NJHI: Next Generation Community Leaders

INTERIM REPORT | 2018

Next Generation Community Leaders, Interim Report 2018:

Authored by
Dr. Stephen Danley,
Dr. Wenhua Lu,
Curtis Williams,
Mary Mitsdarffer,
and PJ Craig
Next Generation Community Leaders

The Next Generation Community Leaders (NGCL) initiative supports 11 communities in engaging youth ages 14-21 as health partners and providing participating youth with an opportunity to make meaningful change in their communities through summer employment on a self-designed, community-focused health project. NGCL aims to improve the Culture of Health in New Jersey by funding 11 communities to develop teams of youth leaders who will implement summer action plans to address local health issues.

If successful, NGCL will:
1. create a cadre of young adults with the skills, interests, knowledge, and connections to social institutions to provide leadership in their communities concerning health problems,
2. demonstrate that youth can be recruited as partners in building a Culture of Health, and
3. contribute to the improvement of a significant community health problem.

Evaluation Goals

1. Evaluate effectiveness of NGCL youth groups’ attempts to improve health in their own communities,
2. Contribute to the wider literature and understanding of how youth participation can contribute to the production of a Culture of Health, and how that knowledge may be generalizable to other participatory contexts, and
3. Inform and improve NGCL through real-time, practical feedback to the Institute for Effective Education at Rutgers University and to New Jersey Health Initiatives.
This report covers emerging themes from early data collection for NGCL.

Methods: As an initial evaluation of the year-long program, youth participants were surveyed in Feb. 2018 about their perceived impact of the NGCL program in improving different aspects of their personal development. To characterize youths’ experiences and each community’s program development, field observations and individual interviews were conducted to collect qualitative data based on the Principle of Guided Participation.

The evaluation uses mixed methods to test the ways the tenets of guided participation influence a host of outcomes including: youth impact, community impact, and project impact.

Methods used:
- civic engagement survey
- youth experience survey
- interviews with youth
- site visits

Surveys are given at multiple time points throughout the evaluation, and both site visits and interviews are conducted randomly. Thus far, we have conducted surveys at T1 (n=120) and T2 (n=109). We have conducted 24 site visits and 48 interviews.

Theory: Guided Participation

We ground our observations, interviews and interpretation of quantitative data in the principles of guided participation (Kirshner, 2009). Guided participation theorizes that youth participation is most effective when adults walk a fine line between empowerment and control. Give youth too much freedom, and there is a risk that youths’ choices lead to bad experiences and unattainable objectives. Give youth too little freedom, and youth may disengage from activities. Our study applies this model to NGCL: an initiative in 11 underserved communities to develop teams of youth leaders to design and implement community health summer projects as part of an effort to build a Culture of Health in cities.

We hypothesize that youth groups that follow key principles of guided participation lead to more feasible community health projects, better youth experiences within projects, and greater community impact by project.

**HYPOTHESIS: GUIDED PARTICIPATION > BETTER YOUTH EXPERIENCE > FEASIBLE COMMUNITY HEALTH PROJECTS > INCREASED COMMUNITY IMPACT**

Guided participation provides a framework for evaluating the guidance given to youth participation within each site: safety and belonging, making the domain visible (i.e., helping youth see how their individual actions fit into a wider endeavor), showing trajectories of competence (i.e., demonstrating models and skills to youth to help them master those models and skills), providing timely and flexible feedback, alongside other theoretical constructs. Guided participation also provides tangible principles to enact participation including: youth control over decision-making, increasing responsibility of youth over time, youth learning through activity, not lecture, and more.

These concepts are particularly relevant for NGCL. The program explicitly cites guided participation in its founding ideas. Furthermore, it is built on a model of youth participation leading to vibrant, meaningful community health projects. Youth participation is structured to have both short-term and long-term impact on communities’ health.
Descriptive Statistics

Youth Experience Data

Key stats:
- 79% aged 16 to 18,
- 44.2% Black, 30% Hispanic
- 87.5% were born in the U.S.
- 120 youth at Ockanickon + 50 new youth = 170 participants

Emergent Trend: Addressing Systemic Issues

From early on in the NGCL experience, the program focused on upstream (macro-level determinants of health) and downstream (micro/individual-level determinants of health) health. The centering of that concept is integral to the NGCL model which seeks not just to address health crises, but specifically to empower youth to build projects that address issues in their community prior to crisis points or treatment within the health care system. That focus on upstream projects requires a particular sophistication around systemic issues such as socioeconomic status, race, and gender — both coaches and youth need a language to specifically address the systemic nature, to tackle specific issues that intersect with discrimination, societal expectations, or poverty. Failing to put health in these contexts too often results in blaming local communities for low health measures, and likely will lead to projects that focus around changing individual behaviors rather than trying to address upstream health.

There was variation across sites, but in general, sites struggled to connect health to systemic issues. This is reflected in Youth Experience data, where youth reported extremely high levels of learning around health (93.9%) but relatively lower levels of learning about socioeconomic inequality (60.6), their own racial/ethnic group (42.6%) and other racial/ethnic groups (50.7). These systemic challenges are the ultimate upstream challenges. Failing to address them often results in blaming local communities for low health measures, and likely will lead to projects that focus around changing individual behaviors rather than trying to address upstream health.

Inadequate understandings of such intersections with poverty and race lead to blaming the local community (left), while more nuanced, systemic discussions can lead to upstream thinking (right).

Table 1 shows the proportions of youth who responded “quite a bit” or “yes, definitely” to at least half of the items in constructs key to the evaluation.

As demonstrated in the initial stage of evaluation, the NGCL program contributed to youth participants’ personal development in a variety of ways and to different degrees (Table 1). In general, most youths who participated in T2 evaluation (N = 109) reported that participating in the NGCL program improved their social skills (89%), civic skills (89%), interpersonal relationship (86%), and identity reflection (83%). Following up, personal health (81.5%), identity exploration (78.9%), leadership skills (75.8%), and cognitive skills (70.6%) almost all participants (99.1%) reported positive involvement with their coaches, and only 4.6% reported overall negative experiences in the program (e.g., “I felt like I didn’t belong in this activity,” “I felt left out,” and “There were cliques in this activity”).

The guest speaker is sharing data on both the NGCL youth group’s city and county and comparing it to other cities and counties in the state of New Jersey. For each data point, he asks the youth where their community is. He asks them how they rank in crime. A youth responds “the worst.” He asks them where they ranked in life expectancy, and a youth responds “second worst.” He asks them where they rank in terms of overall health factors and a third youth responds “the worst.” Though there is little talk of education and lead poisoning as factors, the conversation quickly leads to trying to find solutions. The speaker concludes by saying “a lot of this stuff is negative, but you guys have the power to try to change the situation.” But the youth, after spending close to an hour discussing how bad their community is, seem beaten down.

[Adapted from field notes, 1/27/18]
Emergent Trend: Learning through activity, not lecture

A key tenet of youth participation within the guided participation paradigm is the use of activity rather than lecture. Virtually all sites struggled to impress that principle upon guest speakers, who often reverted to standard PowerPoint presentations designed to convey knowledge to youth. Doing so created a clear hierarchy — youth experiences (as discussed below) were explicitly marginalized for the sake of covering content on critical health issues. An interview with an NGCL youth captures the dynamic:

“It was mostly the part of the statistics. It was kind of like being in school.”

That meeting (snapshot on the left) captures the challenges of bringing guests into youth groups. That challenge — that incoming speakers primarily saw themselves as imparting knowledge to youth, and youth largely were passive recipients of that knowledge — manifested itself across multiple sites. Perhaps most glaringly, one site had a presentation centered on trauma-informed care, but youth experience played virtually no role in the discussion.

While sites almost universally struggled to handle the dynamic of guest speakers, some groups handled it better than others, and some groups made extensive use of time without guest speakers to focus on activities. A sophisticated activity occurred in one group, where coaches used an activity to prepare for a guest coming the next month (snapshot on the right).

These examples, and the many others from site visits and interviews show a clear and emerging pattern: youth respond poorly to lecturing, are less engaged, and as a result, are less likely to take active participatory roles. We expect that this variation will show up in the youth experience data and interviews and manifest itself later in the program.

Emergent Trend: Centering Youth Experiences

NGCL holds an inherent tension between learning content and empowering youth by making them feel their experiences are valuable and important. In the context of limited time in monthly meetings, youth experiences often are pushed to the margin in an effort to ensure youth understand content. The result is that youth are pigeonholed into the position of passive recipients of knowledge, and that critical pedagogical opportunities that both empower youth and center their experiences as important are missed. Often, these experiences are ideal launching off points for both a) addressing systemic issues, and b) transitioning from lecture to activity.

There were a host of examples across sites of youth experiences happening around the margins between youth rather than being central to the discussion (left). These examples show missed opportunities to empower youth by placing their experiences at the center of the conversation, and in doing so, affording youth the opportunity both to be “experts” about their own community, while also linking such experiences to wider issues.

An example of centering youth experiences in this way happened in one session in October 2017 (right). The activity was an opportunity for youth to engage on terms that they were familiar with, and for coaches to round out that local knowledge with wider lessons.

Prior to the meeting, students read about the social determinants of health. Many of the activities focused on that reading, including a "Jeopardy" game. But the focus on content often meant that conversations about youth experiences took place in the margin. In one case, during a discussion about healthy eating, a coach focused on whether that was due to the social determinant “built environment.” One youth stated to another youth “you can’t rally take it out on them, they do sell fruits and vegetables. It’s a person’s choice.” But there was little room for discussion. Moments later, talking about school lunches, a youth stated “in this community there’s a lot of powerful guys. Yesterday we were walking back from the game, win our uniforms on, and there were these guys in a mini-van calling out after us, and followed us to the parking lot.”

The coach responded by asking what category of social determinant of health the conversation fits into.

[Adapted from field notes, 1/31/18]

The coaches had prepared the activity by taping flipboard paper on the wall and drawing a rough map of their city. Youth were given post-it notes and were able to put a variety of community anchors on the map, everything from community gathering places, to grocery stores to fast food places. Different color post-it notes represented different types of things, and the map began to be a physical representation of inequality in the community. It also encouraged youth to talk about the specific parts of the community they were familiar with. In particular, there was a robust debate about the intersection of crime and stereotypes, and whether “bad” areas were actually bad. A coach took the opportunity to say “with segregation comes these narratives that we hear from each community, associated with who lives there.” [Adapted from field notes, 1/31/18]

At this point, the guest speaker had been lecturing from a report on the city’s health statistics for close to an hour. A coach interrupted to ask “what do you guys think?” But the speaker cut the coach off and said “let me finish these” then continued to read directly through a dense report. Though coaches actively tried to salvage the situation as the meeting wrapped up, saying “part of this program is to hear the youth,” the coach responded by asking what category of social determinant of health that conversation fits into.

[Adapted from field notes, 10/2/17]
Conclusions and Next Steps

There are several reasons to be optimistic both about the NGCL project and its study. The first is simple: youth report extremely positive experiences with the program, particularly around learning on health constructs. Similarly, youth experiences around interactions with their coaches are extremely positive in the experience survey and in interviews. Those items are central to the program’s logic model, and it appears likely that in the next stages of the evaluation, those positives will carry through into both youth and community impact.

Similarly, there are strong signs that the conceptual framework of the study — and its focus on guided participation — is a valuable analytical tool to evaluate the NGCL program. Thus far, the theoretical tools within that literature have been effective tools for use in both qualitative data collection and the analysis of both quantitative and qualitative data. That success indicates that the wider goals of the study — to link the principles of guided participation to program outcomes — is a viable strategy to study a complex youth program that is dependent upon youth participation and direction.

Finally, the report captures key challenges that enables a) NGCL coaches to adapt current programming to ensure better outcomes for the program; b) Rutgers and NJHI to adjust to current program challenges by bolstering the second year of NGCL, and c) a contribution to our wider understanding of both youth participation, and particularly the efficacy of using guided participation within such groups.

Tools to Address Lecturing and Youth Experience Challenges

Some of the challenges connected to the lecture issue, versus learning through activity, can be addressed directly through the coaches’ training, and explicitly instructing coaches to consult with guests prior to presentations. However, another approach is to use structured ways to flip the power dynamic in meetings.

The 4-H uses a version of Robert’s Rules of Order to do this. This model emphasizes youth taking roles that put them in positions of authority such as President or Secretary. Youth learn about parliamentary procedure and voting, and in doing so, take primary roles in the running of their own meetings.

Similarly, PICO – which conducts faith-based community organizing – has an explicit model that it uses to ensure that community occupies similar roles when community organizing. One stage of the PICO organizing process is research and analysis, in which it invites experts to meetings on relevant policy topics. But organizers found that experts often dominated the conversation, so they assigned roles: one community member is in charge of running the meeting, a second is a timekeeper, and others are tasked with specific research inquiries. The experts are explicitly told that the are there to answer questions. The model connects individual experience to systemic and structural thinking, and to action. The circle has four movements – 1) experience, 2) social analysis, 3) reflection, and 4) action planning.

Such a model could be used within meetings as a repeated tool to address upstream health concerns, or across the program to build toward projects.

Tools to Address Need for Systems Thinking

There are a number of models to encourage systems thinking that could be implemented in sites. Two models are highlighted below: 1) the Circle of Praxis and 2) Toyota’s Five Whys

The Circle of Praxis

Circle of Praxis is an iterative process that allows an individual to practice social analysis and move from experience to action regarding a systemic social issue. The model was introduced by Joseph Holland and Peter Henriot, SJ in their book Social Analysis: Linking Faith and Justice (1980). The model connects individual experience to systemic and structural thinking, and to action. The circle has four movements – 1) experience, 2) social analysis, 3) reflection, and 4) action planning.

Toyota’s Five Whys

Similarly, the Five Whys technique provides a template for getting to root causes of a problem. Originally developed by Toyota (Ohno, 1988), the technique is now used largely by start-ups that attempt to troubleshoot (Ries, 2008). Ries provides a sample example of the power of the tool to get to the root of a problem:

1. Why was the website down? The CPU utilization on all our frontend servers went to 100%.
2. Why did the CPU usage spike? A new bit of code contained an infinite loop!
3. Why did that code get written? So-and-so made a mistake.
4. Why did his mistake get committed? He didn’t write a unit test for the feature.
5. Why didn’t he write a unit test? He’s a new employee, and he was not properly trained in TDD.

For NGCL sites, the Five Whys would be a powerful tool for insisting on deeper discussions about upstream health considerations. It could support coaches in building the skill set necessary to address health issues in sophisticated ways.