge to produce and exacerbate inequality, limit opportunity and diminish life chances.

To recalibrate the life trajectory of African-American and Latino boys and young men, policymakers, community activists and government officials must view the health of a community not in individual parts, but as an unbroken whole, made up of individual but virtually inseparable parts. In their assessment of the social, economic and policy landscape related to the health and well-being of boys and young men of color, PolicyLink has made several key recommendations, including:

- Make health care services easier and more convenient to access in neighborhoods;

- Reduce the stigma associated with mental health treatment;

- Ensuring that strategies for improving health address the ways in which neighborhoods limit the opportunities for healthy behavior like physical activity or healthy eating;

- Help communities link their strategies for improving health to complementary strategies to address jobs, housing, schools, and violence and crime;

- Encourage youth and men to make their health a priority and seek information about prevention from faith-based and community-based programs;

- Reform systemic factors in schools that push children out of public schools;

- Redouble investments in community colleges, which can play a more central role in preparing young men for the labor force; and

- Identify policy changes that will enable ex-offenders to re-enter communities as better fathers, husbands, workers and citizens.

# Case Studies:
# Promising Best Practices

Place has the power to heal, sustain, nurture and empower boys and young men of color. There are many examples of place-based solutions and best practices in California that have already proven their worth. We have highlighted some of the most promising.

## 1 Healthy Returns Initiative

Across the nation and in California, youth with unaddressed mental and physical health issues are entering the juvenile justice system at alarming rates. Approximately half of all youth detained at the county-level in California have a suspected or diagnosed mental illness, according to a 2008 survey of probation departments. Many suffer from a dual diagnosis – with three out of every four youth detained at the county-level struggling with substance abuse disorders.

Although a primary goal of the California juvenile justice system is the rehabilitation of juvenile offenders, counties face a lack of appropriate placement options for youth with severe mental illness and have limited access to community-based services for youth with less severe mental health and substance abuse disorders. These inadequacies contribute to longer stays in detention facilities and the ineffective use of probation resources.

In 2005, The California Endowment launched the Healthy Returns Initiative to address the alarming trend of youth with unaddressed mental and physical

health issues entering and languishing in California's juvenile justice system. The participating counties – Humboldt, Los Angeles, Santa Clara, Santa Cruz and Ventura –worked to strengthen their juvenile justice programs by screening youth for mental health and substance abuse issues and enhancing access to mental health treatment and health care services. They also focused on stabilizing youth and their families by connecting them to benefits and resources and culturally sensitive services.

Andrea Gordon, Director of Mental Health Programs with the Los Angeles County Probation Department noted, "The Healthy Returns Initiative program in Los Angeles County is about getting youth with mental health issues and their families whatever it is they need."

In addition, the Healthy Returns Initiative counties focused on building partnerships, collaboration, and integrating services. "The Healthy Returns Initiative brought together governmental agencies, community partners, and private providers to develop sustainable practices that address the myriad of issues these youth often face - substance use, lack of comprehensive physical and dental health care, untreated mental health problems, limited educational and employment opportunities, and family stress," explained Laura Garnette, Santa Cruz County probation director.

Through the Healthy Returns Initiative, the five counties accomplished a range of youth and systems level outcomes, including:

- Earlier and systematic identification of the health and mental health needs of youth;
- Better management of health and mental health conditions of youth in detention and in the community;
- Improved linkage and follow-up to services in the community upon release from juvenile hall;
- Successful engagement and involvement of families in planning and treatment;
- Reductions in incident reports and self-harm behaviors inside juvenile hall;
- Greater stability and safety for juvenile hall youth and staff;

- Fewer days in custody;

- Cultural shift across probation departments to prevention and rehabilitation;

- Better coordination and communication across county departments (e.g., public health, mental health, human services) for information sharing and treatment planning;

- Stronger relationships between probation and community-based partners that ensure effective case plan implementation and transition back to the community; and

- Cost savings to probation departments from reduced days in custody

In Los Angeles County, 62 youth were enrolled in the Healthy Returns Initiative. Prior to being enrolled in HRI, the 62 youth spent a collective 8,769 days in juvenile hall, out-of-home placements, and probation camps. While enrolled in the HRI program, there was a 94% reduction in days spent in juvenile hall, an 80% reduction in days spent in foster care and group home placements, and no youth were sent to camps. Six months after leaving the program, there was an 84% reduction in out-of-home days, resulting in $2.17 million in savings.

> *"The Health Returns Initiative program in Los Angeles County is about getting youth with mental health issues and their families whatever it is that they need."*
>
> – Andrea Gordon, Probation Director, Los Angeles County Probation Department

Case Study provided by *i.e.* communications

# 2 Youth UpRising, Oakland

In 1997, racial tension at Castlemont High School in East Oakland erupted into several incidents of violence. In response to the violence, student leaders asked their peers what would change the climate and make the neighborhood a better place to live and go to school. After distributing a survey to approximately 1,200 of their peers, student leaders heard that there were too few employment opportunities, an absence of positive social opportunities and a lack of community and personal safety. The student leaders shared their findings with elected officials.

Place has the power to heal, sustain, nurture and empower boys and young men of color. There are many examples of place-based solutions and best practices in California that have already proven their worth. We have highlighted some of the most promising.

With support from the City of Oakland, the Alameda County Board of Supervisors and Oakland United School District, the student leaders worked to transform an abandoned supermarket into a community center that would meet the needs of youth and the community. In 2005, a ribbon was cut on a state-of-the-art community center and Youth UpRising (YU) was officially born.

Youth UpRising believes that there are two critical components to building healthy and economically robust communities: First, you must foster and harness the leadership of young people. Second, you must also create safe and vibrant spaces that offer comprehensive, integrated programming.

Daniel Jones exemplifies YU's youth-leadership philosophy. The 20-year old Oakland native's love of music first led him to Youth UpRising. At the center's 3,600 square foot Media Art Center, Jones began teaching himself how to use the

music engineering programs. He quickly mastered the programs and now teaches YU participants how to use recording programs.

YU's "everything-under-one-roof" approach means that members can receive health and mental care on the premises. The center also hosts a café, which is not just a place to grab healthy food, but part of YU's job training program. Corners Café, YU proudly proclaims "is not just another restaurant and working at the café is not just a job!" The café was designed by youth and is a youth-run restaurant that provides not only employment, but valuable job training and business-leadership skills.

Five years after Youth UpRising opened its doors, the organization serves over 5,000 members per year. On his recent visit to Oakland in May 2010, Youth UpRising's success was lauded by Attorney General Eric Holder.

Deputy Director Omana Imani credits Youth UpRising's success to listening to the community.

"We didn't want to just plop down in the neighborhood," says Omani. "We didn't want to be seen as someone else who comes in and takes over what is happening in the neighborhood. We were collaborating with the neighborhood to build an organization."

# 3 Safe Community Partnership

Systemic violence, particularly gun-related violence, is having a devastating impact on the lives of boys and young men of color. As the RAND Corporation research points out, young African-American men (15–24) have a homicide death rate at least 16 times greater than that of young white men, and young Latino men have homicide death rate 5 times greater than that of young white men.

In 2009, the Safe Community Partnership – involving state government, cities, and private foundations – was formed to end gun violence in California. Several cities (including Modesto, Oakland, Oxnard, Salinas and Stockton in its initial phase) – are developing and implementing strategies that use a public health approach akin to treating a contagious disease. Left untreated, the disease can spread through a community the same way a virus can. The Partnership focuses on treating violence at the source and interrupting the disease before it spreads.

Just like an epidemiologist would approach a public health emergency, each city collects and analyzes basic data – the "who, what, when and where" local gun-related street violence. The data helps not only to identify hot spots, but also who needs to be at the table to solve the problem and how best to allocate limited resources.

The strategy requires a team approach, with cities organizing a working group, which includes community leaders, criminal justice agencies, gang outreach workers, social service agencies and employment training specialists. A key responsibility of the working group is to engage directly with the gang members and other youth most likely to be involved with gun violence.

A typical community conversation looks like this:

- Gang members and young men at high risk of committing gun violence are invited to short meetings by a range of partners including community members, young people formerly involved in violence, service organizations, criminal justice agencies, family members and faith leaders.

- The meetings take place in a variety of spaces including community centers, courtrooms and city halls. No one is preached at during the forums. Members of the group assure the young men that the community wants them to succeed, but emphasizes that street violence is destructive to community life and must stop. Law enforcements agencies share a powerful message: The status quo is not acceptable. We stand behind the community's commitment to reach out to you, but we will intervene with enforcement to protect the larger community if the violence doesn't stop.

- Finally, the group ensures that service agencies are at the meeting and ready to help with employment, education and related support services.

The approach has yielded some early signs of success. For instance, in Salinas, over a four-month period, there was a 82% reduction in homicides and 49% reduction in firearm injuries. In Oxnard, over a six-month period, there was a 60% reduction in homicides and a 43% reduction in serious firearm assaults.

# Other Promising Programs

### San Diego Second Chance Reentry Advocacy Project – San Diego, CA

Provides a set of comprehensive and integrated services that combines pre-release outreach with drug- and alcohol-free housing, mental health counseling, and job training and placement after release to help released inmates adjust to reentry in San Diego.

### The Mentoring Center – San Francisco Bay Area, CA

Provides a focused group-mentoring program known as Positive Minds Group On Location for youth most at risk of destructive behavior within three Bay Area schools.

### National League of Cities Institute's Gang Prevention Network – California

Provides a coordinated effort that brings together civic and community leaders to develop and promote new approaches to reducing gang violence in 13 California cities – approaches that innovatively and comprehensively combine intervention, enforcement and prevention.

# Conclusion

The research documented in this report should help to demystify the problems facing African-American and Latino boys and young men. If we have a clearer understanding of those problems, then we are all more obligated to do something about it. And once we know that the trauma these children experience is a product of many different factors in their homes, schools and neighborhoods, then it becomes incumbent on health, education, criminal justice and civic leaders to all work together to improve conditions.

As a society, we place great emphasis on the personal responsibility of the individual, and our families and institutions should do everything they can to instill in all of our boys and young men a strong sense of self-worth, hope and accountability. But if we expect our children to climb over poverty's great barriers without help from the rest of us, then we are the ones who are being irresponsible. Because the problems facing African-American and Latino boys and young men are so complex and interwoven, we must put a premium on solutions that establish and strengthen a web of support for them.

Improving the places where our boys and young men of color live, learn, work and play is no easy undertaking. But it is doable. And that makes it the right thing to do.

*Find the full reports here:* **www.calendow.org/BMOC**

*Building Equalizing Schools Within Inclusive Communities: Strategies in the Classroom and Beyond that Redirect the School-to-Prison Pipeline*

**– The Charles Hamilton Houston Institute for Race and Justice at Harvard Law School**

*Healing the Hurt: Trauma-Informed Approaches to the Health of Boys and Young Men of Color*

**– The Center for Nonviolence and Social Justice at Drexel University's School of Public Health**

*The Promise of a Healthy California: Overcoming the Barriers for Men and Boys of Color*
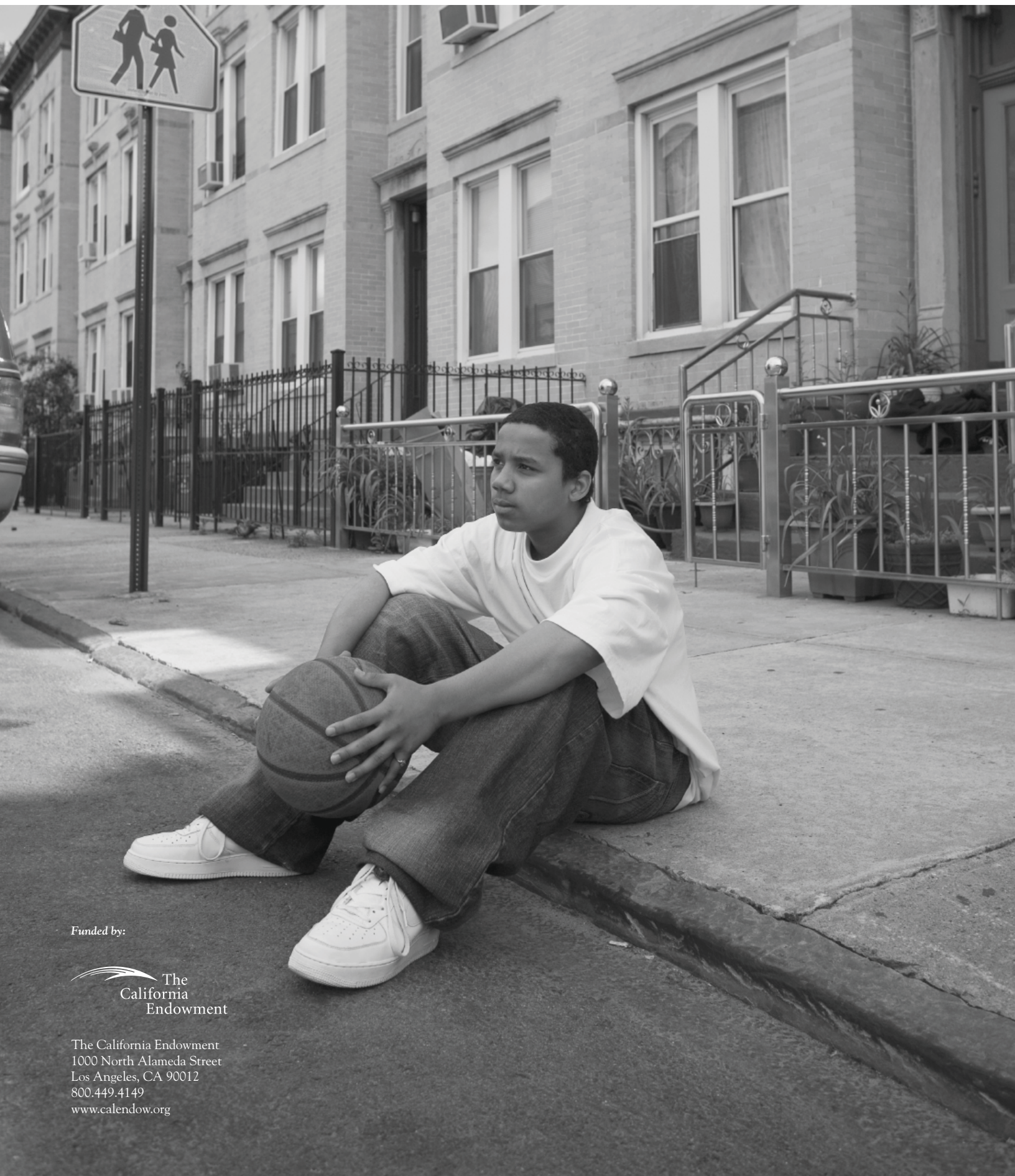
**– PolicyLink**

*Reparable Harm: Assessing and Addressing Disparities Faced by Boys and Men of Color in California*

**– The RAND Corporation**