

# Youth Action for Health Through Youth-Led Research

Ahna Ballonoff Suleiman, MPH  
Samira Soleimanpour, MPH  
Jonathan London, PhD

**SUMMARY.** Youth participation in social action can contribute to healthier, more just communities and more effective youth serving institutions. Reflecting on youth-led research projects conducted in seven school-based health centers, this article presents specific youth engagement strategies, the benefits of youth participation in health research, and the lessons learned for improving adolescent health and other outcomes. [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com>

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Ahna Ballonoff Suleiman, MPH, is Program Manager with the Contra Costa County Health Services Department, 597 Center Avenue, Suite 365, Martinez, CA 94553 (E-mail: [asuleiman@hsd.cccounty.us](mailto:asuleiman@hsd.cccounty.us)). Samira Soleimanpour, MPH, is Project Director with the Institute for Health Policy Studies, University of California, San Francisco, 3333 California Street, Suite 265, San Francisco, CA 94143 (E-mail: [samira@itsa.ucsf.edu](mailto:samira@itsa.ucsf.edu)). Jonathan London, MCP, PhD, is Senior Researcher in the Department of Human and Community Development at UC Davis, One Shields Avenue, Davis, CA 95616 (E-mail: [jklondon@ucdavis.edu](mailto:jklondon@ucdavis.edu)).

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**KEYWORDS.** Youth-led research, health equity, participatory action research, social justice, youth development, school-based health centers

Youth participation in social action can help lay the groundwork for healthier, more just communities and more effective youth serving institutions. Youth participation in social action efforts can take many forms, including youth-led research, evaluation, planning, community organizing, or policy development. Youth participation in research and evaluation is a process in which young people actively examine issues that affect their lives and make decisions to create meaningful change in their communities with respect to these issues (London, Zimmerman, & Erbstein, 2003). Through involvement in such social change efforts, youth contribute to creating health programs and services that can better meet the needs of young people while simultaneously expanding their knowledge and skills, therefore increasing their capacity to engage in more healthful decision making. This article examines the benefits of engaging youth in health research, presents specific youth engagement strategies, and analyzes and discusses experiences with a cohort of youth-led research projects aiming to improve adolescent health and other outcomes. From the reflection on this cohort, recommendations are provided for engaging youth in social action towards personal and community health.

### ***YOUTH PARTICIPATION IN HEALTH-FOCUSED SOCIAL ACTION PROJECTS***

Increasingly, youth participation is viewed as a vehicle for strengthening young people, their organizations and their communities (Irby, Ferber, & Pittman, with Tolman, & Yohalem, 2001; Flanagan & Faison, 2001, as cited in Pittman, Irby, Tolman, Yohalem, & Ferber, 2003) and has been incorporated into a variety of sectors and systems, including education (Rubin & Silva, 2003), environment (Harte, 1997), urban planning (Driskell, 2002), and social services (Movement Strategy Center, 2005). Health is another critical sector in which these efforts are increasingly emerging. Over ten years ago, the World Health

Organization (WHO) included youth in their call for community participation in health and outlined that effective adolescent health programs require youth involvement in setting program objectives, policy development, and the allocation of resources at the local, national and international level (World Health Organization, 1993). This call for youth involvement still remains crucial in light of the current health status of youth, especially youth of color; low-income youth; immigrant youth; lesbian, gay, bisexual, transgender, questioning, and queer youth; and other disenfranchised groups. These youth are underserved by health and social services and are at high risk for suicide, substance abuse and negative sexual health outcomes (Earls, 2003; Advocates for Youth, 2004).

Substance use, pregnancy, violence, sexual transmitted infections, asthma, and obesity only begin the long list of health challenges that youth encounter. The most important determinants of these, and all health issues, are related to how equitably societal and community institutions are organized and how resources are distributed (Raphael, 2003). These health issues are rooted in social inequity around income, housing, employment opportunities, educational attainment, environment, race, and gender. Elimination of health disparities for youth can be better achieved if young people are fully engaged as partners and leaders in addressing social inequities, researching health issues, and planning and evaluating health programs. Yet, to meaningfully participate in social action, young people and their communities must have the skills necessary to address disparities in health, income, race/ethnicity, and educational attainment (Raphael, 2003).

The approach of youth development has been an important first step towards recognizing and building on youth as assets and authentically engaging youth in health improvement (National Research Council & Institute of Medicine, 2002). Youth development entails “building supports for young people and creating the opportunities for growth, learning, and exploration that are central to preparing youth for adulthood” (Ginwright, 2003, p. 3). Yet, while youth development recognizes the potential of youth participation in building healthier communities, it often lacks a framework that promotes and critically frames youth action (Quiroz-Martínez, HoSang, & Villarosa, 2004). To truly create social action, young people must have a sense of power to achieve change and understand the context of their community (Minkler & Wallerstein, 1997). Recent theorizing has opened the way towards “social justice youth development” as a strategy to engage youth in creating social action towards health (Ginwright & Cammarota, 2002; Ginwright, 2003;

Ginwright & James, 2003). This approach moves beyond recognizing that youth are valuable community resources capable of developing into strong adults and embraces them as powerful catalysts for community change. In social justice youth development, youth travel on a journey of self-awareness, social awareness and global awareness so that they can become powerful change agents (Ginwright & Cammarota, 2002). As youth move through these fields of awareness, they must possess strong skills to support them in collecting information, evaluating current situations, and planning for, initiating and maintaining future change.

Community-based participatory research (CBPR) is increasingly recognized as an effective strategy to eliminate health disparities, promote community change, and improve health indicators (Minkler & Wallerstein, 2003). According to Raphael (2003), the knowledge that community members possess about health and its determinants are equal to or greater than the value of experts. This concept can be applied specifically to young people. Providing young people with tools through CBPR supports them in framing their expertise so that it is integrated into overall community change. Involving youth in shaping services and programs to address health increases their sense of power and their control over and sense of responsibility for their own health (Meucci & Schwab, 1997; Schensul, 1988). As youth and adults take their power and gain mastery over their lives and their social and political environment, they can improve equity and their quality of life (Minkler & Wallerstein, 1997). Yet, neither adults nor youth can accomplish this lofty task alone. To impact the broad determinants of health, young people, as important community members, must come together and partner with adults to achieve cohesion, community participation, and political action (Raphael, 1998).

While CBPR can provide an avenue for young people to have voice in shifting health inequities, it can lack the power, on its own, to create sustainable change. When engaged as part of a cycle that integrates research, evaluation, planning, implementation, youth organizing, youth-led policy development and other social action models, a comprehensive strategy emerges. This complete cycle moves youth-led research from an academic exercise into a social action process.

Clearly, achieving social change is a long, complex process. A project that supports young people in only understanding the causes or impacts of a specific health issue will not necessarily support them in understanding or impacting the root causes of health inequity. Nor will

it actually support them in developing youth-informed solutions that reflect their unique expertise. Youth-led social action efforts provide a method for youth to become empowered and to create change around these issues. As young people build their skills through youth-led research, planning, implementation and evaluation and identify important health issues in their community, they expand their knowledge and skills. As they learn the context of these health issues and explore how they are tied to the social determinants of health, including but not limited to employment, transportation, education, crime, racial inequity, poverty, and political equality, they begin to uncover the need, and potential methods, for systemic social change (Meucci & Schwab, 1997). As they present their results and begin thinking about action, the young people and their adult partners begin to strategize about how to move their information into action.

Growing evidence suggests that young people who take active roles in organizations and communities have fewer problems, are better skilled and tend to be lifelong citizens (Irby et al., 2001). Involving youth in the struggle to create social change to achieve health equity validates youths' ability to assess their needs and strengths and solve problems (Minkler, 2000). As stated by Syme (2000), individuals who are involved in social action strengthen their identity as community members, expand their skills, and learn more about their own health status which can result in health behavior change, increased locus of control over health decisions, increased empowerment, and overall better health outcomes. This notion also applies to young people. Through involvement in social change, youth channel their unique experiences and insights resulting in meaningful health reforms and more healthful delivery systems that better serve young people. Consequently, the youth participating in social action efforts also have the great potential to become local health promoters in the communities and on the issues in which they are working (Syme, 2000).

While improving the health status of the youth themselves, youth-led health research projects simultaneously benefit the community and the youth serving programs. Existing research suggests that by actively involving service recipients in planning and evaluation, the empowering process results in more effective programs (Wallerstein, 1999; Wallerstein, 2000). This concept can be applied specifically to adolescent health programs. Table 1 summarizes the benefits of engaging youth in youth-led action research that focuses specifically on health.

TABLE 1. Benefits of Engaging Youth in a Youth-Led Health Research, Social Action Framework

Skill Building	Understanding Community Context	Action	Potential Health Outcomes
<ul style="list-style-type: none"> <li>• Research</li> <li>• Planning</li> <li>• Implementation</li> <li>• Evaluation</li> <li>• Understanding of public health</li> </ul>	<ul style="list-style-type: none"> <li>• Housing</li> <li>• Employment</li> <li>• Poverty</li> <li>• Transportation</li> <li>• Education</li> <li>• Service delivery</li> <li>• Crime</li> <li>• Air and water quality</li> <li>• Institutional racism</li> <li>• Political/social equality</li> </ul>	<ul style="list-style-type: none"> <li>• Build partnerships with other youth and adult allies</li> <li>• Analyzing, contesting and building power</li> <li>• Community participation</li> <li>• Political action</li> <li>• Problem solving</li> </ul>	<p>Individual level:</p> <ul style="list-style-type: none"> <li>• Improved quality of life</li> <li>• Increased locus of control</li> <li>• Self-efficacy</li> <li>• Self-empowerment</li> <li>• More informed and effective health promoters</li> </ul> <p>Community level:</p> <ul style="list-style-type: none"> <li>• Improved quality of and access to services</li> <li>• Reduced health inequities</li> </ul>

### *The Youth Rep Approach (Youth in Focus)*

Youth in Focus is a non-profit, intermediary organization based in Northern California, that provides technical assistance and training to underrepresented youth and the communities and institutions that serve them to support them in conducting Youth-Led Action Research, Evaluation and Planning (Youth REP) as a vehicle for social justice. In 2000, after more than a decade of implementing and refining youth-led action research both domestically and internationally, Youth in Focus standardized the Youth REP training process into an eight-step curriculum, called Stepping Stones, which includes youth training, adult facilitator coaching, and institutional or community capacity building. The eight-step curriculum moves youth and adult allies from an awareness of the need to engage young people as change agents into the process of building skills through Youth REP, and culminates in the boost towards action as the project comes to a close (London, 2001).<sup>1</sup> While the Youth REP process culminates as the action phase begins, one of Youth in Focus's key strategies is to build the capacity of youth leaders, communities and institutions to create alliances to support an effective action phase. Youth in Focus applies the Youth REP process in the fields of education, juvenile justice, community development, and adolescent public health. This paper focuses on the application of Youth REP in Youth in Focus's Adolescent Health Initiative.<sup>2</sup>

Youth in Focus's Adolescent Health Initiative (AHI) combines the proven tools of community-based participatory research and capacity building to engage young people in working towards health equity and social justice. The AHI works to achieve a true partnership towards health equity by bringing the science of research, evaluation and planning to the table where youth and their communities sit, so that young people can create sustainable, equitable change. The AHI supports youth and their communities in increasing their capacity to understand public health issues and to address the injustices and inequities they face by using the resources and assets they possess. Through these efforts, the AHI builds the foundation for the attainment of true health equity by creating individuals and communities primed to work towards social justice and to provide critical input on health education, promotion, service delivery and policy. As young people build their skills in Youth REP, they engage in powerful partnerships with adults and work towards achieving just, democratic, and sustainable social change.

#### ***CASE STUDY—DOES YOUTH REP LEAD TO SOCIAL ACTION?***

During the 2003-2004 school year, the University of California, San Francisco's Institute for Health Policy Studies (UCSF) contracted with Youth in Focus to implement the Youth REP Stepping Stones Curriculum at seven school based health centers (SBHCs) located in Alameda County. Each of these centers is a member of the Alameda County School Based Health Center (SBHC) Coalition. Since 1997, UCSF has conducted a comprehensive process and outcome evaluation of the Alameda County SBHC Coalition. The SBHC evaluation aims to determine how well SBHCs are serving students in Alameda County and to help SBHCs improve their programming to serve the needs of youth in their communities. In 2002, UCSF received a Community-Based Participatory Prevention Grant from the Centers for Disease Control and Prevention (CDC) to enhance their ongoing evaluation of SBHCs in Alameda County by launching a participatory student research project. The overall goals of these "Student Research Team" projects were to increase the capacity of SBHC staff and youth to engage in research on student health and to improve the quality and breadth of services offered by the SBHCs. UCSF and Youth in Focus partnered to provide support to each of the seven sites. UCSF worked with the SBHCs to coordinate and implement the logistical aspects of the projects; secured the review and approval of each site's research

tools by UCSF's Internal Review Board to ensure that research procedures were conducted ethically; and provided an overview of evaluation data to each of the teams at the onset of their projects to help set the context for their research. Youth in Focus provided technical assistance and training on youth-led research to the youth and provided ongoing coaching to the primary adult facilitators on implementing the Stepping Stones Curriculum.

The youth-led projects took seven to eight months to progress through the Stepping Stones process. The youth met with a primary adult facilitator from the host site a minimum of once each week during a pre-designated meeting time, for one to two hours. They met bi-weekly or monthly with Youth in Focus staff for ongoing training in the Stepping Stones, including sessions on topic selection, research methods, data collection strategies, tool development, data analysis, and data presentation. Teams of two to six youth participated at each site and UCSF provided youth at all sites with a cash incentive to support their involvement in this project. Each team selected a health topic that they identified as important on their campus and that could be impacted by the SBHC. The teams used different strategies to identify these research topics. Several teams brainstormed within their groups to assemble a list of health topics that most significantly impacted their peers and through discussion and/or a voting process decided which topic they would research. Other teams conducted a brief needs assessment on campus to identify the largest health concerns at their schools. The health topics that the teams ultimately selected included depression, suicide, condom accessibility, birth control availability, sexual harassment, and the impact of relationships on health decision making. By the end of the school year, each of the groups had collected data on their respective topics, analyzed their data, developed recommendations based on their findings, created a final product or report, and presented their findings to key stakeholders including the SBHC staff, school staff, community health providers, and/or community members.

These projects set out to enhance the SBHC program planning and evaluation efforts by incorporating youth voice; to identify and address health needs of the student and school community to improve the overall health and well-being of youth; and most importantly, to provide youth with a meaningful opportunity to gain valuable skills in health research, evaluation, leadership and public speaking. Although the immediate goal of these projects was not to engage participants in social action in the time period in which these projects were implemented, the

question still remains: how well did these projects result in equipping youth with the necessary tools to create meaningful, sustainable social change? Perhaps the answer will take more time to emerge but this question merits further examination to assess the effectiveness of Youth REP as a social action tool.

### ***Case Study Methods***

The following in-depth case method analyzes and discusses several key themes that arose during the implementation of youth-led research projects at seven school sites. These themes emerged through collaborative reflection by Youth in Focus and UCSF staff on their experiences with providing technical assistance to these projects and through discussions with the adult project facilitators. The discussions with the adult facilitators occurred primarily during technical assistance sessions, as well as during monthly meetings, coordinated by UCSF and Youth in Focus, which were designed to provide a forum for the facilitators to share their successes, challenges and suggestions for improvement. Further information was gathered through ongoing session reflections with the adult staff and student research team members; structured, individual interviews with each site facilitator at the end of the projects (n = 5); and student researcher pre/post surveys (n = 26).<sup>3</sup> The purpose of the facilitator interviews and student researcher pre/post surveys was to assess participants' experiences with the project. This analysis and reflection of the key themes helps to focus the examination of whether Youth REP can effectively lead to social action.

### ***Project Analysis and Discussion***

#### ***Setting the Terms for Change***

One of the initial, important steps in the Youth REP process is to define the types and degrees of decision making power at each point in the process. London (2002) observes that there are two dimensions of youth decision-making in such projects: "authority" (autonomy of decisions) and "inclusion" (number of decisions). Prior to recruiting youth into the projects, the adult staff defined where the projects were to lie on these dimensions and worked to answer questions such as: do the youth have complete autonomy in selecting the project topic? If not, what restrictions or limitations are placed on topic selection? Who will work with the youth so that they understand the purpose of these limitations with-

out feeling like pawns in the adult structure? If the adults at a site have been trying unsuccessfully to achieve change in a specific area, does it make sense for the youth to engage in impacting the same topic? If there are multiple levels of stakeholders (i.e., program staff, school administrators, the school board, community health providers), who should be involved from the beginning in shaping the focus of the project? Resolving these questions during the initial phases of the project allowed the projects to move forward as smoothly as possible (see Table 2).

Despite work to answer these questions early on in these projects, the answers often changed mid-stream and new questions continually arose. For example, at one site the SBHC staff and the school principal originally supported a project looking at condom accessibility among students, but when the Youth REP participants returned to the principal to begin data collection, they were informed that students would need parental consent before participating in their research and later learned that many teachers and parents were strongly opposed to research on this topic. At another site, the youth team initially elected to research better ways to market the SBHC services to the student body. They quickly learned that the SBHC was already operating close to capacity and would not be able to respond to a sudden flood of new clients. Considering that it often took three to four weeks for groups to agree on a topic, having to go back to the drawing board for topic selection seemed insurmountable. What happens at this point? Do the youth, who are already working on a short timeline, return to the drawing board to select another topic? Do the adults who supported this topic advocate for the youth? While the second option is preferable, at times the adults lack the power to influence those in opposition or may have political or personal reasons not to push the agenda of the youth researchers. When the first option occurs, this can often have devastating impacts on the morale and commitment of the youth participants. In the first example above, the youth remained committed to their topic and shifted their timeline to accommodate the need for parental consent. In the second case, the

TABLE 2. Setting the Terms for Change

1. Define types and levels of decision making power between youth and adults.
2. Ensure that all partners are aware of agreements for making decisions and provide clear, thorough explanations to youth and adults when these agreements change.
3. Prepare adults to serve as allies for youth.
4. Prepare youth for the slow pace and potential challenges of social change.

youth returned to the drawing board and selected a new topic. Due to the solid collaborative relationship between the youth and adults at this site, this shift required some adjustment to the timeline, but resulted in both the youth and the adults feeling positive about the future of the project.

In addition to setting the agenda for change, it is important for the adult stakeholders to truly understand youth leadership and their role as allies. The youth process often takes longer and is much less linear than adults are used to experiencing. A strong adult ally helps create space and structure to allow for this process but does not jump into problem solving or directing the youth team. This can often be frustrating for adults, especially when they have an agenda they feel is particularly important. During the beginning of the project, the adults must be coached to loosen their grip on their personal agendas and prepare for the creative process of the youth team. As one of the site coordinators in this cohort reflected, “The process felt totally youth-led and it has changed my teaching style a lot. I just throw every question back at them now. They know the answers. Youth leadership is the coolest part of this project—that’s also why it takes so long.” The adults in the project must build their skills to support the youth teams without dictating the direction.

To prepare young people for these types of challenges, part of the context building that happens early on in the projects includes an examination of existing power structures and the cycle of social and institutional change. Young people must understand that change can be challenging and often controversial, even when it is moving towards something better. In addition, they must be grounded in the idea that change often comes with a high price, which may include losing a job, jeopardizing program funding, or creating controversy and division among key allies. The more that young people understand the realities and context of social action, the better prepared they will be to anticipate and negotiate the challenges that arise in their projects.

### *Sustaining Youth Engagement*

Rarely does institutional and community change happen quickly and maintaining youth engagement through the ups and downs of the change cycle can be challenging. Young people have many things competing for their attention. The fast pace of today’s world now requires even more effort to engage youth in consistent, ongoing activities. With the slow pace of social change, how do we keep young people engaged?

The slow cycle of change can often result in low morale at various points in a Youth REP project. In these projects, interest and enthusiasm started out high as the young people began to think about action. They wanted to dive into creating change and worry about collecting data later. To harness this enthusiasm, each group developed a concept map for the change they hoped to see in their projects. The maps outlined the problem each group wanted to address, the information they wanted to collect, and the change that they wanted to see as a result of their work. The youth looking at condom accessibility wanted to see condoms available in their school-based health centers so that there were fewer pregnancies and sexually transmitted infections on campus. The youth looking at depression wanted the school and community to have a more integrated approach to youth depression so that more services were available and there was less stigma among young people around mental health. One facilitator posted her group's map in her office and often pulled it out for meetings and as the shape of the project changed, so did the shape of the group's map. These maps helped each group shape a vision for the year. The groups that held the clearest vision for change appeared more engaged throughout the project.

In addition to a clear vision, youth must have multiple opportunities to present and obtain feedback on their process and their data. One of the most exciting times in the projects occurred when the youth began their data collection process. After months of working through selecting a topic, defining a research question, and developing data collection tools, the youth finally had the opportunity to share with others the work they were doing. As they collected their data they heard feedback from their peers and adults about the importance of the topic they had selected. One team fielded questions from school administrators, parents and students when they presented their topic of condom accessibility at a school health fair. They engaged in discussions with people who both strongly supported and opposed increasing student access to condoms on campus. This opportunity allowed the students to clarify their own opinions and better understand opposing views. As the groups gathered more suggestions about how to address the issues they were examining, they began to expand their vision for social action. As they began to collect data, the topic each group had selected began to take shape for the larger school community. Most importantly, the youth researchers repeatedly faced the question, "So what are you going to do with all of this information once you are done?" Their immediate answer to this question was that they would analyze the data they collected. The longer-term and more compelling answer that began to emerge was that

they wanted to take the information they collected to initiate significant change in the institutions designed to serve them and in their communities as a whole. Throughout the Youth REP process, youth must be supported to remember and work from their vision for change.

But often the vision is not enough—the youth must also have the opportunity to experience social action during the process of the project. For example, one group of researchers had become very disengaged as their Youth REP project neared the end. The adults tried countless strategies to keep the youth engaged by providing opportunities for them to present at local conferences, integrating team building activities into their regular meetings, providing outreach to the youth individually to see what they needed to reengage—all with limited success. The youth would show up variably and apathy during meetings was high. Despite the apathy, the group was able to pull through, complete their data collection and present their findings to a group of community health providers, city health officials, and school-based health center providers. During this presentation, the city health officials responded enthusiastically to the data the youth had collected and the recommendations they had made. The officials made suggestions that this data should be shared with the school board, the mayor and other key community stakeholders. They also felt that this information should be presented to adolescent health providers throughout the country. In that moment, the group of youth who could barely be convinced to show up for a meeting a week prior were suddenly committing to working on the project for another school year and meeting over the summer. This positive reflection from key stakeholders outside of the project provided a critical context to sustain the engagement of these young people. The change now extended beyond their work and seemed to have connection with something larger. Integrating opportunities to connect with the larger context and larger social action movements throughout the project is key for sustained youth involvement.

### *Creating a Realistic Timeline*

One of the primary challenges of working with young people in school-based projects is the limitation of the academic calendar. During the initial months of school, students are learning new schedules, making decisions about extra-curricular activities and often acclimating to a new school environment. Although this cohort aimed to get the Youth REP projects running in September, most of the projects were not underway until October and some start-dates lingered into November.

This was due to both limitations from the youth and the adults in the project. The adults were frequently overloaded with beginning of the year meetings, programs and activities. The youth were often making decisions between participating in this project versus participating in a sport, band or securing an after school job to supplement their families' incomes. Even in sites committed to an early start, some attrition occurred during the first two months as youth made tough decisions about how to spend their time (see Table 3).

This challenge of time was further enhanced when breaks, holidays, testing and other items on the academic calendar resulted in cancelled meetings or youth unable or unwilling to attend scheduled meetings. For example, during the months of January and February when three school holidays (Dr. Martin Luther King Jr.'s Day, Lincoln's Birthday, and Washington's Birthday) and first semester finals occurred, groups scheduled to meet on Mondays lost four meeting times in a period of six weeks. While attempts were made to reschedule these meetings, it was often challenging to coordinate the schedules of up to six busy youth, one adult facilitator, and facilities that are already overbooked. During these challenging times, the timeline for the Youth REP project was continually revised and the groups struggled to stay involved and engaged in the process.

Due to these challenges with timing, although all groups were scheduled to complete their research process and begin their action phase during the month of May, everyone was scrambling to complete their research and engage in small action steps as the school year ended in June. Although many of the groups delivered powerful presentations where the seeds were laid for significant social and programmatic change, none of the groups were able to engage in achieving this change during the school year. Several of the groups were interested in continuing work on their projects to achieve social action, however, they will not be able to re-convene as a whole next year due to the fact that they

TABLE 3. Sustaining Youth Engagement

1. Support youth in creating a clear vision and timeline for the full scope of the project.
2. Provide multiple opportunities for youth throughout the project to present and get feedback and encouragement on their content and process.
3. Create multiple opportunities for youth to reflect upon, engage in and initiate social action.
4. Network with larger social action allies and movement organizations throughout the project duration to provide the "bigger picture" and support action.

lost members to graduation or school transfers. One site lost their entire group to graduation and another lost all but one member. Three of the groups have committed to continuing work on the social action portions of their projects next year and the host sites are all working to allocate staff and resources to support those young people.

One solution to these challenges with the timeline is scheduling youth-led action research projects on a two year cycle. Although not appropriate for all settings, in this model, resources should be secured at the onset of the project to support a two year process and youth should be recruited who are not slated for graduation for a minimum of two years. When youth are recruited, they should understand that they are engaging in a two year process with the first year focusing on Youth REP and the second year focusing on action. To support the social action component, early alliances should be formed with individuals and institutions that can support the youth in organizing, policy development, and ongoing research. In addition, timelines should be set out to match the specific academic calendar for each school site so that the actual number of meetings young people are able to attend matches the scope of work they lay out for themselves (see Table 4).

#### *Towards Social Action*

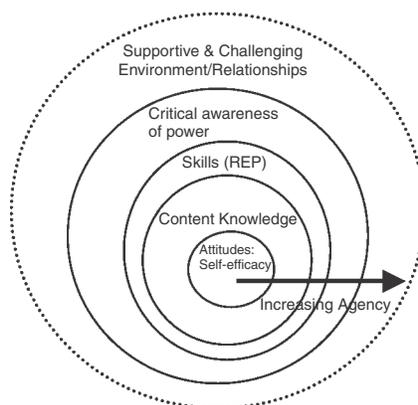
Each of the projects in this cohort resulted in some type of change, either at the individual, group, community and/or institutional level. The youth were engaged in a powerful year-long process that built their understanding of a critical health issue; their research and public speaking skills; and their sense of self-efficacy. After participating in this project, students reported that they better understood how to create a research tool (100%, n = 26) and a research paper (96%, n = 25) and felt more like leaders (92%, n = 24). Using a “think globally, act locally” model of change, these individual skills have great potential to help youth engage in social action both now and in the future. Youth in Focus’s social change model that guided the projects can be summarized in Figure 1, which presents a nested understanding of the factors that can lead to increases in youth agency.

At the core of the model are self-beliefs, most importantly a sense of self-efficacy (Bandura 1977, 1989). Without such understandings of self, none of the other subsequent factors can take hold. Content knowledge, in this case adolescent health issues, allows for informed action. Skills, in this case youth-led action research, evaluation, and planning, provide the tools needed to gather, analyze, and apply knowledge. An

TABLE 4. Creating a Realistic Timeline

1. Begin as early as possible.
2. Plan backwards from the ultimate goal.
3. Consider a two year project cycle.
4. From the onset, set realistic and inspiring goals for the project.
5. Examine potential scheduling conflicts and create a schedule with the least possible interruption, with high activity project periods occurring during less demanding times in the academic year whenever possible.

FIGURE 1. Youth Agency for Social Change Model



awareness of power sets these self-beliefs, knowledge and skills in a critical context, allowing youth to understand their own experience as shaping and shaped by broader social, political, cultural, and historical patterns. Finally, the project environment, a product of relationships with the facilitator, peers, and the surrounding organization offers a supportive forum in which to experiment, grow, and act (Zeldin, Camino & Mook, 2005). All of these factors are necessary to enable the development and the enactment of youth agency for effective social change.

The student research projects represented an initial and important attempt to implement this model. Based on the survey data, the majority of the student researchers reported increased levels of self-efficacy (73%,  $n = 19$ ) after participating in this project. As described above, the

projects attempted, and largely succeeded, in developing the students' content knowledge and Youth REP skills. In most cases, a supportive environment with positive youth-adult partnerships was present. The agencies the youth worked with all learned how to better listen to and integrate youth voice and support youth-led decision-making and also learned from the challenges of keeping young people engaged in this process. Because of time limitations, projects were less successful in promoting a critical analysis of power through placing the adolescent health issues in broader social, political, cultural, and historical contexts, and supporting a sense of the students as health activists. The project timelines that concluded with the production of the student research without adequate opportunities to develop and implement action plans also prevented a full version of this model from being realized. Nonetheless, the projects did achieve some notable successes.

For example, the work of the students who researched condom availability during this cohort was continued by a group of students during the 2004-2005 school year. This second group of students focused their research specifically on teen pregnancy and collected data through focus groups and interviews with parenting and non-parenting youth. The students were able to take the results of their study to the school board resulting in the revision of the school district's condom availability policy, allowing all high schools to dispense condoms and other contraceptive methods through the school based health clinics and health educators to dispense condoms during high school health education presentations. At another site, students who researched depression and suicide created a pocket-sized "Teen Resource Guide" in an effort to educate their peers and raise awareness on this topic. The guide included a brief checklist for students to assess whether they needed to talk to someone immediately about emotional health concerns, as well names and numbers of agencies that could be contacted when they are considering suicide or just feeling depressed. These guides were distributed by the health center during the 2004-2005 school year.

This illustrates how youth involvement in social change can improve decision making around issues that impact youth. At some sites, school based health center staff are looking at strategies to sustain youth involvement in service design, delivery and evaluation. In addition, several of the sites are searching for ways to provide continued support for the youth to pursue the action phase of their projects. The full impact of the change may not yet be evident and may not even be measured, but Youth in Focus, UCSF, and other partners are continuing to develop strategies to strengthen the social action impact of their projects. Be-

yond the initial on-the-ground impacts, these projects offer the promise of far greater social change, because of the success in transforming youth from passive recipients of health services to critical informed and active stakeholders in the production of such services and the shaping of broader institutional and policy environments that influence their health and that of their peers.

### *CONCLUSION*

Although the explicit focus of this cohort of projects was not to engage youth in social action, it was demonstrated that youth and their adult allies who participate in Youth REP can effectively move towards social action if key components are incorporated into the process. Specifically, the level and context of decision-making power must be transparent to all partners from the onset of the efforts. Additionally, youth should have ample opportunities to realize the purpose and value of their work so that they can feel connected to the process. Youth and their adult allies also need to create a realistic timeline to ensure that youth have sufficient time to understand the context of their work and execute their recommended strategies for action. Lastly, it is essential that all partners are committed to implementing and sustaining the action efforts initiated by youth. If these strategies are applied, a strong foundation is built for effective social action to ensue.

As demonstrated by Wallerstein (1999, 2000), by actively involving service recipients in planning and evaluation, the empowering process can result in more effective programs. The Youth REP model is designed to increase youth's understanding of health issues and enhance their skills to identify health priorities, design and implement a research project, and summarize and disseminate their research findings and recommendations. Ultimately, participation in this process empowers youth to engage in social action, in this case providing critical input into the design and delivery of health programming and policy. As the young people in these Youth REP projects developed their skills and knowledge, they were subsequently able to partner with their adult allies to create concrete improvements in the school-based health center programming.

Thus, when accompanied by strategies to push towards action, Youth REP helps young people build valuable skills for creating sustainable social change for healthier communities. Through these projects, the

youth participants built their capacity as community-based researchers and ultimately social action agents, enhanced the youth directed services and programs in their SBHCs, and built essential partnerships among youth and adult stakeholders. Although the cycle of social change can be slow and complicated, and involving youth can make it feel even more complex, the potential for meaningful, healthy, sustainable change grows exponentially as youth leaders join the process.

### NOTES

1. More information on Youth In Focus can be found at [www.youthinfocus.net](http://www.youthinfocus.net)
2. Other notable youth-led action research projects on health and equity have been conducted by the Freedom Bound Center (<http://www.freedomboundcenter.org/projects.htm>), Davis Blacks for Effective Community Action (access at [www.youthinfocus.net/whatsnew\\_news.htm](http://www.youthinfocus.net/whatsnew_news.htm)), Youth United for Community Action (<http://www.youthunited.net/>), the Institute for Community Research/Youth Action Research Institute (<http://www.incommunityresearch.org/research/yari.htm>), and Communities for a Better Environment (<http://www.cbecal.org/youth/index.shtml>).
3. During the 2003-2004 school year, over 40 students initially participated in the Student Research Team project. Of these students, 28 high school and five middle school youth stayed in the program through the end of the school year. Data presented from the student researcher pre/post survey includes only high school youth who completed both a pre and a post-survey (n = 26).

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