

Integrating Principles of Positive Minority Youth Development within Health Promotion to Empower the Immigrant Community: A Case Study in Chicago

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Abstract

Growing vulnerabilities among immigrant families are further complicated by the context of U.S. health care. This article discusses the critical need for health promotion initiatives that integrate principles of positive minority youth development. A mixed methods and CBPR (Community Based Participatory Research) approach are used to highlight narratives of immigrant youth who have participated in a health promotion program infused within their high school curriculum. These narratives bring insight on the contributing contextual influences and pathways to conscientization, civic action, how programming can effectively facilitate positive minority youth development, as well as individual and community-level empowerment that includes increased health literacy.

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Introduction

As a result of recent healthcare reform and the Affordable Care Act (ACA), 1.5 million Illinois residents who were not insured are now guaranteed affordable healthcare coverage (Illinois Health Matters, 2015). However, it is estimated that between 425,000 and 625,000 undocumented immigrants in Illinois do not qualify for or have health insurance (Passel, 2011). Although undocumented people may receive emergency medical care, they have no rights to any other type of treatment. As a result, many low-income, undocumented immigrants face significant barriers to comprehensive, high-quality medical care. Under the ACA as well as the new presidential administration, this group continues to remain vulnerable, as those who are undocumented or who have not had U.S. residency for at least five years are ineligible for insurance.

With this backdrop, for new and undocumented immigrants, an increasing concern is the widespread problem of limited health literacy, defined as “the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions” (Parker et., al, 2003, p. 147). Low health literacy is linked to poor health outcomes (U.S. Department of Health and Human Services, 2009). Latino immigrants often are unaware of local public health programs and other health resources due to barriers such as lack of insurance, language, and social isolation (Harari et. al., 2008). This is notable as many undocumented immigrants are densely populated in Chicago and are Latino (Tsao, 2014). Further, bilingual or primarily Spanish speaking (as opposed to primarily English speaking) adults are less likely to experience general physical, visual, and dental check-ups, satisfaction with healthcare, insurance coverage, having a self

perception of excellent health, and adequate medical treatment (Hu & Covell, 1986). This is also true for less "acculturated" Latino groups (Lara et. al., 2012).

As an individual mandate of ACA requires all individuals to either register to be covered by a public health insurance program or purchase private insurance, undocumented individuals may continue to fear being easily identified and deported. Basic and preventative healthcare screening and services may be avoided, as seeking out care in healthcare facilities may be seen more as a risk . Many immigrant families are of mixed status, where 30 percent of young children of immigrants have one parent who is undocumented while the child is a citizen (Capps et. al., 2004, p. 7). These children are more than twice as likely to be reported in fair or poor health than young children in native families (Capps et. al., p. 3). Many of these children may remain out of the healthcare system (e.g. CHIP, or Children's Health Insurance Program) for fear that their family member will be deported, as US immigration authorities who must follow regulations of the Department of Homeland Security, must verify the child's residency status (Ebrahim, 2012).

The increasing level of fear, distrust and silencing of immigrant communities arguably warrant action from within. The need to engage community members and trusted community based organizations in practice and research in the pursuit of social justice and health equity is as critical as ever. CBPR (Community Based Participatory Research) approaches enable shared decision making, mutual goal development, and partnerships between researchers and communities that seek to improve health equity (Israel et. al., 2003). Partnerships with organizations that successfully engage youth can lead to social activism that creates new political realities (Blow, 2014, p. A27). Immigrant youth led organizing, leadership and civic action that builds on the intricate networks within their communities

may increase health literacy within hard to reach, vulnerable families.

Theoretical Frameworks in Positive Minority Youth Development

The platform for this paper has been established by theoretical frameworks and concepts relevant to the positive development of immigrant and minority youth. Histories of oppression, institutional, personally mediated, and internalized racism and other forms of discrimination perpetuated by social, political and structural inequities (Jones, 2000) warrant socially just perspectives that consider human and immigrant rights, and emphasize meaning, context, power, history, and possibility (Finn, 2016). Accordingly, the realities of the glass ceiling for minority groups, the role of race and ethnicity in social mobility, and the racial dimensions of social capital (Akom, 2006) are stressed, particularly for new and undocumented immigrants who experience exclusion by lack of citizenship and categorically being denied health care. With this, positive youth development (PYD), critical social theory of critical youth empowerment (CYE), youth led community organizing (YLCO), and increased critical consciousness, or conscientization, become relevant. These conceptual frameworks all play a significant role in successful programming in positive minority youth development. The integration of these frameworks enhances individual and community level empowerment and movement building, particularly in the context of health promotion efforts among immigrant communities in the U.S. today. The following paragraphs outline each of these frameworks.

The most successful youth development programs view youth as resources and active participants, instead of problems that need to be fixed (Lerner et. al., 2005). As identity development is critical during this time, it is imperative that programs recognize the level of positive identity development that is taking place by recognizing strengths and teaching youth skills and tools that will be useful for them throughout their lives. Positive youth development (PYD) represents the overarching perspective that despite unfavorable conditions, youth can be positively influenced by their environment

to the extent that their sense of *competence, confidence, character, connection* and *caring* can be strengthened. These "Five C's" of PYD (Lerner et. al., 2005) are potentially developed by the quality of social relationships, community –based intervention and organizations that create opportunities and alternative conditions for youth to realize their own potential and thrive. In line with the PYD perspective, frameworks that value a strengths based perspective of youth includes critical youth empowerment (CYE) and youth led community organizing (YLCO).

In their attempts to develop a critical social theory of youth empowerment and drawing from multiple empowerment models that are community based, Jennings and her colleagues (2006) outline key elements of critical youth empowerment (CYE), which serve as a frame in understanding youth as a significant resource for social change. These key dimensions include: experiencing a welcoming, safe environment; meaningful participation and engagement; developing a sense of initiative and intrinsic motivation; engagement in critical reflection and sociopolitical processes to affect change; and the integration of both individual- and community-level empowerment.

Youth Led Community Organizing (YLCO), an empowerment model introduced by Delgado and Staples (2008 & 2012), is particularly relevant to immigrant populations, as they must negotiate and define what citizenship and advocacy mean in their lives. Within this model, community practitioners play active roles as adult allies who invest in youth, who in turn, play powerful and transformative roles in leadership, organizing and social movement within their communities. YLCO is defined by the inclusion of ideas based on nine principles: 1) being inclusive, with the exception of the age of the leaders, 2) built on values of social and economic justice, 3) receiving support in the form of resources or encouragement, 4) opportunities for training, mentoring, and accepting leadership roles are inherent to the process, 5) can utilize aide from adults when necessary, 6) keeping a long-term change agenda instead of immediate gratification, 7) raise consciousness of individuals involved around issues of social

injustice and oppression, 8) must include aspects that are fun in nature, and 9) sharing a common vision for achieving social and economic justice goals (Delgado & Staples, 2008).

Freire's concept of *conscientization*, or increased critical consciousness (CC)(1970), plays an underlying role within the core of each of these frameworks. The process of increasing CC represents a developing sense of meaning and purpose for youth who experience structural and internalized oppression as a result of multiple intersections of marginality due to race, ethnicity, sexual orientation, legal status and various forms of historical oppression. CC is relevant for immigrant communities and other oppressed groups who have the capacity to gain understanding of systemic oppression and take action to challenge it and pursue social justice and equity. Increasing numbers of immigrants of African, Asian, and Hispanic descent in the United States demonstrate the need for further representation from these groups in policy changes and civic engagement. It is through conscientization and representation through civic engagement that social justice and equity, and the notion of a *diverse democracy* that benefits all groups, can be realized (Checkoway & Aldana, 2013).

The role that discrimination, social stratification and systemic oppression plays on individual minority child development and the view that minority youth have of themselves cannot be underestimated (Garcia Coll et. al., 1996). In addition to inequities in healthcare access, many young people in immigrant and/or mixed status families struggle with social, emotional, and educational outcomes that are often worse than those of their first generation immigrant parents (Garcia Coll & Marks, 2014). For example, having at least one undocumented parent has been associated with increased developmental risks, including higher levels of anxiety and depression among youth (Potochnick & Perreira, 2010; Yoshikawa et. al., 2013). Compounded with discriminatory acts and microaggressions often experienced by minority youth, is the messaging from within families and communities that influence the youth's sense of equity, and may fuel distrust in government and policies that they perceive

do not protect them. In their work on ethnic awareness, prejudice and civic commitments, Flanagan and her colleagues pose a legitimate question: *If youth do not believe that the system is fair, why would they want to be stakeholders in that system?* (2009, p. 514). Increasing critical consciousness enables youth to believe they are stakeholders and they do have agency. The task of organizing against issues of systemic oppression has been taken on by professionals such as social workers and other community organizers, but can also be a unique and empowering activity for the youth themselves.

Critical consciousness thus involves the process of coming to an understanding of historical and structural oppression that perpetuates and sustains social inequity. From this, youth are motivated to engage in constructive social action in order to achieve social justice. This process innately involves the core components of critical reflection, a sense of *political efficacy* and critical action (Watts et. al, 2011). Critical reflection involves critical social analysis of social structures, policy and culture that prove detrimental to groups of people that, as a result, systematically become marginalized. This raised consciousness compels youth to understand the need for and envision sociopolitical change. Building on the construct of self efficacy where youth believe they can exercise control over their environment and achieve desired effects (Bandura et. al., 1996), this sense of agency can occur within the sociopolitical realm. Political efficacy serves as motivation for critical action that seeks to change these oppressive social and political structures. CC can be raised by increased opportunities for civic and political engagement and is thus a direct counter and assertive response to passivity and internalized oppression. As youth gain exposure to models of change and witness the function of social movements, this impacts their social identity and sense of political efficacy. Incorporating a sense of agency - capable of disrupting the status quo and instigating needed sociopolitical and structural change- leads them to act, catapulting them into the realm of transformative citizenship (Banks, 2008).

Building on increased conscientization among youth, an overarching theoretical framework for

positive minority development that integrates the work of Lerner et. al. (2005) Jennings et. al. (2006) and Delgado and Staples (2008 & 2012) enables researchers and practitioners to regard youth outside of a deficit model that is often utilized among immigrant families, as well as value agency and capacity for socio-political change among individual youth, their families, and within their communities.

The Chicago Area Youth Health Service Corps

To respond to the health care dilemma of uninsured, new immigrants within Chicago, Chicago based organization Centro Sin Fronteras (CSF), in partnership with medical students at Rush Medical Center, have developed the Youth Health Service Corps (YHSC) campaign. The YHSC program model was originally created by the Connecticut AHEC (Area Health Education Centers) in 2004, where it was piloted in four regional centers. It has now been replicated in 30 states throughout the country. As a fairly new, nationwide program, more research is warranted on the uniformity with which the curriculum has been implemented and its impact on diverse communities. The Chicago area YHSC is unique in its efforts to not only build on youth capacity to develop community outreach and promote health and increase health literacy, but also enhance individual and community -level empowerment through socio-political action on behalf of new and undocument immigrants.

With the help of medical students and public health practitioners, the YHSC uses health education, including information on nutrition and physical activity (which refers to the "1" in "5+1=20"), to address five major diseases - diabetes, hypertension, cancer, HIV, asthma that are reported to reduce overall life expectancy by 20 years (Place Matters for Health, 2014). The program's objectives are to: 1) improve health literacy throughout the community; 2) provide structured services to youth including tutoring services, college counseling and health career exploration; and 3) participate in community organizing and advocacy efforts surrounding immigration and healthcare reform. YHSC builds on youth capacity to promote healthy behaviors and decrease risky behaviors. Medical students

and public health educators from Rush and other local hospitals provide weekly health education seminars to YHSC youth participants within their high schools. After completing the health education training, YHSC participants are pressed to provide education outreach to at least 10 friends and family members. YHSC participants are thus expected to serve as *health promotoras*, or community health workers, who, as community members, provide education, mentorship, outreach, translation and advocacy. They are considered community “insiders,” which allows them to become agents of change in their own communities. As youth participants disseminate critical health education, health literacy in their social network and community may increase. Participants take an active role in coordinating and screening community members at quarterly health fairs. Social capital is developed, as they receive training on critical health information, gain exposure to mentors and the inner workings of the healthcare profession, and learn prevention strategies that address major diseases. YHSC participants also receive college counseling, one-on-one academic tutoring, leadership training, and multiple opportunities to participate in lobbying and advocacy efforts on local, state and national levels (Ferrera et. al., 2015).

Method

The goal of this study is to examine the impact of the YHSC program with regard to its outreach within immigrant communities, as well as its influence on high school participant youth and their motivation for civic action. The main goals of the study include: 1) to document program impact and outcomes in order to enhance efforts to sustain and improve programming as well as seek further funding and resource support; and 2) better understand the challenges, strengths and resilience of individual immigrant youth and their families.

This study utilized a CBPR (Community Based Participatory Research) and mixed methods approach to understanding the experiences of immigrant youth participating in YHSC. Through a CBPR approach, this project valued a collaborative, equitable partnership with CSF and YHSC staff in multiple

phases of the research, with the focus on social inequities and health disparities (Israel et. al., 2003).

The staff of the community based organization, Centro Sin Fronteras (CSF), were the main collaborators of this CBPR endeavor, who participated in multiple phases of the project, including developing the IRB (Internal Review Board) application material, survey and questionnaires used for interviews, recruitment of participants, analysis of preliminary findings and identifying forums and conferences to disseminate information about YHSC and findings. In collaboration and co-authorship with CSF staff, this researcher published a journal article that was peer reviewed. Youth participants were invited to provide feedback on the appropriateness of wording in the survey, programmatic challenges experienced within YHSC, how programming can be improved, as well as asked to help recruit other participants for the study. Participant youth also participated in the dissemination of information about the program, their personal narratives, and the findings of this study in professional, academic as well as community engaged conferences and forums.

Considering individual program participants, community based organizations, and the community as a whole, this study examined the YHSC program by surveying and interviewing participating high school students. Surveys were conducted with 69 participant youth and in-depth, semi-structured qualitative interviews were conducted with 26 participant youth. Considering narrative and social network theory and utilizing a frame analyses that engages neighborhood narratives (Small, 2002), this study examined the impact of networks among new immigrant youth in Chicago on the health behaviors among immigrant families in their communities. Valuing the life story narrative provided the means for participants to express how they see their own experiences, lives and interactions with others over time (Atkinson, 2002). Foregrounding race and employing critical race theory (Hill Collins, 2000) within the research process has placed weight on the impact of structural constraints on ethnic and racial minorities and the need to include minorities within the research process, as well as

challenges the common deficit view of their communities and cultural family norms (Baca Zinn, 1990; Yosso, 2005).

Using NVivo software to organize and retrieve the data, a thematic analysis of the transcribed interviews (Fereday & Muir-Cochrane, 2006) was conducted in order to appreciate common experiences within the sample. Multiple readings of transcripts were conducted between this researcher and three other graduate research assistants. Transcripts were checked for accuracy, used to conduct descriptive coding that led to identifying repeating ideas and broader conceptualizations (Auerbach and Silverstein, 2003). Overarching themes and patterns (Charmaz, 2006) were then identified and organized within NVivo by nodes and a category codebook. The use of multiple coders, regular field notes and synopsis writing for each interview contributed to the “audit trail” and trustworthiness of the data (Anastas, 2004). Each interview transcript was also examined and compared to the quantitative data to identify areas of congruence in content as well as paradoxes and contradictions.

Table 1 displays demographic characteristics of study participants (N=69). All youth participated in the YHSC for at least three months, with 25 youth engaged for over a year. Out of 69 total youth participants, a little over half were male (52%). Ages ranged from 14 to 18 years old. Race and ethnicity were self-identified by each participant. Seventy -five percent were born in the US, and 91% identified as Latino or Hispanic. Participants came from 16 different Chicago area communities, many of which are densely populated with ethnic and immigrant families. In-depth individual life story interviews with 26 YHSC youth participants were conducted using a semi-structured interview guide. All interviews were conducted by this researcher with the help of two other graduate students. Informed consent in line with an institutionally approved IRB was obtained from each participant before the interview began. Each participant in this study agreed to be interviewed and agreed to be audio-taped. No participant expressed concern or refused to be audio-taped. All interviews were approximately an

hour and a half to two hours in length and were conducted in locations that were most convenient to and chosen by the participant. Each participant received a \$10.00 gift card as compensation for their time.

Health Findings

Among the sample of 69 youth, participants reported that they provided health education to over 575 friends and family members as well as over 800 individuals - through one on one conversations and speaking in front of groups at health fairs and community-based forums. Youth encountered friends and family members with diabetes (17), obesity (18), cancer (2), high blood pressure (28), cardiovascular disease(2), asthma (3) and other medical issues. At least 148 friends and family members that they know of sought out follow-up healthcare (screening or medical treatment) as a result of their outreach. Participants continue to organize additional health fairs. It is reported that approximately 500 to 800 families from across the community attend the health fairs which youth participants play an integral role in its planning, and which is held on a quarterly basis every year. Participants noted their impact on increasing community-level health literacy, with several stating, "*we saves lives.*" One 16 year old female participant states about the YHSC: "It's helping the community through mini health fairs; coming to them they feel comfortable in getting screened, etc. as well as educating them about the different diseases that are most common and how to prevent it at an early time if possible." Another 16 year old male stated, "I believe by providing free health services they're doing so much to prevent people from dying." Many participants who were surveyed believed that the YHSC should be expanded to include other students and youth.

The impact of YHSC has been documented through youth narratives that provide evidence of PYD, CYE and YLCO, including: finding meaning in participating in a program and movement for change; being part of a welcoming and safe environment with other peers and leaders who are regarded as family; developing a sense of intrinsic motivation; benefiting from mentorship, leadership training

and opportunities; critical reflection on sociopolitical processes; and critical social action (e.g. sharing stories with legislators, participating in rallies and lobbying efforts) where they lead other youth and advocate for immigrants and their communities, etc. (Ferrera et. al., 2015). The following sections provide further evidence in certain notable areas, namely: 1) how individual youth have gained a sense of political efficacy (including an increased sense of competence, confidence, character, connection and caring) despite being an ethnic minority or having an undocumented status; and 2) how the YHSC has enabled youth to raise their critical consciousness and engage in civic action on behalf of immigrant families that empowers their communities. These narratives highlight the direct impact of YHSC activities and programming on participant youth, and how participation builds on strengths and resiliency of youth within the contentious backdrop of health care and immigration reform.

Increased Political and Self-Efficacy

The lives of undocumented, mixed status and new immigrant families have been complicated by the political climate of health care and immigration reform efforts . Building a trusting relationship with immigrant youth and their families, many of whom may distrust the health care system or fear deportation, has been central to the success of the program. Health Promotion Coordinator, Miriam Perez, and Centro Sin Fronteras staff play an integral role in earning trust within the community, as they constantly are involved in social action and advocacy efforts in the community on behalf of immigrant families, and are very intentional about including the youth in these efforts. Amelia, a 16 year old YHSC participant, discusses how the YHSC and being exposed to other model youth helped her to develop an intrinsic motivation to act as a model and mentor for other undocumented peers who are reluctant to step forward and face the many structural barriers for youth who are trying to navigate college and the educational system. She states,

...there's a lot of my peers who are also undocumented and I, like they, they hold back and they think that that's a barrier. And that's where they're gonna stop. And

because they don't have a social. Yeah, it really, it limits us a lot. Because we don't get financial aid. We don't get a job. But as a lot of my, like my teachers, counselors, and everyone has told me, the laws are changing every day. And that shouldn't be our barrier. So that's why I kind of want to be an inspiration to them. To see that I'm still going. And there's been a lot of people who have been successful as undocumented students so they're my motivation as well.

Through the YHSC, youth have been encouraged to be more vocal about preventing disease, engage and be present at health fairs and other social events, as well as develop their aspirations to go into the health care field. Youth are also treated as equals in programming. "*The youth are not the problem, the youth are the solution!*" has been a constant, underlying message during YHSC activities and meetings, stated emphatically and repeatedly in a mantra-like chant by both staff and youth. Alana, a 15 year old participant, talks about how her involvement has changed how she perceives herself, how her and other parents perceive her and other youth her age who are often stereotyped and associated with negative behavior. She appears to have gained a stronger sense of the good she is capable of doing and how this may further strengthen her sense of confidence, competence, character and identity:

But you know, we actually go out there, give them flyers and we talk to them and go re-visit them-make them feel like they know us, so not a stranger goes up to them. Because many people around here say, you know, kids are always out there doing bad stuff. But then there are people, and there are kids, who just come together and they just make a change....And many adults, you know, some are closed minded. They are like, no I don't want no kids teaching me this, you know? But then they saw us learning about, you know, diabetes. HIV... many things that kids didn't know. They are just like "whoa." ...You just gain knowledge, and background knowledge to everything. You know, I came in there not really being familiar with diabetes or any of the five diseases. But as soon as we taught it, we were like "whoa!" You know, we were able to pass it on and many parents were like, 'I didn't know that. How can a high school student know more than me?' And you hear that a lot. Especially with health. They are just shocked.I think I am very proud of saying, hey, I am Mexican American. And I am going to be a doctor. You know? I am very proud of that because many people think, hey well, she is Mexican. She is probably going to end up, you know, doing this or getting in gangs. Little things like that. It is just like many seventh or eighth grade parents look at me talk

and they get amazed. Like, whoa. You know? There is actually kids that want to be something. I am very proud of myself being a Mexican American, you know.

Norma, an 18 year old participant, talked about how her status did not stop her from sharing her own story with legislators that YHSC connected her to about the barriers she faces:

...Um, I actually gave a testimony at the hearing on Monday. ...And they did a hearing, um, on whether DREAMERS should be able to, um, enroll in the military, join the military or go to academy. ..Um, I talked about how being undocumented, 'cause I'm undocumented, I'm not able to enroll into, um, the military which has been my dream since I was really small...So he didn't actually hear the testimonies. But Senator Durbin did. And he said that he really does think that DREAMERS should be able to enroll in the military. Even if some people think that they are just using us as tools for war. ...It made me feel like I am more reachable. Like I can reach more. Up to them. Instead of 'oh, he says that I can't do anything.' It's like know, I can become too.

Increased Critical Consciousness and Activism

Participating in YHSC has allowed youth participants to engage in activism on behalf of other immigrants --helping others fill out applications for visas, insurance, coordinating health fairs, recruiting families to come to fairs, providing preventative screening and critical public information, going door to door to advocate for DACA and individual families who need support, talking directly with legislators, participating in local rallies, etc. -allows youth to actively process their position and their sense of human agency in the context of social inequity. This raising of critical consciousness among youth actively challenges negative images and internalized oppression that is often experienced as a "cultural of silence" within ethnic minority and immigrant communities (Freire, 1970). Through their participation in YHSC, they have been exposed to socio-political realities and knowledge that they may not have been exposed to, including information about immigration policy, who is (and may be) deported, who is and who is not covered by health care insurance, the costs of insurance and medical treatment, and the level of systematic and structural oppression that exists in America, and so forth. The YHSC provides the vehicle for information exchange, dialogue, critical thinking, and opportunities for

youth to act and become leaders in their own social movement. This raising of critical consciousness seems to be evident in many of the youth narratives. Ben, a 16 year old participant, described the initial shift in his thinking that led him to be more caring and engaged in the struggle of others as well as critically reflect on the potentially positive role he can play. He stated,

Before this program I used to be a very closed minded individual. I did not really care about others. I used to be very selfish but as I entered, it opened up my mind. It is not only about me it's about the community, which I'm actually doing right now. It like changed me because like what I said. Now I am opened minded to everything, I think about things twice. I think about the situation, not only "what it is" but like outside the box, what could trigger that, what could happen if I do that.

Lily, a 17 year old participant talked about witnessing the impact of YHSC on the community. She describes how the youth are doing positive things for their community and how their parents (including her own) found this remarkable. Further, she highlights how she came to the realization that they are working toward a larger goal of equity and justice for many different people who have been marginalized by the exclusionary elements of health care policy:

Well like before I even started the program I knew that my community was not that great. But, now that we do the health fairs and we go to other schools and we see the other students doing health fairs we know...the community comes together in a point where it's like people do listen. They do need help. They...many of the families, like when we had our health fair in March...at [the community high school]...we had seven hundred and something people come to our health fair. So she [her mom] came to the health fair and she saw that it was crowded and packed. And the most amazing thing is that she saw that her kid did it, you get me? Which I think is like, a good- a great feeling for parents to feel that. And I'm sure that the other parents. The students who are in the program, they are maybe the eldest kid, or the one in the middle, or the second and all this-- they have a lot of responsibility on their shoulders [given to them by YHSC]. And they come to the health fairs, and they show that to their parents- they show their parents that, yes, they are not doing stupid stuff. They are not out there in the streets doing whatever sh*t they're doing. Like other students. They're doing the positive thing. They're saving lives instead of taking a life away. They are bringing it back to the community. Because it doesn't involve all of the people who don't have health care. There's a lot of people who have been here for five years...and it's like family members die. Family members are sick. And when the time is that

they could finally apply for the documents and everything, they are at a state where they may die.

Lily went on to talk about her privilege as a US Latina citizen and the reward in participating in the activism, marching with others during rallies and protests, meeting new people, hearing people talk and screaming to advocate for immigrants and others who come from diverse backgrounds. She said, "It is a great feeling. And it's not just Latinos who are immigrants. It is a lot of people. Even at the same time there is people who are born here in the US like me. I was born here in the US and I am helping people who need it."

This identification with the struggle of immigrant families as they learned more through YHSC educational sessions about health care issues and policy was not uncommon among YHSC participants. Nico, a 15 year old participant, claimed his Mexican identity more emphatically in the context of US health care law and policy that excludes categories of people as well as privileges some and not others. He said,

I don't really identify myself as American. I identify myself as a Mexican. Especially when I work over here for helping parents- DACA, everything. When they ask me what race I am I say Mexican because being an American is not the best option as I see because of how they say they help us out. But really, they are not doing nothing at all.
...What I know about that, from my perspective is, if you are an American or legal you got the best benefits in the world. Which to me is a lie. While in France you get free medical care no matter if you are from there or not. And they get paid. Like, they are getting paid and they are fair. And they are fine. They are all fine. And here you have to pay from your own pocket. You want to visit the doctor? Twenty five bucks. Your arm hurts? Twenty five bucks. Out of your own pocket... I don't [know] why are we doing it when other countries are doing it. Isn't this supposed to be the land of the free?

Like Nico, 16 year old Elena talks about her growing empathy and investment in the welfare of others and how being part of the YHSC has also compelled her to act:

I think it's a great opportunity for like people to actually shout. You know, and, um, how do I explain this? Oh, I don't want to say shout, but like actually express, you know, um, how they feel about the program. Like when people are screaming, like, they want DACA for all, they're screaming from their lungs because.. actually from their hearts

because they know they want DACA for all. And for me, um, before I thought protests were just something that, you know, workers do if they're not getting paid enough money at their jobs or something. But here it's actually people that don't even know other families or certain families, or the kids are on the floor eating one apple a day. I actually feel for them. You know what I mean? ...It's like if I have to act like I'm thirty-five, if this means that I have to grow up so fast, then it's something that I need to do. I mean, I'm not gonna let people get deported every day just because I want to go take a nap for twenty minutes.

Discussion

As a response to the detrimental effects of the new healthcare act, the Chicago area Youth Health Service Corps (YHSC), otherwise known as the "5+1" program, was initially established by one of its founders, Director Reverend Walter Coleman, as a *movement*-a campaign to strive toward meaningful health equity among new and undocumented immigrants. This notion of broader outreach challenges traditional boundaries within "program" strategies to be inclusive and collaborative with all area stakeholders and entities that have the mutual goal of health equity. The YHSC has been intended to be a movement toward sociopolitical and structural change. Youth participants receive training on critical health information, including strategies of prevention that address major diseases that plague their community. As high school students develop their healthcare knowledge and skills, critical health information is disseminated to family and friends, developing an outreach effort within the sophisticated social network of their communities. Figure A provides a graphic that outlines the areas where this health promotion campaign can serve as a model of health promotion within immigrant communities, that integrates principles of positive minority youth development.

The campaign is not without limitations and challenges within the context of the Illinois budget impasse and the severe lack of resources within immigrant communities. Like many other small, community based non-profit organizations and initiatives, YHSC coordinators and affiliates are challenged by recruitment and retention of youth participants, turnaround and uneven commitment of medical students and public health educators, the need for more staffing and support, and the need for

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"buy in" from high schools (for which they have received successfully within two military academies in which they have developed positive and trusting working relationships). With very few full time paid staff, resources and programming substantially relies on youth participants, medical students of affiliated universities, public health/mental health professionals and other community member volunteers.

Despite these challenges, the impact of the campaign is undeniable. As YHSC participants conduct outreach with their own communities, community members gain access to health knowledge and increase health literacy within their own neighborhoods, which may decrease levels of fear of seeking out information within more formal healthcare settings and from professionals they may not trust. As youth disseminate critical information, community health literacy increases. The YHSC further facilitates the development of social capital among high school students enrolled, as they are exposed to healthcare professionals who serve as mentors and educators.

Despite the vulnerabilities outlined by the immigrant paradox that include increased developmental risks, and comparatively poor social, emotional and educational outcomes among children of immigrants (Garcia Coll & Marks, 2014), critical social theory of positive youth development emphasizes factors that contribute to adolescent resilience, including the notion of "plasticity" among youth and the potential for systematic change (Lerner et. al., 2005, p. 11). As their sense of political and self efficacy increases, ethnic identities have also seemed to shift and strengthen for participants. Immigrant and minority youth have been able to articulate how they identify with the struggle of undocumented and new immigrants, and how this motivates them to engage in civic action. Narratives suggest that there are dynamic relations that involve ethnic/racial identity among individual immigrant and ethnic minority youth because they participate in this community outreach program infused within the curriculum of their high school, and within the political backdrop of immigration and healthcare reform. The political and social position of immigrant youth and/or the family members,

often being uninsured and vulnerable to deportation bring increasing salience and ERI (Ethnic and Racial Identity) centrality in identity development (Umana-Taylor et. al., 2014).

The YHSC thus combines the strategies of PYD, CYE, YLCO and conscientization to illustrate an integrative positive minority development framework (Figure A). The findings of this research provide insight on how their involvement with YHSC has strengthened their identity, raised their critical consciousness, and increased their civic engagement and leadership as they engage in health promotion within their community. All of these elements have contributed to positive minority youth development.

Conclusion

Understanding the elements of the YHSC that contribute to effective health promotion and positive minority development within immigrant communities may enhance other programming and public health interventions that are trying to do the same. Although it is an approach that is not without limitations and challenges (Ferrera et. al., 2015), developing knowledge that engages CBPR and community partners allows for community voices to be heard. This project has been able to consider the processes in socio-political and individual development among minority youth (including undocumented youth considered as "Dreamers") that contributes to critical youth empowerment and the impact of the YHSC program on these processes. This article also illustrates the value of bringing particular focus to the individual narratives of immigrant and ethnic minority youth who critically reflect on their own ethnic or racial identity and how this relates to the current struggle of new and undocumented immigrants. Foregrounding this dynamic, youth resilience, resistance and leadership capacities are summoned to empower immigrant communities left vulnerable despite health care and immigration reform. This model for health promotion may inform practice, policy and developing knowledge on positive youth and ethnic identity development, by highlighting elements of a health promotion program that successfully facilitates positive minority youth development, social activism, and community level

empowerment that increases health literacy among new and undocumented immigrants.

Note

-Pseudonyms were used for each participant quoted in this paper.

References

- Akom, A.A. (2006). The racial dimensions of social capital: Towards a new understanding of youth empowerment and community organizing in america's urban core. In S. Ginwright, P. Noguera, & J. Cammarota (Eds.), *Beyond Resistance: Youth Activism and Community Change* (81-92). New York, NY: Routledge Press.
- Anastas, J. W. (2004). Quality in qualitative evaluation: issues and possible answers. *Research on Social Work Practice, 14*, 57–65.
- Atkinson, R. (2002). The life story interview. In J. F. Gubrium & J.A. Holstein (Eds.) *Handbook of Interview Research: Context and Method*. Thousand Oaks, CA: Sage.
- Auerbach, C. F., & Silverstein, L.B. (2003). *Qualitative data: An introduction to coding and analysis*. NY: NYU Press.
- Bacca Zinn, M. (1990). Family, feminism, and race in america. *Gender and Society, 4*(1): 68-82.
- Bandura, A., Barbaranelli, C., Caprara, G., & Pastorelli, C. (1996). Multifaceted impact of self-efficacy beliefs on academic functioning. *Child Development, 67*(3), 1206-1222. doi:10.2307/1131888
- Banks, J. A. (2008). Diversity, group identity, and citizenship education in a global age. *Educational Researcher, 37*(3), 129-139.
- Blow, C.M. (2014, December 7). A new age of activism. *The New York Times*, p. A27.
- Capps, R., Fix, M., Ost, J., Reardon-Anderson, J., & Passel, J.S. (2004). The health and well being of young children of immigrants. Retrieved from The Urban Institute:

<http://www.urban.org/sites/default/files/alfresco/publication-pdfs/311139-The-Health-and-Well-Being-of-Young-Children-of-Immigrants.PDF>.

Charmaz, K.(2006). *Constructing grounded theory*. Thousand Oaks, CA: Sage.

Checkoway, B., & Aldana, A. (2013). Four forms of youth civic engagement for a diverse democracy. *Children and Youth Services Review, 35*(11), 1894-1899.

Delgado, M. & Staples, L. (2008). *Youth-led community organizing: Theory and action*. Oxford: Oxford University Press.

Delgado, M. & Staples, L. (2012). Youth-led organizing: Community engagement and opportunity creation. In M. Weil (Ed.) *Handbook of community practice. Second edition* (pp. 547-566). Thousand Oaks, CA: Sage Publications.

Ebrahim, S. (2012, August 9) Health care reform law could expose undocumented immigrants. *Huffington Post*. Retrieved from http://www.huffingtonpost.com/2012/08/09/health-care-reform-undocumented-immigrants_n_1759295.html. Accessed April 1, 2014.

Fereday, J., & Muir-Cochrane, E. (2006). Demonstrating rigor using thematic analysis: A hybrid approach of inductive and deductive coding and theme development. *International Journal of Qualitative Methods, 5*(1), 1-11.

Ferrera, M., Sacks, T.K., Nixon, J. T., Perez, M., Asis, D., & Coleman, W.E. (2015). Empowering immigrant youth in Chicago: Utilizing cbpr to document the impact of a youth health service corps program. *Family and Community Health Journal, 38*(1), 12-21.

Finn, J. (2016). *Just practice: A social justice approach to social work*. Oxford University Press.

Flanagan, C. A., Syvertsen, A., Gill, S., Gallay, L.S., & Cumsille, P. (2009). Ethnic awareness, prejudice, and civic commitments in four ethnic groups of american adolescents. *Journal of Youth & Adolescence, 38*(4), 500-518.

Integrating Positive Minority Youth Development in Health Promotion

Freire, P. (1970) *Pedagogy of the oppressed*. New York: Continuum.

Garcia-Coll, C. & Marks, A.K. (2012). *The immigrant paradox in children and adolescents: Is becoming american a developmental risk?* Washington D.C.: American Psychological Association.

Garcia Coll, C., Lamberty, G., Jenkins, R. McAdoo, J.P., Crnic, K., Wasik, B.H., & Garcia, H.V. (1996). An integrative model for the study of developmental competencies in minority children. *Child Development*, 67, 1891-1914.

Harari, N., Davis, M., & Heisler, M. (2008). Strangers in a strange land: health care experiences for recent Latino immigrants in midwest communities. *Journal of Health Care for the Poor and Underserved*, 19(4), 1350-1367.

Hill Collins, P. (2000) *Black feminist thought: knowledge, consciousness and the politics of empowerment*. New York: Routledge.

Hu, D.J. & Covell, R.M. (1986). Health care usage by hispanic outpatients as a function of primary language. *Western Journal of Medicine*, 144(4), 490-493.

Illinois Health Matters: ACA Primer (2013). Retrieved from: [http://illinoishealthmatters.org/uploads/Resources/269/Immigrants%20and%20the%20ACA%20\(1\).pdf](http://illinoishealthmatters.org/uploads/Resources/269/Immigrants%20and%20the%20ACA%20(1).pdf).

Israel B.A., Schulz A.J., Parker E.A., Becker A.B., Allen A., & Guzman J.R. (2003). Critical issues in developing and following community-based participatory research principles. In: Minkler M., Wallerstein N. (Eds.) *Community-Based Participatory Research for Health* (56–73). San Francisco, CA: Jossey-Bass.

Jennings, L.B., Parra-Medina, D., Hilfinger-Messias, D.K., & McLoughlin, K. (2006). Toward a critical social theory of youth empowerment. *Journal of Community Practice*, 14(1/2), 31-55.

Integrating Positive Minority Youth Development in Health Promotion

- Jones CP. (2000). Levels of racism: A theoretic framework and a gardener's tale. *American Journal of Public Health, 90*(8),1212-1215.
- Lara, M.,Gamboa, C.,Kahramanian, M. I.,Morales, L. S., & Bautista, D. E. H.(2012). Acculturation and latino health in the united states. *Race, Ethnicity, and Health: A Public Health Reader*,215-252.
- Lerner, R.M., Almerigi, J.B., Theokas, C., & Lerner, J.V. (2005). Positive youth development: A view of the issues. *Journal of Early Adolescence, 25*(1), 10-16.
- Parker, R.M., Ratzan, S.C., & Lurie, N. (2003). Health policy: A policy challenge for advancing high-quality health care. *Heath Affairs*,22, 147-153.
- Passel, J. (2011, February 1). *Unauthorized immigrant population: National and state trends, 2010*. Retrieved from Pew Hispanic Center: <http://pewhispanic.org/files/reports/133.pdf>.
- Place Matters for Health in Cook County. (2012, July). A report on health inequities in cook county, illinois. Retrieved from:
<http://www.chicagobusiness.com/assets/downloads/JointCenterReport.pdf>.
- Potochnick, S. R., & Perreira, K. M. (2010). Depression and anxiety among first-generation immigrant latino youth: Key correlates and implications for future research. *Journal of Nervous and Mental Disease, 198*(7),470-477.
- Small, M.L. (2002). Culture, Cohorts, and Social Organization Theory: Understanding Local Participation in a Latino Housing Project. *American Journal of Sociology, 108*,1, 1-54.
- Tsao, F.F. (2014, February 14) *Illinois' undocumented immigrant population: A summary of recent research by rob paral and associates*. Retrieved from Illinois Coalition for Immigrant and Refugee Rights website: http://icirr.org/sites/default/files/Illinois%20undocumented%20report_0.pdf. Accessed November 3, 2014.

Integrating Positive Minority Youth Development in Health Promotion

Umaña-Taylor, A.J., Lee, R.M., Rivas-Drake, D., Syed, M., Seaton, E., Quintana, S.M., Cross, W.E., Schwartz, S.J., & Yip, T. (2014). Ethnic and racial identity during adolescence and into young adulthood: an integrated conceptualization. *Child Development, 85*(1), 21-39.

U. S. Dept. of Health and Human Services. (2009).

Watts, R. J., Diemer, M. A., & Voight, A. M. (2011). Critical consciousness: Current status and future directions. In C. A. Flanagan & B. D. Christens (Eds.), *Youth civic development: Work at the cutting edge. New Directions for Child and Adolescent Development, 134*, 43–57.

Yoshikawa, H., Kholoptseva, J., Suarez-Orozco, C. (2013). The role of public policies and community-based organizations in the developmental consequences of parent undocumented status. *Sharing Child and Youth Development Knowledge, 27*, 3.

Yosso, T.J. (2005). Whose culture has capital? A critical race theory discussion of community cultural wealth. *Race Ethnicity and Education, 8*(1):69–91.

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Table 1: Demographic Characteristics of YHSC Study Participants (N=69)

	Number of Participants (%)
Gender	
Male	36 (52%)
Female	33 (48 %)
Age	
14	7 (10.1)
15	26 (37.7)
16	19 (27.5)
17	11 (15.9)
18	6 (8.6)
Length of Time Engaged in YHSC	
Two years	8 (11.6)
At least one year	17 (24.6)
6 - 12 months	14 (20)
3 - 5 months	30 (43)
Year in College	
Freshman	18 (26.1)
Sophomore	26 (37.7)
Junior	13 (18.8)
Senior	11 (15.9)
Not in School	1 (1.4)
Neighborhood	
Pilsen	15 (21.7)
Logan Square	10 (14.5)
Little Village	9 (13)
Gage/Brighton Park	10 (14.5)
Humboldt Park	4 (5.8)
Other (at least 11 other neighborhoods in Chicago) Includes: Englewood, So. Side, Rogers Park, Back of the Yards, Hyde Park, Cicero, Garfield Park, Ashburn, Midway/West Lawn, Austin & Belmont- Cragin	21 (30)
Birthplace	
Chicago	37 (53.6)
Mexico	15 (21.7)
Other in U.S.	15 (21.7)
Not stated	2 (2.9)
Race	
Latino or Hispanic	63 (91)
African American	3 (4.3)
Mixed (Hispanic-Chinese, Mexican-African-American)	2 (2.8)
Ethnicities Identified:	
Latino	20 (29)
Hispanic	19 (27.5)
Mexican	23 (33.3)
Puerto Rican	3 (4.3)
Identified ethnic identities: Chicano, Mexican-American, Mexican Spaniard, Guatamalen, Guatamalen-American, Salvadorian, Ecuadorian, Black-Mexican, Honduran, Mexican Ecaudorian, Hispanic-Chinese	

**Figure A: YHSC Integrative Model:
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