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Community-Based Health Promotion / Disease Prevention Programs for Latina/Latino Youth in California: Comparative Analysis and Policy Recommendations

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**COMMUNITY-BASED HEALTH PROMOTION/  
DISEASE PREVENTION PROGRAMS  
FOR  
LATINA/LATINO YOUTH IN CALIFORNIA:  
*Comparative Analysis and Policy Recommendations***

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**Chicano/Latino Policy Project** is an affiliated research program of the Institute for the Study of Social Change at the University of California at Berkeley. The Policy Project coordinates and develops research on public policy issues related to Latinos in the United States and serves as a component unit of a multi-campus Latino policy studies program in the University of California. The Policy Project's current priority research areas are education, health care, political participation and labor mobility with an emphasis on the impact of urban and working poverty and immigration.

**The Institute for the Study of Social Change** is an organized research unit at the University of California at Berkeley devoted to studies that will increase understanding of the mechanisms of social change and to the development of techniques and methods to assist the direction of social change for the improvement of social life. It has a particular mandate to conduct research and to provide research training on matters of social stratification and differentiation, including the condition of both economically and politically depressed minorities as well as the more privileged strata.

The Working Paper Series is supported through a grant from the UC Committee for Latino Research administered through the University of California's Office of the President. The research was supported by a grant from the Latina/Latino Policy Research grants program administered by the California Policy Seminar. The views and opinions expressed in this profile are those of the author and do not necessarily represent those of the Chicano/Latino Policy Project, the Institute for the Study of Social Change, the Regents of the University of California or those of the funding agency.



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urban and rural representation, and country of origin (i.e., Mexican and non-Mexican). Analysis was limited to four content areas: adolescent pregnancy, sexually transmitted diseases, substance abuse, and violence. Data and information collection proceeded in two phases. In general, the first phase involved a more detailed, on-site interviewing process with a selected subset of 14 programs in the five profile counties.

## **FINDINGS**

Key findings focused in four areas: program cultural content, central challenges faced by L/L youth, issues associated with collaboration, and implications of state and local policy. In the area of program cultural content, respondents indicated that a multicultural emphasis contributes to enhanced cultural sensitivity and increased credibility in the local community; at the same time, the challenge of managing multicultural programs may lead to occasional oversights in program content and process. Three cultural content program components were most frequently identified as having the greatest potential for enhancing program efficacy; cultural competency training for staff, family workshops on acculturation issues facing youth, and workshops on language adjustment and cultural transition issues for parents/families.

Family dynamics were identified as a central challenge to L/L youth acculturation, especially inter-generational conflicts about traditional cultural values, parental consent, social customs, and general communication barriers. The destabilizing impacts of acculturation included shifting norms around alcohol use, a higher incidence of domestic abuse, perceived loss of power by males, and new roles for women. It was noted that U.S. born Latina adolescents tend to retain submissive cultural sex roles and positive feelings about maternal roles, which puts them at a high risk for early pregnancy because they have acquired more permissive U.S. attitudes toward premarital sexual behavior. Primary challenges facing youth were reported to be social invalidation (e.g., no one cares), a perception of economic hopelessness, widespread racism and institutional discrimination, low educational expectations of both parents and children, and parents who are unable or incapable of understanding or advocating for their children.

Key factors in developing substantive collaborative linkages included: (1) establishing a positive and consistent reputation, developing a long term presence and clear mission; (2) a developmental process that emphasizes leadership development, trust building, and inclusivity; (3) effective targeting of shared interests and community priorities, and; (4) continuity of institutional support. A key challenge identified by interviewees is the lack of awareness by agencies and funders of the complexities,

resources, and time required to build and sustain collaborative linkages. Interviewees reported that the lack of targeted funding for collaborative efforts from funders contributes to reduction in the quality of the process, community resident participation, failure to follow through on stated commitments, reduced quality of the product (e.g., program curriculum, educational materials), duplication of effort, and cynicism among organizations and community residents.

Negative impacts of state and local policies cited by interviewees included significant reductions in city/county funding for community programs, a tendency to employ punitive measures in response to youth social and health problems, inconsistent and excessive monitoring requirements, a lack of emphasis upon the broader determinants of health in local communities, a perceived lack of understanding of the issues and needs of L/L youth, reductions in Proposition 99 funding, and adverse political dynamics contributing to stigmatization of programs serving L/L youth. On the positive side, interviewees expressed strong support for the State Healthy Start Initiative (SB 620) and other initiatives that focus upon the blending funding and increasing community resident involvement.

### **RECOMMENDATIONS**

We view this report as a mechanism for stimulating dialogue and action to address specific challenges in the community health arena. Critical assessment of these issues by State legislators, agency officials, and those involved in planning and implementing community health programs for Latina and Latino youth is needed. Hopefully the following recommendations could be refined and reviewed in forums organized by the State Department of Health Services and related State agencies. Many of the recommendations made about community programs are not limited in their applicability to Latino youth, because many similar circumstances are faced in varying degrees by programs involving California youth with limited economic means. Furthermore, recommendations apply to the development of new initiative, strategies for mid-course correction of existing initiatives, or the development of overarching state, regional, and/or local structures that provide ongoing or episodic technical assistance.

Recommendations include the allocation of targeted funds and provisions of technical assistance to enhance the cultural content, expand leadership development components, and strengthen the collaborative capacity of existing programs; enhancement of linkages to private sector resources; and the enhancement of statewide capability to develop and monitor youth HPD programs and conduct relevant policy research.

## I. INTRODUCTION

This study examines key characteristics and external factors that influence health promotion and disease prevention (HPD) programs serving California Latina and Latino youth between 10 and 19 years of age. Analysis of key characteristics focused in three areas: cultural content, programmatic emphasis, and the nature of linkages among organizations, institutions, and community residents. Each of these three areas has become a central focus of empirical research and policy analysis in recent years. Analysis of the cultural content in HPD programs is critically important to determining both the implications of funding culturally specific or multicultural programs and the extent to which cultural issues are a factor in efforts to involve, motivate, and influence the behavior of youth. Programmatic emphasis has become of particular interest in determining the relative impact of programs that provide services and/or skills training and of efforts to directly involve youth in leadership development activities. Examining linkages among organizations, institutions, and community residents provides insights into the costs and benefits of efforts to reduce duplication, increase the comprehensives of programs, and engage multiple sectors of society in problem solving. Finally, the examination of external factors focused upon the perceived impact of local and state public policies upon program effectiveness and sustainability.

Latina/Latino (L/L) youth are increasing more rapidly than any other ethnic youth cohort; by the year 2000 they will comprise 38% of all California youth. This rapid population growth appears to be accompanied by a deterioration of Latina/Latino lifestyles towards less healthy behaviors. If current trends continue, the 10 to 19 cohort could develop into an adult population with increased vulnerability to chronic disease, anti-social behavior, poor health status, and greater dependency upon public resources. It is almost certain that the next cohort of Latina/Latino youth will experience a greater magnitude of social and health problems, as well as more significant economic pressures than the current one. Depending upon the severity of the deterioration in quality of life, the probable impact will be a greater burden upon the State General Fund, already strained by the rapidly escalating cost of basic public services. The State has a major stake in the effectiveness of HPD programs for youth as a strategy to minimize this potential burden; a significant proportion of programs reviewed in this study (43.9%) received State funds.

This study was conducted in response to these trends, and an apparent need to improve the capacity of our urban and rural communities to foster healthy lifestyles among Latina/Latino youth, thereby increasing the likelihood that they will become substantive contributors to the commonweal.

of poor Californians represented by the Latino community from 32.2% to 44.6% (Table 2). This trend has completely outpaced the ability of public institutions to meet the unique needs of this population. However, the impact of this population growth is compounded by other health-related trends. Juvenile arrest statistics also show Latinos with the highest percentages of felony, misdemeanor, and status offenses as proportions of all juvenile arrests in California (Table 3 -- Specific data on the five counties reviewed in this study are provided as Tables 7 - 11 in Appendix A). School dropout rates are highest for Latinos (Figure 1). By 1991, Latinos under 20 were twice as likely as non-Latina Whites to commence childbearing (Table 4), and Latinas comprised 56.6% of all unmarried mothers under 20 in California, a 10% increase since 1988 (Figure 2). Alcohol consumption increases among Mexican Americans with each successive generation following immigration to the U.S.<sup>2, 3</sup> Furthermore, a statewide California study, conducted in 1994, indicated that L/L youth have higher overall licit and illicit drug use rates than all other ethnic groups, and these rates had increased from a previous survey in 1991.<sup>4</sup>

The contradiction in this profile is that despite increases on indicators of social and health problems, L/Ls are generally a healthy population. Many problems usually correlated with these negative socio-economic indicators, such as low birth weight, high infant mortality, prenatal drug use, and HIV/AIDS, remain at rates lower than would be expected from a group with generally low socioeconomic status. The potential for higher morbidity and mortality rates is attenuated in part by a robust immigrant population that practices more healthful behaviors than U.S. born Latinos. Recent studies consistently indicate lower utilization of health services by Latino immigrants resulting from a combination of economic barriers, lack of access to culturally competent services, positive health outcomes in specific categories such as infant births, and fear of detection among illegal immigrants (a practice that appears to persist for legal residents, as well).<sup>5</sup> The overall salutary health status of immigrant Latinos in California has obscured a number of disquieting trends among U.S. born L/Ls. Since adolescents are healthier than adults, they are less likely to stand out as a population requiring HPD program resources. However, there are a growing number of health and social problems linked to risk behaviors such as early sexual activity (e.g., STD's, teen pregnancy, sexual abuse), alcohol and drug abuse (e.g., poor school performance, diminished physical, emotional, and intellectual development) and gang activities (e.g., youth violence, criminal activity). It is particularly important to note that many of these problems cluster in particular groups. This trend appears to be emerging among U.S. born L/L youth.

Highly acculturated immigrants (e.g., oriented toward American culture) and U.S. born L/L youth are increasingly engaged in behaviors that can compromise their personal well being and the well

**TABLE 1****Youth (10 - 19) Cohort Projections  
White and Hispanic, U.S. and California**

<i>U.S. Youth</i>	1980	1990	2000*
Total Youth	39,410,253	34,868,264	32,794,397
Whites	28,518,444	24,200,804	25,881,254
Hispanics	3,081,326	4,055,574	5,578,540
Percent White	72.4	69.4	78.9
Percent Hispanic	7.8	11.6	17.0

<i>California Youth</i>	1980	1990	2000*
Total Youth	3,927,178	4,030,491	5,125,119
Whites	1,864,447	1,637,391	2,207,892
Hispanics	931,317	1,324,065	1,939,412
Percent White	47.5	40.6	43.1
Percent Hispanic	23.7	32.9	37.8

Sources: 1980 and 1990 U.S. Census, Department of Finance Report 93 P-3, Statistical Abstract of the U.S., 1994

**TABLE 2**

<b>Persons in Poverty, 1979 and 1989</b>		
	<b>1979</b>	<b>1989</b>
<b>U.S.</b>	27,392,580	31,742,864
% of population	12.1	12.8
<b>California</b>	2,698,133	3,720,002
% of population	11.4	12.5
<b>White</b>	1,402,887	1,549,069
% of White population	8.9	9.1
% of total persons in poverty	52	41.6
<b>Hispanic Origin</b>	867,947	1,658,466
% of Hispanic population	19.1	21.6
% of total persons in poverty	32.2	44.6
<b>Black</b>	399,395	439,556
% of Black population	22.5	21.1
% of total persons in poverty	14.8	11.8
<b>Asian/Pacific Isl.</b>	NA	387,267
% of Asian/Pacific Isl. population		14.3
% of total persons in poverty		10.4

**Source: U.S. Census, Department of Finance**

(Figures calculated from percentages reported in Census Summary Reports; self-reporting by persons of Hispanic origin as White yields slight over-representation in White totals.)

## TABLE 3

### Juvenile Arrests By Race California, 1993

	Adult Total	Juvenile Total	White	Hispanic	Black	Other	% White	% Hispanic	% Black	% Other
Total Felony	564,307	91,973	25,346	37,903	20,862	7,862	27.6	41.2	22.7	8.5
Total Misdemeanor	1,079,136	139,039	52,117	54,749	21,417	10,756	37.5	39.4	15.4	7.7
Total Status Offenses	0	13,850	3,946	7,308	1,441	1,155	28.5	52.8	10.4	8.3

**Felonies include:**

Homicide, manslaughter, forcible rape, robbery, assault, kidnapping, burglary, theft, forgery, arson, driving under influence, hit-and-run, narcotics, weapons, and bookmaking.

**Misdemeanors include:**

Manslaughter, assault-battery, petty theft, drugs, indecent exposure, obscene material, drunk, liquor laws, disturbing peace, vandalism, malicious mischief, trespassing, weapons, gambling, non-support, lewd conduct, prostitution, joy riding, hit-and-run, and glue sniffing.

**Status Offenses include:**

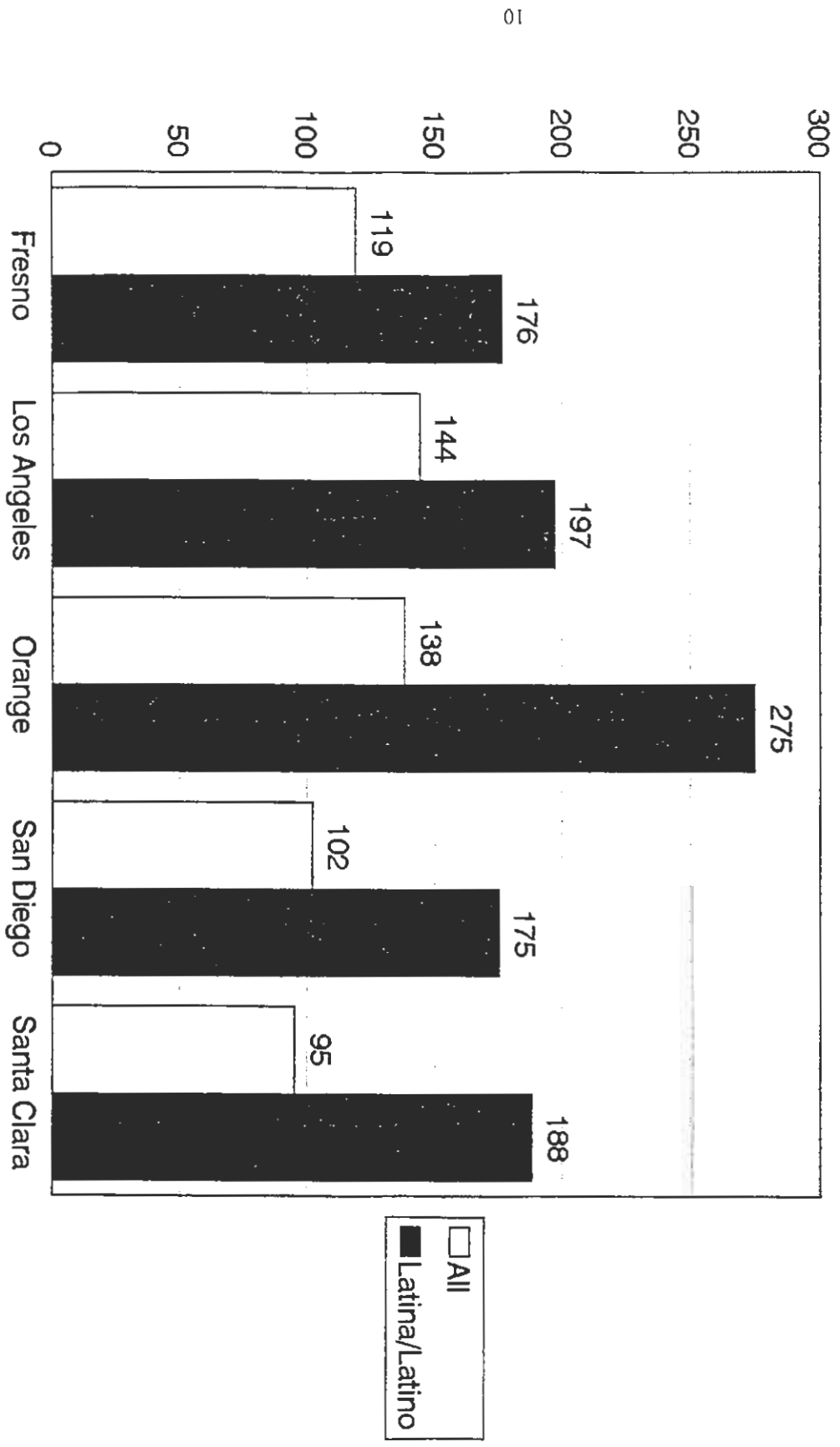
Truancy, runaway, and curfew violation.

Source: California Department of Justice, Division of Law Enforcement, Law Enforcement Information Center.

**FIGURE 1**

# High School Dropout Rates by County, 1990

Dropouts Per 1,000 Students



Source: 1990 U.S. Census



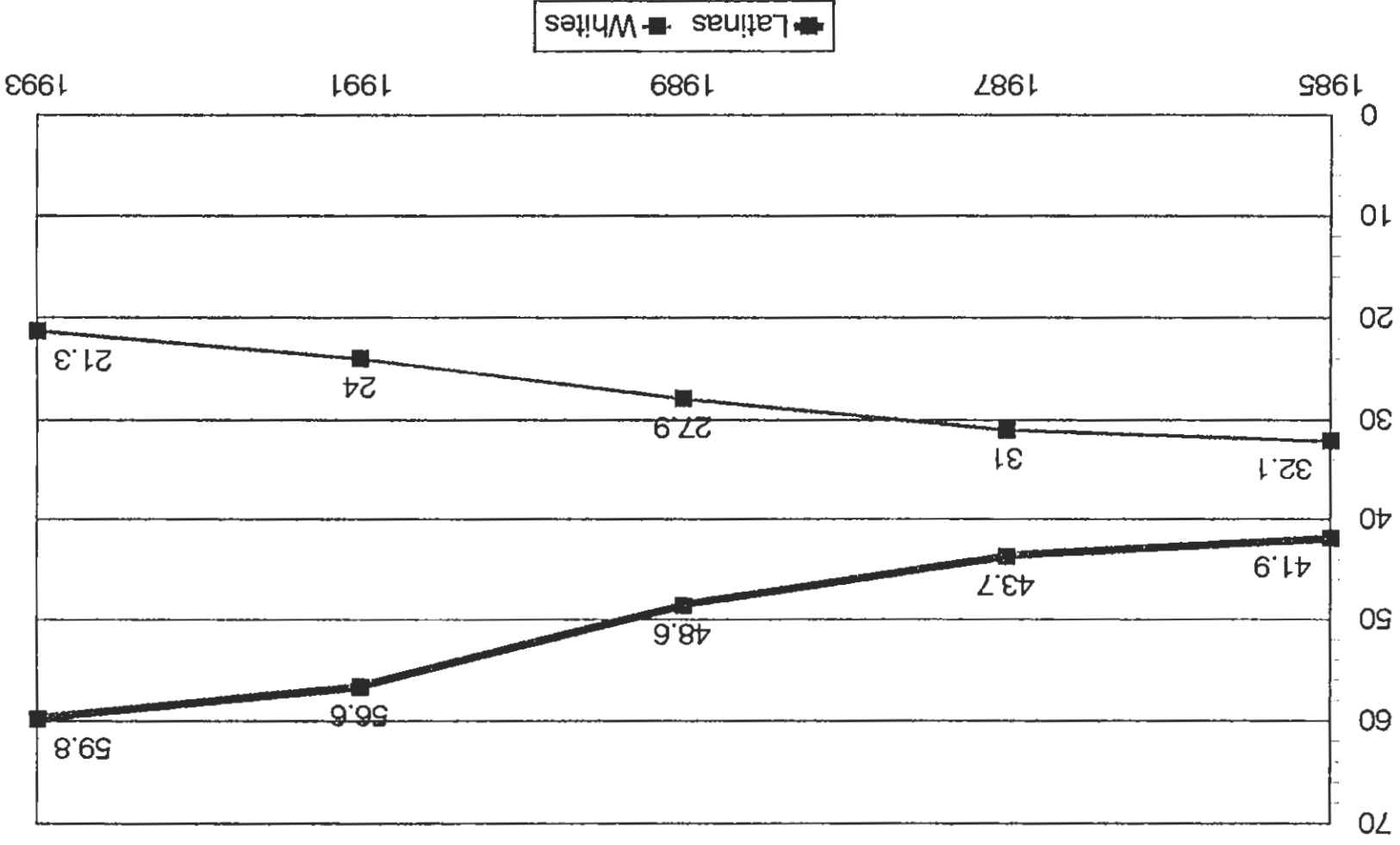
## TABLE 4

### Live Births to California Women under Age 20 Whites and Latinas, 1985 - 1993

	1985	1987	1989	1991	1993
Total Births	470,816	503,376	569,308	609,228	584,483
Total Births to Women Under Age 20	51,255	54,569	64,935	71,791	70,091
Percent Births to Women Under Age 20	10.9	10.8	11.4	11.8	12.0
Births to White Women Under Age 20	18,603	18,503	19,511	18,265	15,913
Births to Latinas Under Age 20	22,181	24,794	32,475	41,004	41,732
Percent of All Births to White Women Under Age 20	4.0	3.7	3.4	3.0	2.7
Percent of All Births to Latinas Under Age 20	4.7	4.9	5.7	6.7	7.1
Total Births to Unmarried Women Under Age 20	30,430	34,356	42,264	48,841	49,038
Total Births to Unmarried White Women Under Age 20	9,760	10,643	11,777	11,746	10,435
Total Births to Unmarried Latinas Under Age 20	12,741	15,021	20,534	27,629	29,321
Percent Births to Unmarried White Women Under Age 20	32.1	31.0	27.9	24.0	21.3
Percent Births to Unmarried Latinas Under Age 20	41.9	43.7	48.6	56.6	59.8

Source: California Department of Health Services; Birth Records

**FIGURE 2**  
**Births To Unmarried California Women Under Age 20**  
 Latina and White Percent of Total



Source: CDHS Birth Records

being of their families. The passage of time and deleterious impacts of racism, limited opportunity, and inter-generational poverty will contribute to an inexorable deterioration in health status. There are currently signs of this transition. For example, a recent California study found that U.S. born Latinas were eight times more likely to use illicit drugs during pregnancy than were immigrant women.<sup>6</sup> Low birth weight and poor neonatal outcomes are also much higher for children of U.S. born Latinas.<sup>7</sup> Another recent study indicated that healthful dietary practices deteriorate rapidly with cultural assimilation and U.S. nativity.<sup>8</sup> Therefore, the unique L/L experience of California style Americanization, in the current social and economic climate, requires special consideration when thinking about and designing programs for addressing health promotion and disease prevention.

## **B. HPD Programs and Public Policy**

Health promotion and disease prevention represent two of the three dimensions of primary prevention. The third dimension involves the use of direct regulatory measures (e.g., water quality, sanitation, etc.), and is most often referred to as health protection.<sup>9</sup> Primary prevention is based upon the assumption that improvements in health status can be achieved by focusing upon the underlying causes. Proactive measures to address the underlying causes of health and social problems are viewed as a cost-effective alternative to reactive measures such as medical interventions and incarceration.

There are two approaches to address the underlying causes of health and social problems:

1. Provide information and skills to individuals to reduce risk behaviors.
2. Address the environmental conditions (e.g., physical conditions, social dynamics, etc.) that contribute to risk behaviors.

Most HPD programs focus upon education and skills training to individuals and groups. There are three reasons for the selection of this approach. First and foremost, a focus upon the individual is consistent with the societal orientation in the United States towards individual responsibility. Behavior is viewed as a function of individual choice. If a person is engaged in risk behaviors, it is viewed as the manifestation of a lack of knowledge, skills or morality. This perspective de-emphasizes (or rejects) the influence of external factors such as family dynamics, poverty, neighborhood quality of life, school environment, and negative social values perpetuated by product marketing and entertainment interests.<sup>10,11</sup>

The second reason that HPD programs tend to focus upon individual education and skills training is that these types of strategies are more amenable to the experimental model of research and evaluation.

seek the most efficient strategies for maximizing the use of existing federal, state and local program funds.

The majority of HPD programs reviewed in this study (22 of 41) received funding from the state of California. In most cases (18 of 22), the State was the primary funding source. Given the important role played by the state in the support of HPD programs for L/L youth, the adoption of reforms by state agencies may hold the greatest potential for achieving a measurable impact in L/L communities. A summary of HPD programs relevant to the issues raised in this study will provide a frame of reference for the subsequent analysis.

The majority of state-sponsored HPD programs are administered through the Department of Health Services (DHS). While the bulk of DHS funding and programmatic support focuses upon clinical preventive services and data systems management (See summary of state programs, Appendix E), there are a number of programs that reflect a growing interest in community-based health promotion and disease prevention. Service integration, collaboration, and addressing the underlying conditions of health represent three of the eleven DHS goals for the 1990s. Key state agencies in DHS responsible for planning and implementing HPD programs for children and youth include:

### **1. Maternal & Child Health Branch (MCH), Primary Care & Family Health Division**

HPD programs relevant to this study include:

#### **Adolescent Family Life Program (AFLP)**

Case management of health education and support services for pregnant and parenting adolescents to improve health outcomes, reduce number of low birth weight infants, and reduce the number of repeat pregnancies. Seven of the programs reviewed in the study received funding through this initiative.

#### **Youth Violence and Violence Against Women**

A new program under development to establish protocols for early identification of abuse, provide training for teens and high risk parents, and facilitate coalition building to "take back neighborhoods."

### **2. Office of Family Planning (OFP), Primary Care and Family Health Division**

HPD programs relevant to this study include:

#### **Education Now and Babies Later (ENABL)**

Provide educational services to postpone sexual activity in young men and women between the ages of 12-14. Twenty-eight projects funded through June 1997. Four of the programs reviewed in this study received funding through this initiative.

counties for school-based prevention programs in fiscal year 1995-96. Strategies include demonstration projects, technical assistance, public education, and "promotion of alcohol and drug free lifestyles through alternative activities." HPD programs relevant to this study include:

**DESTINY (Developmental ed., skills training and instruction for neighborhood youth)**

Pilot in Sacramento County to provide education and job training "via interactive computer technology."

**Friday Night/Club Live**

Peer programs facilitating alternative activities and school presentations.

**Gang Violence Suppression Projects**

Jointly administered with the Office of Criminal Justice Planning.

**Community Drug Free School Zones**

Established in 1991 at eight school sites, four in Los Angeles, and one each in Fresno, Stockton, Oakland and Sacramento.

**High-Risk Youth Set-Aside**

Targets inner-city "ethnic" youth. Includes culturally specific programs for Filipino and Southeast Asian youth, interpersonal skill development for Latinos, and strategies to address identity issues for Native Americans. Serves approximately 5,000 youth annually. \$443,000 was allocated in fiscal year 1995-96 to seven counties.

**Partnership for Drug-Free California (PDFC)**

Public/private partnership that began in 1991 focusing upon increasing "airplay and print space for public service advertisements produced by the Partnership for a Drug Free America." PDFC provides media with materials specially tailored for California.

**California Mentor Initiative**

Implemented in partnership with Department of Economic Opportunity, California Youth Authority, and the California Conservation Corps "to expand the number of trained mentors and enhance existing mentoring networks." To be privatized in 1997.

**Technical Assistance**

Programmatic and administrative training for publicly funded alcohol and drug prevention and treatment programs. Technical assistance is also available to communities. Approximately 2,000 hours of technical assistance is available in fiscal year 1995-96 for elders, African Americans, Asian/Pacific Islanders, disabled, gays/lesbians. Latinos, Native Americans, and women.

funding allocated for substance abuse prevention programs. Findings generated by this study will yield information that provides a starting point for the development of strategies to enhance existing public and private sector HPD programs.

## II. METHODS

A central objective of this study was to identify common and distinguishing characteristics of L/L youth HPD programs in terms of cultural content, program emphasis, and linkages with agencies and institutions and to illuminate the central challenges and opportunities presented by current local and state policies. Given the small sample size and relatively short time frame for data and information collection and analysis, findings should not be interpreted as either conclusive or fully comprehensive. Sufficient commonalities have emerged, however, to provide insights for policymakers in setting priorities for funding allocations to community health program initiatives.

The study examined HPD programs in four content areas: violence/gang prevention, adolescent pregnancy prevention, substance abuse prevention, and sexually transmitted disease (STD) prevention. Limiting the scope of program content was necessary to maximize the generalizability of findings. Moreover, these four programmatic areas were projected to be of highest salience, given current health and social trends. Geographic focus was limited to five counties: Fresno, Los Angeles, Orange, San Diego, and Santa Clara. Population summaries follow:

County	Total Population	Latina/Latino	% of Total State	Rank*
Fresno	667,490	236,634	35.5	7
Los Angeles	8,863,164	3,351,242	37.8	1
Orange	2,410,556	564,828	23.4	2
San Diego	2,498,016	510,781	20.4	3
Santa Clara	1,497,577	314,564	21	5

(Source: 1990 Census)  
 \* Latino population ranking among 58 California counties

Counties were selected based on consideration of three basic criteria to obtain a representative sample of programs serving L/L youth in California:

- ⇒ **Size of Latina/Latino population;**
- ⇒ **Geographic distribution (to ensure North, Central, and Southern California representation);**
- ⇒ **Urban and rural representation.**

Geographic distribution of programs represented in the Tier One analysis is listed below:

County	Number of Programs
Fresno County	8
Los Angeles County	9
Orange County	10
San Diego County	7
Santa Clara County	7

In addition to providing a general profile of the programs, two key objectives of the Tier One analysis were to identify the program emphasis of lead agencies and to describe the nature of linkages developed with external organizations and informal groups. A description of the methods used to analyze these dimensions is provided below.

#### **Program Emphasis Analysis**

Some HPD programs take a provider - client service delivery approach to health improvement (e.g., health education, pre-natal care, child development, substance abuse treatment, family counseling).

Others focus upon group training (e.g., life and job skills training, English as a Second Language classes, recreational programs). Still others seek to change youth behavior through leadership development and community service (e.g., graffiti removal, neighborhood cleanup, tree planting, creating community gardens, advocacy efforts to reduce sales of tobacco and alcohol to minors and establish public ordinances to reduce alcohol advertising or regulate alcohol outlets).

With these distinctions in mind, responses relating to program emphasis were divided into three basic categories:

- ⇒ **Individual and/or Family Services;**
- ⇒ **Group Training and Activities; and**
- ⇒ **Leadership Development and Community Service.**

The third category is intended to identify programs that are making efforts to shift their emphasis from traditional human services to leadership development strategies that actively involve youth as "change agents" in the community. This dimension of community health programs is increasingly identified as a critical part of the development of self-esteem, positive self image, and personal empowerment of youth and adults.<sup>10-16</sup> Recent community research has indicated further that the

FIGURE 3

# PROGRAM EMPHASIS

## COMMUNITY PROBLEM SOLVING

### Service Delivery

### Capacity Building

#### EXPAND SOCIAL SUPPORT SYSTEMS

(e.g., neighborhood watch, crisis management, community gardens, neighborhood skills bank, parenting groups, etc.)

#### LINK SERVICES TO GROUP ACTION

(e.g., prenatal services to creation of neighborhood farmers market, elder health care services to home accident prevention program, etc.)

#### PEER SERVICE DELIVERY

(e.g., community health outreach workers, neighborhood health resource centers, etc.)

#### SERVICE INTEGRATION

(e.g., linking prenatal care to parenting training, mental health services to career training, etc.)

#### IMPROVE SERVICE DESIGN

(e.g., improve outreach, mass transportation services, hours of operation, etc.)

#### IMPROVE QUALITY OF SERVICES

(e.g., cultural competency, increase emphasis upon primary prevention, etc.)

#### INCREASE SERVICE VOLUME

(e.g., prenatal care, immunizations, chronic disease management, mental health, etc.)

#### COMMUNITY ACTION

(e.g., graffiti removal, close crack houses, transform vacant lots into parks, etc.)

#### PUBLIC ED./POLICY ADVOCACY

(e.g., campaigns to increase youth awareness of STDs, remove alcohol outlets and billboards from poor neighborhoods, etc.)

#### INDIVIDUAL ACTION

(e.g., peer education, participation on community advisory board, community organizing, etc.)

#### LEADERSHIP TRAINING

(e.g., self in relation to local conditions, policies, & world affairs, community organizing strategies, etc.)

#### CAREER SKILLS TRAINING

(e.g., skills identification, job training, career development, etc.)

#### SELF-EFFICACY/LIFE SKILLS TRAINING

(e.g., self-esteem, cultural identity, social skills, etc.)

#### INDIVIDUAL HEALTH EDUCATION

(e.g., nutrition, STDs, smoking, substance abuse, teen pregnancy, violence prevention, etc.)

## INDIVIDUAL PROBLEM SOLVING



Tier One identifies the basic structure of linkages established among the 41 respondents. Tier Two provides a detailed analysis of the challenges associated with the collaborative process as identified by the interviewees in site visits to 14 programs. For Tier One, the structural framework of linkages with organizations and informal groups was examined on two levels: **Scope of Linkages** and **Depth of Linkages**.

**Scope of Linkages** was divided into three categories:

- ⇒ **Same Sector Human Service Agencies;**
- ⇒ **Different Sector Human Service Agencies; and**
- ⇒ **Community Service Organizations.**

(Includes organizations that may provide individual human services, but such functions are ancillary to the primary mission and focus.)

Human Service agencies may link to others in similar content areas to share information, skills, resources, staff, and space in a manner that increases the efficiency of program implementation and administration or to increase access and/or the scope of services for clients. Linkages may extend to human service agencies in other content areas if they are believed to enhance the short- and long-term impact of the interventions. Similarly, linkages may be extended to community service organizations as a means of building a more substantial support infrastructure in the community, as well as generating additional resources for reinforcing the impact of the intervention(s).

**Depth of Linkages** also was divided into three categories:

- ⇒ **Networking**, Exchanging information (e.g., problem solving);
- ⇒ **Coordination/Cooperation**, Altering activities and sharing resources (e.g., space, staff);
- ⇒ **Collaboration**, Sharing risks (e.g., altering mission and focus of organizations, expanding involvement of community residents, etc.)

These categories were adapted from a typology introduced by Himmelman<sup>26</sup> that divides the development of linkages with external entities into four phases. (Himmelman's phase two and three, coordination and cooperation were collapsed into one category in this preliminary study.) Enhancing capacity involves the sharing of resources (e.g., skills, financial/staff) by projects and organizations with an emphasis upon positive outcomes *independent* of organizational maintenance concerns. Enhancing capacity also involves *sharing risks* through explicit activities that alter the mission, focus, and intent of organizations and/or institutions in a manner that increases the involvement and stake of community

**Acculturation and Youth Attitudes: Degree of attention to transitional dynamics.**

L/L youth attitudes and behavior are strongly influenced by the strength of linkages to their country of origin, relations with immediate and extended family, choice of peer social groups, degree of cultural assimilation, and cultural self-identity. Pressures associated with these transitional issues can significantly undermine the potential for positive personal development. Some HPD programs that serve L/L youth take these dynamics into consideration in the development of program content and the extent to which linkages are developed to support structures that reinforce positive behaviors. Others may develop programs that do not address these dynamics and focus primarily upon the cultural assimilation of the youth participant.

**Collaborative Linkages: Single agency vs. multi-entity collaborative approaches**

Some agencies, because of disciplinary expertise (i.e., professionalized services), adversarial social and/or political environments, or a lack of funding may limit linkages with external organizations and informal groups to information and referral and/or peripheral coordination of activities. Other agencies or local coalitions may be philosophically committed to the concept of collaboration, and in the absence of obstacles and the presence of financial incentives, develop an extensive and diverse range of more substantive linkages that involve sharing of staff, financial resources, and governance functions. This component of the Tier Two analysis was intended to identify and describe challenges to collaborative efforts.

**Local and State Policy: Impacts upon program efficacy and sustainability.**

Local and State policies can have a significant impact upon the content emphasis, nature of external linkages, effectiveness, and sustainability of HPD programs. These influences can range from direct impacts associated with initiatives funded by the public sector (e.g., content emphasis, monitoring requirements) to indirect impacts associated with general public policies (e.g., reductions in funding for related sectors, social policies such as Proposition 187). This component of the study was intended to identify and describe positive and negative impacts as perceived by program respondents.

In all four dimensions, the objective was to include a representative sample of programs across the spectrum of emphasis in order to elicit the broadest possible range of perspectives on challenges and issues associated with program development, implementation, and sustainability.

**III. TIER ONE FINDINGS**

**A. Programmatic Emphasis**

Respondents to the Tier One questionnaire yielded the following representation in terms of primary content area:

⇒	<b>Adolescent Pregnancy</b>	18 programs
⇒	<b>Violence Prevention</b>	11 programs
⇒	<b>Substance Abuse Prevention</b>	10 programs
⇒	<b>STD Prevention</b>	2 programs (8 ID'd as secondary emphasis)

**TABLE 5**

<b>Service/Activity Orientation and Organizational Linkages by Lead Entity</b>							
<b>Lead Entity</b>	<b>#</b>	<b>Activities Orientation</b>			<b>Depth of Linkages</b>		
		Individual and Family Services	Group Training/ Activities	Leadership Development/ Community Service	Networking	Coordination/ Cooperation	Collaboration
<b>Public Sector</b>							
County H/SS Agency	4	4	0	1	3	0	1
City Agency	3	1	3	3	0	0	3
School District	3	3	2	0	1	1	1
<b>TOTAL</b>	<b>10</b>	<b>8</b>	<b>5</b>	<b>4</b>	<b>4</b>	<b>1</b>	<b>5</b>
<b>Private Sector</b>							
Neighborhood Health Ctr	7	7	2	2	2	3	2
Human Service Agency	19	16	12	6	7	6	6
Community Service Org.	5	0	5	5	0	3	2
<b>TOTAL</b>	<b>31</b>	<b>23</b>	<b>19</b>	<b>13</b>	<b>9</b>	<b>12</b>	<b>10</b>

**TABLE 6**

<b>Service/Activity Orientation and Organizational Linkages by Primary Funder</b>							
<b>Primary Funding Source</b>	<b>#</b>	<b>Activities Orientation</b>			<b>Depth of Linkages</b>		
		Individual and Family Services	Group Training/ Activities	Leadership Development/ Community Service	Networking	Coordination/ Cooperation	Collaboration
<b>Public Sector</b>							
City	4	1	4	4	0	0	4
County	6	4	4	2	2	3	1
State	18	16	8	4	7	6	5
Federal	3	0	3	2	0	1	2
<b>TOTAL</b>	<b>31</b>	<b>21</b>	<b>19</b>	<b>12</b>	<b>9</b>	<b>10</b>	<b>12</b>
<b>Private Sector</b>							
Local	7	7	3	2	3	2	2
Non-Local	2	1	2	2	0	1	1
Donations	1	1	0	1	1	0	0
<b>TOTAL</b>	<b>10</b>	<b>9</b>	<b>5</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>3</b>

contrast to all five HPD programs operated by community service organizations. Again, findings must be qualified in terms of sample size and program content, but reflect a general tendency among community clinic programs towards provider-client services and away from more participatory approaches to primary prevention.

### **B. External Linkages Findings**

As was the case with the analysis of programmatic emphasis, program linkages with external entities were correlated on two dimensions: by lead agency (Table 5) and by primary funding source (Table 6). Both dimensions were divided into public and private sector categories, each with major subcategories.

Key findings include the following:

- ⇒ **Five of 18 (27.7%) programs with primary funding from state agencies collaborated level with outside organizations and informal groups.**
- ⇒ **One of six (16.6%) programs with primary funding from county agencies collaborated with outside organizations and informal groups.**
- ⇒ **All four programs with primary funding from city agencies collaborated with outside organizations and informal groups.**
- ⇒ **All three programs operated by city agencies collaborated with outside organizations and informal groups.**
- ⇒ **One of four programs operated by county agencies collaborated with outside organizations and informal groups.**
- ⇒ **Six of 19 (31.6%) programs operated by service-based non-profits collaborated with outside organizations and informal groups.**
- ⇒ **Two of seven (28.6%) programs operated by neighborhood health centers collaborated with outside organizations and informal groups.**

Additional findings include the following:

- ⇒ **Eight of 15 (53.3%) programs with collaborative level linkages were funded by two or more sources.**
- ⇒ **Eight of 10 program respondents in Orange County have primary funding from state agencies.**

#### IV. TIER TWO FINDINGS

One third (n=14) of the programs represented in the Tier One analysis were selected for the Tier Two Survey/Site Visit. The following is a list of participants, categorized by county, type of lead organization, funding sources, and primary content area of focus.

County	Lead Organization	Primary Funding	Content Area
<i>Neighborhood Health Centers:</i>			
Orange	Huntington Beach NHC	State DHS/FP	Adolescent Pregnancy
SD	Logan Heights NHC	Casey FDN	Sexually Transmitted Diseases
LA	Venice NHC	Local FDNs	Adolescent Pregnancy
LA	Alta Med Health Services Corp.	State DHS/FP	Adolescent Pregnancy
<i>Service-Based Agencies:</i>			
SD	Paradise Valley Hospital	County HSA/In-kind	Violence Prevention
SC	S. Valley Counseling Center	County/United Way	Substance Abuse Prevention
<i>Non Service-Based Agencies:</i>			
LA	Pasadena Community Partnership	CSAP	Substance Abuse Prevention
Fresno	Chicano Youth Center	City/United Way	Violence/Drug Prevention
LA	Pueblo Y Salud	Multiple/Local	Alcohol Prevention
Fresno	Radio Bilingue	Wellness/RWJ	Violence Prevention
<i>City Sponsored Initiatives:</i>			
Orange	Anaheim Parks & Recreation Project SAY	City General Fund	Violence/Drug Prevention
SC	San Jose Gang/Drug Task Force	City General Fund	Violence/Drug Prevention
<i>School-Based Coalitions:</i>			
Fresno	West Fresno USD Save Our Community	County Alcohol & Drug	Adolescent Pregnancy
Orange	Fullerton/Union USD TAPP Program	School District	Adolescent Pregnancy

As noted in the Tier Two Methodology section, the questionnaire focused on four areas: cultural content and program design, acculturation and youth attitudes and behavior, linkages with external

representation contributes to (but does not guarantee) the development of shared vision; in some cases, communities can be more effective in articulating needs and priorities, as well as solving their own problems.

**b. Disadvantages**

The overriding concern about multicultural programs is that there is a *tendency to overlook important details in terms of program content and process*. A number of respondents expressed disenchantment with the tendency of funders to mandate and for grantees to espouse a multicultural emphasis in the absence of a more clear definition of the term, a discussion of alternative strategies for implementation, or a demonstrated understanding of the scope of the undertaking.

In terms of program content, *multicultural approaches must be sensitive to variations in needs and perspectives within as well as across cultures*, and avoid homogenous approaches to problem solving. Disparities in program impact among different populations may be generated in part by approaches that are sensitive to some groups, but "gloss over" the concerns of others. Familial dynamics among rural Guatemalans may be manifested quite differently than those of urban Mexicans; Laotians and Chinese may have different customs in interpersonal relations. It is also important to be aware of intra-cultural conflicts, particularly in terms of status differentiation that may occur among those who have immigrated and settled at different periods.

In terms of process, respondents expressed concern that *funders tend to underestimate the intensity of resources and complexity of tasks required to develop effective multicultural programs*. These challenges are particularly acute for urban communities that have undergone considerable change in their ethnic and cultural makeup in recent years. Extensive efforts are necessary to bring people to the table, address new and/or lingering tensions, facilitate sustained input, and respond sensitively to concerns. Programs must also maintain sufficient flexibility to make periodic adjustments in design; materials must be appropriately translated and reconfigured to maximize their impact, and differential strategies must be employed to recruit, motivate, and sustain the commitment of youth from different backgrounds.

Finally, *it is important that multicultural programs develop strategies to address conflicts that may emerge over competition (or perception of competition) for limited resources*. For example, if a single program declares a multicultural focus, there can be calls for equitable distribution of money (regardless of depth of problem and size of population) to each ethnic group for each program component, potentially undermining the coherence and potential impact of the intervention. Programs espousing a multicultural approach that employ this method of distribution undermine the intent of

practices, racially-divisive political advocacy, and similar dynamics that undermine efficiency and positive ethnic identity.

Respondents also cited a *potential for reinforcement of cultural values that may impede an adaptive acculturation process* as well as the loss of opportunity to use cultural sensitivity training as a reinforcement mechanism for acculturation. Explicit criteria are necessary in these areas to ensure that programs are working towards clear goals.

### **3. Important Areas of Focus for Enhancing Cultural Sensitivity**

Interviewees were asked to identify the three most important strategies to enhance cultural sensitivity and program effectiveness in youth health promotion programs. They were asked to select from a series of 9 potential strategies:

1. Hiring staff from similar ethnic/cultural backgrounds.
2. Cultural competency training for staff.  
(Cultural competency is based on the goal of familiarizing ethnic and cultural groups with the origins and history, value systems, and priorities of their own and other cultural groups.)
3. Cultural competency training for participants.
4. Community forums on cultural competency.
5. Schoolwide workshops on cultural competency.
6. Exposing L/L youth to local U.S. culture and customs.
7. Family workshops on acculturation issues.
8. U.S.-oriented life and work skills training for participants.
9. Workshops on language adjustment/transition issues.

Four or more positive responses were identified for the following:

2. Cultural competency training for staff. x 6
7. Family workshops on acculturation issues. x 5
8. U.S.-oriented life and work skills training for participants. x 4
9. Workshops on language adjustment/transition issues. x 6

Respondents most frequently cited a need for cultural competency training for staff and for workshops on language adjustment and transition issues for youth participants and families. On a related level, respondents indicated a critical need for funding to support the development and implementation of family workshops on acculturation issues.

*risk behaviors.* The manifestation of these problems in the school setting often contributes to rejection by other authority figures, particularly in the context of low academic and career expectations. Conflicts between adolescents and parents may also be exacerbated by strong linkages between parents and extended family members, who may be inclined to reinforce traditional cultural values.

*Respondents also noted that differential rates of acculturation often negatively impact marital relations.* Wives were represented as acculturating more rapidly than husbands, given a greater exposure to the social milieu through employment in the service and retail sectors. Husbands are more likely than wives to be unemployed or working in manual labor positions that do not expose them to U.S. societal dynamics. These findings are in contrast to the academic literature, which has posited that males acculturate more rapidly than females. This may be the case among adolescents in terms of acquisition of social skills through street cultures because males are often permitted wider exposure than females at an earlier age. It may be less of a dynamic, however, among adults.

Adult female participation in job settings that provide more exposure to social experiences than those of their males counterparts may contribute to accelerated shifts in perceived gender roles and motivation to fulfill U.S. cultural images of women as high achievers. The perceived loss of power that may accompany underemployment among husbands may be exacerbated by the ascendancy of their wives as major contributors to the economic livelihood of the family. Respondents noted that gender role reversal is often associated with absence of the father for long periods and dramatic increases in alcohol and domestic abuse. *Child awareness of these conflicts contributes further to the dissolution of family structures and a negative self-image.*

**b. Personal/Cultural Identity**

*Respondents most often cited a problem among U.S. born L/L youth in developing personal identity; they do not feel fully connected to their parents' culture and are exposed to messages in the media and social environment that they are not fully accepted in the American culture.* The perception of not truly belonging in one culture or another contributes to low self-esteem; youth are "caught between two worlds." They often have a weakened connection to the positive cultural values of parents and at the same time are intensively exposed to many of the more negative cultural values of the U.S. Recent immigrants have more of a history and language that serves as a base of support and stronger motivation to become accepted in U.S. culture than U.S. born L/Ls. Respondents cited a perception that these issues are contributing to broader tensions within the L/L community across generations, as well as between U.S. born L/Ls and recent immigrants. Many L/L youth are undergoing the pressures and disorienting experiences of acculturation at a time in their lives when all adolescents are challenged by



**b. Perception of Economic Hopelessness**

Respondents report that the general climate of reduced job opportunity and its persistence over time appear to have contributed significantly to the sense of frustration and hopelessness in the youth population. Anger results with a growing sense of being part of a surplus labor pool with little potential for job security or meaningful employment.

**c. Low Educational Expectations**

*A two sided argument was put forward by many respondents that contrasted poor family disposition/support for education on the one hand and school neglect/failure on the other.* Parents often lack the education, language skills, and understanding of the system to provide key mentoring support to their children. Furthermore, they may pull their children out of school frequently to assist in income generating activities (e.g., clean houses, provide child care). L/L youth are often faced with language barriers in school, low expectations by teachers, poor academic guidance, and public school systems that lack the resources to address these complex issues. Given these factors, L/L youth often lose interest and/or reject education.

**d. Significant Health Risks**

Respondents reported a *rapid increase in the scope of health problems and risk behaviors*, a trend they believed should be provoking much more concern. The growing health risks cited most frequently were increased use of "hard core" drugs such as cocaine and metamphetamines, a rise in sexually transmitted diseases, and a decline in physical safety. A number of respondents cited difficulties among Latinos in avoiding youth gang recruitment.

**e. Parents Unable to Understand or Advocate for Children**

Respondents *uniformly viewed parents as overwhelmed and poorly equipped to assist their children in their struggles with personal and external challenges* associated with maturation, frustrations with school experiences, and cultural conflicts. Much of this problem seems to emerge from the parents' lack of experience with institutions and their low levels of educational preparation.

**Summary**

Adolescence is a period of rapid skill development, changing self identity, and psycho-sexual development. Educational experiences become very important. Decisions are made by youth which can substantially affect their long term prospects. The challenges are culturally complex because the L/L population is internally heterogeneous; the problems of immigrant youth and families are significantly different from the problems of native born L/Ls. Immigrant parents struggle with cultural, language, and economic adjustments, and with the loss of social identity and networks that were taken for granted in the country of origin. The tribulations of their lives can affect their parenting ability, making them outsiders in the social world of their adolescent children and provoking feelings of indifference or inadequacy. Out of this situation can come some very rigid and authoritarian parental reactions to loss of

supports and preparation for child rearing, yet may engage in unprotected sex because male partners desire it and Latinas are often attitudinally disposed to comply with their wishes. The situation is compounded further by the failure of schools to provide adequate preparation for Latinas to fulfill "white collar" occupational roles.

There also appears to be an implicit desire among some girls to become pregnant in the belief that undesired social situations and conflicted relationships will somehow change for the better, increasing their personal happiness. Pregnancy may represent an opportunity to leave a suffocating home environment, drop out of school, and gain personal autonomy. Often, pregnancy is seen as a way of securing the interest of a boyfriend. However, these reactions to personal dilemmas by Latina adolescents are short-lived and rarely lead to the desired solutions. Latinas are caught in a difficult dilemma: emulating highly rewarded behavior (e.g., family values and family formation) contributes to further marginality in terms of economic self-sufficiency and acculturation. The net overall impact is an increasing percentage of female headed households and intergenerational poverty. Programmatic responses to this situation are possible, but currently are few in number and often inadequate to address the problem. Latinas need realistic alternatives to reproduction as a solution to unhappy living situations. In the absence of these alternatives, it will be difficult to reduce STD or pregnancy rates, and the early formation of female-headed households that are not economically viable. Moreover, drug use and gang activity are increasing as more females emulate male models of street behavior.

Male behavior is problematic because youth compromise the lives of females through sexuality and pregnancy but often are unprepared to take responsibility for these actions. Furthermore, they are susceptible to a range of behaviors that place them at risk of reduced personal functioning, disease, injury or death. Exposure to U.S. street culture, especially for U.S. born Latino males, increases their risk. Current programmatic approaches are oriented toward diversion, youth organizing around cultural pride, and resocialization in order to harness abundant energy and channel the frustrations of hopelessness, rejection and racism into constructive, or at least not destructive, activities. While these approaches provide important knowledge and skills, most are implemented in a piecemeal manner without a comprehensive vision that addresses familial and societal dynamics. They do not adequately address underlying determinants that produce poor educational skills, lowered aspirations and a sense of rejection. Rather, most attempt to combat cultural derogation and create an awareness among youth of their vulnerability.

Some programs use group educational activities to teach youth about their culture and the economic and political dynamics that contribute to marginalization. When successful, the wake-up

Respondents indicated that some youth, especially the U.S. born, don't understand either culture very well. Functional biculturalism also should focus on gender role differences and potential areas of conflict for males and females. Negative health behaviors in both cultures should be identified, including excessive alcohol consumption among Latino males and illicit drug use in U.S. culture. Acculturation is controversial because a popular American assumption is that only complete "Americanization" can "save" L/Ls from auto-incapacitation. However, our respondents were consistent in reporting that bicultural approaches to HPD programs were far more effective for health behavior, positive identity development, and cognitive functioning. This is in accord with findings in a number of recent scientific studies.<sup>28-30</sup>

Bicultural L/Ls have more versatility and greater range of communication across cultures and intergenerationally. Functional biculturalism, however, is very different from haphazard, fragmented biculturalism because the former is systematically and comprehensively imparted, while the latter is a product of idiosyncratic life experiences and necessarily incomplete and poorly integrated. As a programmatic strategy biculturalism is a difficult goal to attain because it requires a level of program intensity and continuity that can be costly. Optimal approaches require addressing acculturation as a meta theme that cross cuts programs and institutions.

### **C. Linkages with External Entities**

This component of the Tier Two interviews focused upon the identification of key factors and activities associated with the development and maintenance of linkages between agencies, institutions, policymakers, and community residents. As noted in the Tier One findings, there is considerable variation in the breadth and depth of linkages established by programs, depending upon factors such as local demographics, focus/orientation of lead agency, primary source of funding, focus/orientation of program, relationship to public sector institutions, and historical inter-organizational dynamics.

Having established a general typology and framework for describing the breadth and depth of linkages with external organizations and informal groups in the Tier One survey, *the intent in the Tier Two interviews was to elicit more qualitative information regarding the challenges and lessons associated with collaborative activities.*

Interviewees were asked to address four basic issues: (1) key factors contributing to the establishment of collaborative linkages; (2) scope of activities necessary to sustain collaborative linkages; (3) positive and negative implications of mandates for collaboration, and (4) positive and negative impacts of the presence or absence of targeted funding for collaboration.

provides a basis for collaborative efforts that build upon existing linkages with CBOs, citizens, and advocacy groups, and is capable of limiting efforts by organizations or individuals to use the collaborative process to achieve competitive advantage.

## 2. Sustaining Collaborative Linkages: Scope of Activities

Responses tended to focus in four areas: (a) attendance at public events; (b) regular communication; (c) co-sponsorship of activities; and (d) providing assistance.

### a. Attendance at Public Events

Examples cited include attendance at organizational staff and board meetings, evening community meetings, open houses, public hearings and policy planning meetings, and neighborhood activities.

### b. Regular Communication

Examples cited include weekly updating of information and referral linkages, written communications (e.g., memos, thank you notes), and phone discussions of issues raised in meetings.

### c. Co-Sponsorship of Activities

Examples cited include co-sponsorship of health fairs, TV and radio spots, trainings and work sessions (e.g., cultural competency, conflict resolution), and multi-organizational retreats.

### d. Providing Assistance

Examples cited include volunteer support for public events, small financial donations to fundraising efforts, and providing technical assistance (e.g., accounting, personnel management).

A number of respondents cited the need to keep contacts very fresh to take optimal advantage of collaborative opportunities; however, this is difficult when so many community-based agency staff are over-extended. Intensive attention is required to maximize responsiveness to changes, such as making immediate adjustments and allocations of funds in emergent areas of need. Interviewees also noted the importance of establishing two-way accountability; that is, organizations not only must talk about their own interests but also must listen and respond to the interests of others. Program estimates of the percentage of time devoted to partnership activities shown below:

Partnership	Time %age
1. Fullerton-Union USD Teen Pregnancy Program	40% Program Manager 20% Staff
2. City of Anaheim Project Save A Youth Program	20% Project Staff/Management
3. Pueblo Y Salud (San Fernando)	50% Program Management/Staff
4. Chicano Youth Center Gang Prevention Program	40% Program Director 10%-25% Staff

trend towards a positive synergy among local organizations that gets away from "zero-sum" solutions that have winners and losers; this contributes to a more "well run" community where organizations and community residents come together to deal with issues on a systemic level.

Responses regarding the *negative implications* of mandates for collaborative efforts focused on two primary areas: (a) a lack of understanding by agencies and funders of the complexities, resources, and time required to build substantive linkages, and (b) agencies with the most well-established reputations may be overburdened and/or otherwise unwilling to establish or sustain collaborative linkages.

**a. Lack of Understanding by Agencies and Funders of Complexities**

The majority of the respondents (12 of 14) cited the necessity for extensive time and resources to overcome a range of challenges associated with the development and maintenance of collaborative linkages. Challenges cited include a lengthening of the planning and development process, personality conflicts (inter and intra-organizational), emergence of personal and organizational agendas (e.g., "turf" issues, local politics), differences in organizational cultures, duplicative meetings (i.e., inefficient planning/need to link multiple tasks and strategies), ethnic/cultural issues, and competition for resources. Respondents cited a need to address explicitly the financial costs of staff allocation, not just for front-end planning but for sustaining and building upon collaborative linkages.

**b. Established Agencies Unable to Establish/Sustain Linkages**

Several respondents (3 of 14) noted that while established agencies are most often identified as key collaborative partners in the local arena and funders are most often inclined to fund these agencies as lead entities in collaborative projects, they often lack the capacity to effectively implement the range of necessary tasks. Most often, these are traditional human service agencies that have established substantial political ties in the local community and have extensive contracts with local, state, and national funders. Obligations associated with contracts and grants for direct services tend to supersede the investment of staff time and resources to build trust and address the challenges associated with the development of collaborative linkages.

On the other hand, respondents noted that many community-based organizations with close linkages to neighborhood residents are overlooked by funders. These kinds of organizations tend to have strong voluntary support, a broad content orientation (e.g., improve community quality of life), and a community service/action emphasis. Many of these agencies have developed the capacity to achieve organizational goals and objectives with minimal resources, but lack the financial and technical resources to produce polished grant proposals within the typical time frame demanded by funders.

**4. Impacts of Absence or Presence of Targeted Funding Support**

Interviewees were asked if their program funding included targeted funding for the development of collaborative linkages. Half (7 of 14) of the projects participating in the Tier Two interviews received

**a. Enhanced Skill and Resource Sharing**

Some interviewees (4 of 14) cited advantages in the ability to engage in skill sharing activities with community partners. Examples cited include an enhanced ability to expand the participation of rural schools, sustain working relationships, expand the number of participants in special events, and an increased opportunity to take speaking engagements. In general, interviewees cited an enhanced capacity to make substantial commitments to inter-organizational support and, in return, greater justification for requests to community partners for specific favors and general support.

**b. Enhanced Continuity in Program Planning and Implementation**

A number of interviewees (6 of 14) cited the importance of targeted funding for collaborative efforts for enhancing the quality of the planning and implementation process. Examples include the opportunity to approach thoughtfully the development of goals and objectives, priority setting, and governance structure development, expand outreach efforts, enhanced ability to reinforce/demonstrate espoused commitments, enhanced administrative continuity and opportunity to increase operational efficiency, increased resource investment in interventions, enhanced coordination, and increased accuracy in targeting funding.

**c. More Effective Articulation of Different Needs, Interests, and Priorities**

Interviewees (4 of 14) also cited advantages associated with the clarification of differential needs, interests, and priorities. Examples cited include more extensive outreach to identify and bring in higher risk populations, more effective development of important but secondary program components (e.g., increase involvement of males in adolescent pregnancy program), and increased responsiveness and problem-solving capacity to address emergent issues. In general, interviewees noted that front end funding for collaborative development was central to generating support and commitment of the community on highly personal issues.

**Summary**

While the term "collaboration" is now in vogue in the health and social service sector, there is considerable disagreement over what it means, how it is done, and whether it is beneficial to the participants. In general, the development and maintenance of collaborative linkages is difficult in the context of growing competition for scarce resources among community agencies, as well as a persistent emphasis on the achievement of short term, individual health outcome measures in program evaluation.

The ethos of individualism and personal responsibility for health is reinforced by public program funding patterns. As public sector support for broad based public health programs has declined in real dollars, funding for categorical service programs has increased proportionately. Funding criteria for categorical programs require community organizations to emphasize individually-targeted "risk behavior" interventions. The drift towards the medical model of "inoculating" individuals is unavoidable. Broad-based community organizations that focus primarily upon leadership development and community service and take a systemic approach to HPD programs are disqualified from most

If successful, these efforts may yield considerable savings through enhancement of professional skills and more effective coordination of services. Many providers, planners, and academicians, however, argue that these efforts fail to reflect the interdisciplinary intent of collaboration. This is most effectively accomplished by promoting the development of linkages among human service agencies, professionals, community service organizations, and academic disciplines outside of the immediate content area of focus. For example, collaborative initiatives might link health education to neighborhood economic development planning or social service planning to commercial development strategies. A specific example of the former might be to link neighborhood organizing effort to increase awareness of the impact of the proliferation of liquor stores and bars that is linked to the physical improvement of a commercial site and the development of a strategy to attract grocery store chains.

On another level, most collaborative initiatives focus primarily upon linkages with external partners and do not delve substantively into the reformation of intra-organizational linkages. Yet a key factor in facilitating inter-organizational operational linkages is the transformation or elimination of hierarchical distinctions within organizations,<sup>31, 32</sup> structures that act as disincentives for individual creativity and initiative by mid-level administrative and line staff. The establishment of these departmental divisions within community-based organizations has been a natural response to the increase in categorical funding in recent decades. The net outcome is that these organizational structures are not readily amenable to processes that blur categorical boundaries. Department divisions justify their existence by competing successfully with other divisions for influence and resources through their leadership. The specter of integrated service initiatives can exacerbate these competitive tendencies. Concerns about representation of interests may further undermine the potential for internal coordination, yielding a deterioration of productivity and morale. In general, these internal dynamics tend to obstruct effective coordination and increase duplication of effort, and they are resistant to service integration efforts that do not explicitly take on these structural issues.

Collaborative initiatives should include a critical assessment of an agency's internal capacity to diffuse skills and collaborative dimensions throughout the organizational structure. The absence of skill diffusion within participating organizations undermines the ability to achieve internal efficiencies, and more importantly, to foster creative ideas from line staff. Effective collaboration requires the ongoing participation of organizational representatives who have the power to undertake, or at least initiate a meaningful dialogue about policy changes in their own organization. The perspective of line staff is critical to ensure sensitivity to practical realities associated with the delivery of services, but those with

1. Los Angeles County is beginning to open up RFP processes (two-year transition process).
2. Potential positive impact associated with the push for managed care; shift from emergency room services to primary care; increased coverage of the indigent population (Huntington Beach).
3. Community policing that is explicitly linked to youth activities (San Jose).
4. City of Santa Monica has strongly emphasized teen programs (e.g., Kids City, Health Champions programs) through Parks and Recreation and City General Funds.
5. Established recent linkages to city community development office through a city event (Mission City) and is moving toward a broadly-focused community policing program (with federally designated funds for technical assistance to develop collaborative linkages.)
6. Discussion of privatization of direct county services (San Diego).
7. Local chamber of commerce (San Diego) has begun to assert political leadership on social and economic issues for the community. Membership has quadrupled in the year since the establishment of new leadership, particularly in area of small business representation.

Responses regarding negative trends and factors were more extensive, yielding sufficient volume to identify some central themes. Negative trends in local policies cited by interviewees focused on three areas: (a) significant reductions in city/county funding for community programs; (b) adverse political dynamics; and (c) tendency to employ punitive measures to address youth social and health problems.

**a. Reductions in Funding for Community Programs**

A majority of interviewees (9 of 14) cited reductions in funding for community programs as the primary negative trend in local public sector policies. All three interviewees in Orange County cited negative impacts associated with the well-publicized bankruptcy. For example, severe cuts in school district funding were likely to result in a reduction in support for the Fullerton-Union USD Teen Pregnancy and Parenting Program, despite a high success rate (e.g., low rate of repeat pregnancies, high rate of high school completion). Prior involvement in the county investment pool has forced the City of Anaheim to make significant cuts in support services, which will impact funding for Project SAY.

Interviewees in Orange and Los Angeles counties cited concerns regarding budgetary cuts in city Parks and Recreation departments in areas that disproportionately impact youth; agencies seem to be prioritizing adult recreational services. This trend comes at a time when Parks and Recreation departments across the nation are expanding their involvement in community service activities such as youth recreation and community policing efforts. A number of program directors stated that it is difficult for non-voting, non-tax paying youth to get the attention of local policymakers.



reductions in funding for county public health agencies as well as the state's high profile role in advancing Proposition 187 and related measures to eliminate education, health care, and social services for undocumented immigrants. One positive trend in state policy was, however, identified by a number of interviewees (5 of 14); they mentioned the Healthy Start Initiative (SB 620), as well as other initiatives that seek to increase community resident involvement and blend categorical program funding (e.g., AB 1741). Other positive trends cited include: attempts by the State to develop an overarching plan to coordinate youth gang programs; shifts in program administration from public sector bureaucratic structures to private sector trusts; and an increased emphasis upon outreach efforts to special populations (contributing to increased sensitivity in State program design).

Four themes emerged in the discussion of negative impacts associated with state government policies: (a) policy initiatives associated with illegal immigration; (b) inconsistent and excessive monitoring requirements; (c) a lack of emphasis upon the root causes of health problems; and (d) a lack of understanding of the issues and needs of L/L youth.

**a. Policy Initiatives Associated with Illegal Immigration**

Some interviewees (4 of 14) cited negative impacts of state policy initiatives associated with illegal immigration. For example, interviewees argued that while Proposition 187 was intended to address the financial impact of undocumented immigrants, it has a negative impact upon the L/L community at large by stigmatizing of service agencies (e.g., attracting funders, community outreach efforts), polarized public dialogue (e.g., tendency to legitimize discriminatory expression), and perhaps most importantly, damaging the self-image and sense of belonging of L/L youth.

On a related issue, one interviewee cited frustration with state cuts in funding for ESL classes at a time when charges are leveled that the L/L community does not effectively encourage use of the English language. In some ESL programs, the development of language skills is accompanied by an emphasis upon acculturation, health promotion, and life skills training. Combining these programmatic elements offers considerable potential for increasing economic opportunity and facilitating a positive acculturation process.

**b. Inconsistent and Excessive Monitoring Requirements**

A number of interviewees (5 of 14) cited problems associated with monitoring requirements of state-sponsored programs. Examples cited include frequent changing of guidelines and monitoring requirements within programs, inconsistencies in requirements across programs with similar goals and objectives, and demands for an "inordinate" level of detail. While the responses may in part reflect the different emphasis of program managers compared to program funders and evaluators, there appears to

In general, both state and local policymakers should be more aware of the potential negative impact of policy dialogue as well as subsequent policies upon programs serving low-income communities. Local policymakers should more carefully consider the development of policies that may impact youth; for example, targeted funding through Parks and Recreation departments offers considerable potential for involving youth in positive enterprise as an alternative to negative behaviors. Positive, supportive interventions like these tend to yield more lasting positive impact at the individual and community level than punitive measures that send negative messages and further marginalize those who are experiencing early behavioral problems.

## V. DISCUSSION AND RECOMMENDATIONS

We view this report as a mechanism for stimulating dialogue and action to address specific unmet programmatic needs in the community health arena. Critical assessment of these issues is needed by state legislators, agency officials, and those involved in planning and implementing community health interventions for Latina and Latino youth. The following recommendations could be reviewed and refined in forums organized by the State Department of Health Services and related state agencies. Most recommendations are not limited in their applicability to L/L youth; similar challenges are faced by all programs serving California youth with limited economic means and weak social support structures. The issues reviewed in this study are not Latino problems per se, but statewide concerns with important policy implications. In general, policy reform efforts to address these concerns should focus in three areas:

- ⇒ **Development of new initiatives**
- ⇒ **Mid-course correction of existing initiatives**
- ⇒ **Expansion of state, regional, and local infrastructure for technical assistance**

In the development of policy reforms, it is important to acknowledge that while HPD programs can reduce risk behaviors and improve health status, their long-term impact is limited by quality of life issues such as poverty, poor housing conditions, unemployment, the deterioration of the educational system, a lack of neighborhood support structures, and decreasing access to vocational training and higher education opportunities. There is a critical need to expand the scope of HPD programs beyond an emphasis upon immediate health risks to address the conditions that underlie such risks. In the absence of a two-track approach, no amount of services will be able to cope with the number of youth at risk for

among L/L's. A bicultural emphasis in programs for at-risk L/L youth will produce a work force that is better equipped to deal with the increasing economic activity and political interdependence created by market integration processes such as NAFTA. The intent of a functional biculturalism is to produce knowledge and skills-based cultural competence in both cultures in order to improve occupational opportunity and social integration. In essence, youth learn to function more effectively in both cultures. The focus should be on imparting a comprehensive, systematic, and coherent set of educational, social, and cultural experiences for L/L youth that help them understand and profit from their American experience. Enhancement of existing programs can be accomplished through the implementation of two parallel strategies;

1. *Supplemental grants to develop new program components and educational materials.*

Consistent with the findings of this report, examples could include cultural competency trainings, family workshops to address acculturation issues, and workshops on language adjustment, work skills, and transition issues.

2. *Establish a statewide network of qualified professionals to provide technical assistance.*

Numerous academicians, professionals, and community advocates were identified in this study who demonstrated considerable sophistication in understanding the multiple dimensions and impacts of culture and acculturation upon program efficacy. Individuals or teams of individuals could be drawn from this network and deployed where appropriate to provide on-site assistance in specific areas of need.

**B. Program Emphasis**

Existing programs readily acknowledge that they do not have the capacity to meet the scope and depth of need among L/L youth. As a result, many programs are not working with youth most in need. Participation is often limited to the few youth who have enough informal support and personal resiliency actively to seek assistance. Addressing the growing health and social problems in the L/L community will require a shift in program emphasis from individual level ameliorative services to approaches that draw upon the leadership potential and positive energy of youth. If given the opportunity, even the most high-risk L/L youth have the capacities and personal gifts to create a positive environment in schools and communities that reinforces, rather than undermines positive behaviors in individuals. This does not mean that funding for individual service programs should be curtailed; it does, however, mean that

development and maintenance of substantive collaborative linkages between organizations, institutions, and community residents. These linkages are essential to maximize the impact of scarce resources and to establish two-way accountability between citizens and organizational entities in the public and private sector. We recommend the following strategy to accomplish this goal:

*1. Targeted Funding and Technical Assistance to Strengthen Local Collaborative Capacity*

For existing programs, agencies would be asked to identify content and skill areas that enhance the efficacy and sustainability of interventions and possible local resources for addressing these issues. Local and state representatives could work in partnership with these agencies to review identified areas and resources and to develop strategies for implementing final decisions. Planning and implementation would be facilitated by small grants and local technical assistance (if appropriate) that directly engage agency staff, professionals, and local residents in the transition process. Collaborative capacity could be assessed through monitoring of the following criteria:

- a. Lead organization internal capacity
  - Diffusion of collaborative mission among agency staff.
  - Inter-departmental responsibility for maintaining collaborative linkages.
  - Shift from hierarchical to more horizontal, "team" approach to decision making.
- b. Resource sharing capacity
  - Informal/formal information and referral.
  - Notification of impending opportunities (e.g., funding) and/or challenges.
  - Sharing staff with partners to implement a shared objective.
  - Shared purchase of capital (e.g., equipment) with partners.
- c. Management of subcontracts with partner agencies.
  - Contractual arrangements with direct service agencies.
  - Contractual arrangements with advocacy/direct action organizations.
  - Contractual arrangements with public sector institutions.
- d. Shared governance over budget and policy issues.
  - Role of direct service agencies.
  - Role of citizens (with complete representation of ethnic/cultural/interest groupings).

emerging trends, as well as an independent perspective on the adequacy of state health policy for assuring children's health.

Individuals may be drawn from state-sponsored advisory structures such as the Ethnic Networks of the Tobacco Control Section and the Latina Assessment and Outreach Program (ADP). Valuable participants may also be drawn from key statewide organizations in the private sector such as the Latino Coalition for a Healthy California (San Francisco) and the California Pan-Ethnic Health Network (C-PEHN -- Berkeley)

2. *Increase the involvement of the private sector through leverage funding.*

Small grants can be used as leverage to generate local business in-kind and financial contributions to youth health promotion initiatives. Potential contributions include: Identification of local job growth sectors and the development of linkages to business attraction strategies in local areas with latent physical infrastructure (e.g., vacant commercial space, strategically located land, etc.); provide temporary jobs, mentoring, and career development support; and make direct financial contributions that add new dimensions to existing programs.

3. *Coordinate Vocational Training Between Private and Public Sectors*

A set of guidelines for expanded Latina/Latino participation in the workforce for the year 2000 and beyond need to be developed and applied as a tool for building private sector linkages between schools, community-based programs, and organizations. Substantive linkages should be fostered where they hold realistic promise of adequate vocational training and future employment opportunities. State funding could be used to encourage these arrangements where they satisfy specific criteria of feasibility or utility in terms of workforce requirements and cost effectiveness.

4. *Sponsorship of follow up research to examine acculturation programmatic emphasis and collaborative dynamics in a more detailed manner.*

A range of important findings emerged in this study that merit more detailed data/information collection and analysis. A more extensive analysis of these issues would yield valuable information for the targeting of supplemental grants and technical assistance.

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# APPENDICES

**APPENDIX A: Juvenile Arrests by Race and County**

# TABLE 7

## Juvenile Arrests by Race Fresno County, 1993

	Adult Total	Juvenile Total	White	Hispanic	Black	Other	% White	% Hispanic	% Black	% Other
Total Felony	10,132	3,764	802	1,915	566	481	21.3%	50.9%	15.0%	12.8%
Total Misdemeanor	28,973	6,044	1,488	3,299	841	416	24.6%	54.6%	13.9%	6.9%
Total Status Offense	0	2,696	580	1,752	204	160	21.5%	65.0%	7.6%	5.9%

Felonies include:

Homicide, Manslaughter, Forcible Rape, Robbery, Assault, Kidnapping, Burglary, Theft, Forgery, Arson, Driving under influence (DUI), Hit-and-Run, Narcotics, Weapons, and Bookmaking.

Misdemeanors include:

Manslaughter, Assault-Battery, Petty Theft, Drugs, Indecent exposure, Obscene Material, Drunk, Liquor Laws, Disturbing Peace, Vandalism, Malicious Mischief, Trespassing, Weapons, DUI Gambling, Nonsupport, Lewd Conduct, Prostitution, Joy riding, Hit-and-Run, and Glue Sniffing.

Status Offenses include:

Truancy, Runaway, and Curfew

• SOURCE: CALIFORNIA DEPARTMENT OF JUSTICE, DIVISION OF LAW ENFORCEMENT, LAW ENFORCEMENT INFORMATION CENTER

**TABLE 8****Juvenile Arrests by Race  
Los Angeles County, 1993**

	<b>Adult Total</b>	<b>Juvenile Total</b>	<b>White</b>	<b>Hispanic</b>	<b>Black</b>	<b>Other</b>	<b>% White</b>	<b>% Hispanic</b>	<b>% Black</b>	<b>% Other</b>
<b>Total Felony</b>	155,183	28,020	3,530	15,412	7,654	1,424	12.6%	55.0%	27.3%	5.1%
<b>Total Misdemeanor</b>	231,797	24,158	4,577	13,267	4,652	1,662	18.9%	54.9%	19.3%	6.9%
<b>Total Status Offense</b>	0	2,912	627	1,653	414	218	21.5%	56.8%	14.2%	7.5%

Felonies include: Homicide, Manslaughter, Forcible Rape, Robbery, Assault, Kidnapping, Burglary, Theft, Forgery, Arson, Driving under influence (DUI), Hit-and-Run, Narcotics, Weapons, and Bookmaking.

Misdemeanors include: Manslaughter, Assault-Battery, Petty Theft, Drugs, Indecent exposure, Obscene Material, Drunk, Liquor Laws, Disturbing Peace, Vandalism, Malicious Mischief, Trespassing, Weapons, DUI Gambling, Nonsupport, Lewd Conduct, Prostitution, Joy riding, Hit-and-Run, and Glue Sniffing.

Status Offenses include: Truancy, Runaway, and Curfew

• **SOURCE: CALIFORNIA DEPARTMENT OF JUSTICE, DIVISION OF LAW ENFORCEMENT, LAW ENFORCEMENT INFORMATION CENTER**

**TABLE 9**

**Juvenile Arrests by Race  
Orange County, 1993**

	Adult Total	Juvenile Total	White	Hispanic	Black	Other	% White	% Hispanic	% Black	% Other
<b>Total Felony</b>	27,805	4,608	1,511	2,198	249	650	32.8%	47.7%	5.4%	14.1%
<b>Total Misdemeanor</b>	72,028	10,123	4,507	4,208	408	1,000	44.5%	41.6%	4.0%	9.9%
<b>Total Status Offense</b>	0	2,093	1,088	759	80	166	52.0%	36.3%	3.8%	7.9%

Felonies include: Homicide, Manslaughter, Forcible Rape, Robbery, Assault, Kidnapping, Burglary, Theft, Forgery, Arson, Driving under influence (DUI), Hit-and-Run, Narcotics, Weapons, and Bookmaking.

Misdemeanors include: Manslaughter, Assault-Battery, Petty Theft, Drugs, Indecent exposure, Obscene Material, Drunk, Liquor Laws, Disturbing Peace, Vandalism, Malicious Mischief, Trespassing, Weapons, DUI Gambling, Nonsupport, Lewd Conduct, Prostitution, Joy riding, Hit-and-Run, and Glue Sniffing.

Status Offenses include: Truancy, Runaway, and Curfew

• **SOURCE: CALIFORNIA DEPARTMENT OF JUSTICE, DIVISION OF LAW ENFORCEMENT, LAW ENFORCEMENT INFORMATION CENTER**

**TABLE 10**

**Juvenile Arrests by Race  
San Diego County, 1993**

	Adult Total	Juvenile Total	White	Hispanic	Black	Other	% White	% Hispanic	% Black	% Other
<b>Total Felony</b>	36,032	6,599	1,914	2,485	1,431	769	29.0%	37.7%	21.7%	11.7%
<b>Total Misdemeanor</b>	74,805	10,574	3,882	4,130	1,625	937	36.7%	39.1%	15.4%	8.9%
<b>Total Status Offense</b>	0	3,912	1,568	1,417	500	427	40.1%	36.2%	12.8%	10.9%

Felonies include: Homicide, Manslaughter, Forcible Rape, Robbery, Assault, Kidnapping, Burglary, Theft, Forgery, Arson, Driving under influence (DUI), Hit-and-Run, Narcotics, Weapons, and Bookmaking.

Misdemeanors include: Manslaughter, Assault-Battery, Petty Theft, Drugs, Indecent exposure, Obscene Material, Drunk, Liquor Laws, Disturbing Peace, Vandalism, Malicious Mischief, Trespassing, Weapons, DUI Gambling, Nonsupport, Lewd Conduct, Prostitution, Joy riding, Hit-and-Run, and Glue Sniffing.

Status Offenses include: Truancy, Runaway, and Curfew

• SOURCE: CALIFORNIA DEPARTMENT OF JUSTICE, DIVISION OF LAW ENFORCEMENT, LAW ENFORCEMENT INFORMATION CENTER

**TABLE 11****Juvenile Arrests by Race  
Santa Clara County, 1993**

	Adult Total	Juvenile Total	White	Hispanic	Black	Other	% White	% Hispanic	% Black	% Other
<b>Total Felony</b>	16,544	3,590	957	1,527	418	688	26.7%	42.5%	11.6%	19.2%
<b>Total Misdemeanor</b>	1,079,136	9,289	2,993	4,179	998	1,119	32.2%	45.0%	10.7%	12.0%
<b>Total Status Offense</b>	0	749	263	338	65	83	35.1%	45.1%	8.7%	11.1%

Felonies include: Homicide, Manslaughter, Forcible Rape, Robbery, Assault, Kidnapping, Burglary, Theft, Forgery, Arson, Driving under influence (DUI), Hit-and-Run, Narcotics, Weapons, and Bookmaking.

Misdemeanors include: Manslaughter, Assault-Battery, Petty Theft, Drugs, Indecent exposure, Obscene Material, Drunk, Liquor Laws, Disturbing Peace, Vandalism, Malicious Mischief, Trespassing, Weapons, DUI Gambling, Nonsupport, Lewd Conduct, Prostitution, Joy riding, Hit-and-Run, and Glue Sniffing.

Status Offenses include: Truancy, Runaway, and Curfew

• SOURCE: CALIFORNIA DEPARTMENT OF JUSTICE, DIVISION OF LAW ENFORCEMENT, LAW ENFORCEMENT INFORMATION CENTER

**APPENDIX B: Tier One Cover Letter and  
Questionnaire**





SCHOOL OF PUBLIC HEALTH

EARL WARREN HALL  
BERKELEY, CALIFORNIA 94720

Dear Colleague:

One or more professionals across the state have identified your organization/program as a high quality operation that merits representation in an assessment of programs serving California Latina/Latino youth. The project is being conducted under the leadership of Professor William Vega at the UC Berkeley School of Public Health, and is sponsored by the California Policy Seminar (funded by the California legislature to conduct research relevant to the development of policy and programs for the state). The attached questionnaire represents the first phase of the project.

The purpose of the project is to review and assess the availability and approaches of Latina/Latino youth health promotion programs in five California counties (Fresno, Los Angeles, Orange, San Diego, and Santa Clara - each with Latino populations comprising at least 20% of the total population). Participating programs should have a primary focus on youth of school age; 6 - 18 years.

Program content focus should be in one of the following areas;

- |                        |                                 |
|------------------------|---------------------------------|
| ⇒ adolescent pregnancy | ⇒ violence prevention           |
| ⇒ substance abuse      | ⇒ sexually transmitted diseases |

Latina/Latino youth health promotion programs with a primary focus in another content area (e.g., smoking cessation, nutrition, etc.) and a secondary focus in at least one of the above content areas will be considered for inclusion in the analysis. Moreover, programs with a broader ethnic/cultural scope (i.e., multicultural) that also serve the Latino community and meet content criteriae may be included.

Specific project objectives include the following;

- First Tier**
- ⇒ *Identify and catalogue current projects meeting minimal criteriae*
  - ⇒ *Identify essential project characteristics*
  - ⇒ *Place findings in context of local/regional demographic trends and identified need*

- Second Tier**
- ⇒ *Carry out an indepth analysis of 10 - 15 selected programs*
  - ⇒ *Identify and articulate essential elements contributing to success*
  - ⇒ *Identify and articulate obstacles to continued/enhanced success*
  - ⇒ *Identify and make policy recommendations based upon findings*

This research effort is intended to move beyond the identification of traditional outcomes as criteriae for success. Substantial effort will be made to identify a range program characteristics and broader community/systems level outcomes, particularly in projects selected for participation in the second tier analysis. In the process, we hope to create a framework for interpreting terms such as "culturally appropriate", "collaboration", "community-based", and "empowerment"; and identify the extent to which such characteristics/strategies contribute to relative success or failure.

In summary, given the current economic challenges faced by California, and in the context of rapid growth in the Latino community, this research initiative will identify program features that contribute to a wide range of positive health outcomes, identify state/local policies that may impede progress, and articulate strategies for addressing unmet needs and expanding the capacity of current efforts. There is an increasing demand for community programs that provide guidance and support to Latina/Latino youth. This study will provide information that will assist state policymakers in the allocation of funds for future programs.

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Please take a few moments to complete the enclosed questionnaire and return it in the enclosed envelope (mailing address: 49 Vista Lane, Walnut Creek, CA 94595). If your organization is managing more than one program that meets the above criteriae, please photocopy the questionnaire and respond separately for each program. All responses will be kept strictly confidential. If you have any questions, please contact me @ 510-939-3417.

Thank You. Kevin Barnett, Project Manager

## Latina/Latino Youth Health Promotion Program(LYHP) Survey

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1. What is the official title of the LYHP program?

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2. Is this LYHP program being implemented by a pre-existing organization that is engaged in activities or the delivery of services in the target community?

Yes \_\_\_\_\_ No \_\_\_\_\_ IF NO, SKIP TO QUESTION # 8

3. Which of the following best describes your organization?

TYPE

- |    |   |       |       |
|----|---|-------|-------|
| a. | Neighborhood Health Center                | _____ | _____ |
| b. | Neighborhood private non-profit org.      | _____ | _____ |
| c. | Neighborhood association                  | _____ | _____ |
| d. | Citywide/regional private non-profit org. | _____ | _____ |
| e. | County health/social service agency       | _____ | _____ |
| f. | Ethnic/culture-based advocacy org.        | _____ | _____ |
| g. | Interest-based advocacy organization      | _____ | _____ |
| h. | Church-based organization                 | _____ | _____ |
| i. | Mental health agency                      | _____ | _____ |
| j. | City or County govt. (non-health/ss)      | _____ | _____ |
| k. | Other (PLEASE DESCRIBE)                   | _____ | _____ |

Formal title of your organization \_\_\_\_\_

4. How many years has your organization existed?

- |    |              |       |                     |
|----|--------------|-------|---------------------|
| a. | 0 - 1 year   | _____ |                     |
| b. | 1 - 3 years  | _____ |                     |
| c. | 3 - 5 years  | _____ | PLEASE NOTE # _____ |
| d. | 5 - 10 years | _____ |                     |
| e. | 10+ years    | _____ |                     |

5. We would like to know what kinds of linkages have been established between your organization and other agencies in the area. When responding, please indicate if the linkages are formal (F - ie., contractual), governance (G - ie., membership on org. board), volunteer (V), or informal (I - ie., information & referral linkage).

- |    |   |       |       |
|----|---|-------|-------|
| a. | Neighborhood Health Center                | _____ |       |
| b. | Neighborhood private non-profit org.      | _____ |       |
| c. | Neighborhood association                  | _____ |       |
| d. | Citywide/regional private non-profit org. | _____ |       |
| e. | County health/social service agency       | _____ |       |
| f. | Ethnic/culture-based advocacy org.        | _____ |       |
| g. | Interest-based advocacy organization      | _____ |       |
| h. | Church-based organization                 | _____ |       |
| i. | Mental health agency                      | _____ |       |
| j. | City or County government (non-health/ss) | _____ |       |
| k. | Other (PLEASE DESCRIBE)                   | _____ | _____ |

13. What is the desired (or optimal) volume of youth participants in the LYHP program?

- a. 0 - 10 \_\_\_\_\_
- b. 11 - 25 \_\_\_\_\_
- c. 26 - 50 \_\_\_\_\_
- d. 51 - 100 \_\_\_\_\_
- e. 100 + \_\_\_\_\_

Please explain.

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14. Does the LYHP program involve youth participants'

- a. Parents? \_\_\_\_\_ (*f for positive response*)
- b. Siblings? \_\_\_\_\_

15. What specific neighborhood(s) or community is (are) served by the LYHP program?

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16. Does your LYHP program serve youth from multiple ethnic/cultural backgrounds?

Yes \_\_\_\_\_ No \_\_\_\_\_ IF NO, SKIP TO QUESTION # 19

17. What is the percentage of LYHP participants from different backgrounds?

	Percentage (%)
Latina/Latino	_____
African American	_____
Asian/Pac. Islander	_____
Native American	_____
Non - Latino White	_____
Other _____	_____

18. Please describe how your LYHP program has been adapted to accommodate the priorities, interests, and problems of participants from multiple backgrounds..

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21. What are the current sources of funding for the program?  
(IF MORE THAN 1, PLEASE LIST IN THE ORDER THEY WERE SECURED)

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

22. What proportion (if any) of program support has been generated through internal funding allocations? Please explain.

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Finally, I would like to ask a few questions about your objectives in this program. We are interested in broader, qualitative, systems level outcomes as well as the more traditional, quantitative, individual level outcomes. In your responses, please indicate whether a specific outcome is of equal importance to your organization/program and funder(s), or if either holds it as a higher priority. (E = Equal; O = Organization/Program; F = Funder)

23. What would you identify as specific quantitative outcomes for program participants?

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

24. What would you identify as organizational or system level outcomes for the program?

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

25. What would you identify as community level outcomes for the program?

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

Thank you for your time!

## **APPENDIX C: Tier One Typological Matrices**

TYPOLOGICAL MATRIX - TABLE 12

TIER ONE LATIN AMERICAN YOUTH HEALTH PROMOTION PROGRAM FINDINGS  
FRESNO COUNTY

Lead Organization/Project Name	Org. Type	Proj. Type	Implementation	Language	Staff	Primary Goal	Content Area	Curr. Val.	Geographic Area	Funding Source	% Internal Funding	Individual	Population	Community
West Fresno School District Drug Prevention Program	School District	3	3	Neighborhood CBO (F) Neighborhood NP (G) Citywide NP (G) County H & SS (F) Biblic-based advocacy org. (F) Intra-based Advocacy (F) City of County Non H & SS (F)	NHC (F) Church (G) MHI Agency (F)	Prevent alcohol, drug, & tobacco abuse	BBL Religious workshops Bops & Cops Club Church-related activities	100+	West Fresno School District West Union School District	Fresno Co. Health Services Agency	NR	Increase of program participation Decrease drug use	Increase of capacity Increase scope of organizational involvement	Health Behaviors Model will help care of drug
West Fresno Alcohol and Drug Services Youth Alcohol and Drug Prevention Program	Soc Based CBO	30	NR	Neighborhood CBO (F) Citywide NP (F) County H & SS (F) Biblic-based advocacy org. (F) Intra-based Advocacy (F)	Church (F) MHI Agency (F)	Prevent alcohol, drug, & tobacco abuse	Parent Awareness Program Peer Counseling Religious Events Parental Skills Training Parent Night/Line CBO Live	100+	Fresno Schools	Fresno Co. Health Services Agency	NR	NR	NR	NR
Chicano Youth Center Youth Leadership Development Program	Community Action Based CBO	17	17	Neighborhood CBO (F) County HHS (F) City of County Non H & SS (F) Local business (V) Church (V, J)		Youth leadership, gang, drug, alcohol, violence prevention	Self & Empowerment Gang & violence prevention Recreation & cultural activities Organizational networking activities	250+	San Joaquin Valley	Pacific Telephone Western City of Fresno County of Fresno United Way	Some direct fdg through community activities	Youth leadership Gang & violence prevention Reduce dropout rate	Youth policy advocacy	Increase range of available resources and cultural activities
Bops & Cops Club Camp (Bops) Camp Prevention/Interv.	Soc Based CBO	45	4+	Citywide NP (F, J) County H & SS (F) Church (F) MHI Agency (F) City of County Non H & SS (F)	Church (F) MHI Agency (F)	Prevention of gang activity and other delinquent behavior	Adventure based events Parent workshops Communitywide events Networking activities	100+	Primarily SB and SW Fresno, Del Rio, Huerfano, Orange Grove	CA Off. Child Welfare Authority Fresno Co. Housing Fresno Co. Soc. Opp. Commission	None	600 youth & parents involved annually Increase pro-social behaviors/attitudes	Intra CAL EBAN Triple Shift Cal with Triple care mags Delays care back	Improve family communication Provide sense of belonging
Fresno Co. DHS Adolescent Health Life Network	County DHS	NA	4+	NHC (F) Citywide NP (F, G) County H & SS (F) Biblic-based advocacy org. (F) Intra-based Advocacy (F) City of County Non H & SS (F)	Church (F) MHI Agency (F)	Improve health status of teen parents and their children	Reduce low birthweight Increase immunization Increase teen parent participation in school Reduce repeat pregnancies	180 min	Fresno Co.	State DHS, MCH Co. HSA, Economic Opport. Commission Valley Head CTR Fresno USD	In-kind (impeded)	Care major to 1/8 ID child abuse Improve insurance Improve access to health care services	Improve facilities	Improve under-served, ethnic, low income women upon community leadership
Big Brothers, Big Sisters Juvenile Delinquency Prevention Prog. (Cops)	Soc Based CBO	26	26	Neighborhood CBO (F) County H & SS (F) Biblic-based advocacy org. (F) School District (F) Hospitals/Providers (F)	Church (F) MHI Agency (F)	Prevent juvenile delinquency through positive mentoring, support, and strengthening family functioning	Academic tutoring/emp Self-esteem/personal responsibility training Volunteer (group) prev. Family Counseling Some religious group activities	300	City of Fresno Madre Co. King Co.	City of Fresno Individual Databases New County Funding	NA	Reduce ID Reduce drug, beh Intra, family tutor Intra, academic prog Annual goals set, reviewed & revised	Improve facilities Fuller inclusion	Program under-served, ethnic, low income women upon community leadership
Primer Parishhood of Central California DNABELAIE Prog.	Soc Based CBO	22	34	NR	NR	Teen pregnancy prevention	Pre-preg. sex prevention Pre-preg. STD prevention Communication with Disseminating skills Reproductive health	100+	Fresno Co.	State DHS, CHL, JP	5-10%	Intra knowledge for preg. prevention Intra skills for preg. prevention.	NR	Reduce teen preg.
Health Behaviors Model Promotion Program for Youth	Community Action Based CBO	14	4+	Neighborhood CBO (F) Neighborhood NP (G) Citywide NP (G) County HHS (F) Biblic Advocacy org. (F)	NHC (F) MHI Agency (F) Church (F)	Increase awareness among youth of health issues, prevention, regulations/laws, and available health services	Tobacco Abuse AIDS Career	10 V	Latino San Joaquin Valley	Robert Wood Johnson FPN State DHS Tobacco Division	NR	Mentor laborer response to programs	NR	Intra awareness, behavior and positive outcomes associated w/ alcohol and drugs

TYPOLOGICAL MATRIX -- TABLE 13

TIER ONE/BIATINA/LATINO YOUTH HEALTH PROMOTION PROGRAM FINDINGS														
LOS ANGELES COUNTY														
Lead Organization/Project Name	Org. Type	Org. Size	Proj. Dates	Inter-organizational Linkages	Staff Pd/V	Primary Goal	Content Areas	Curr. Vol.	Geographic Service Area	Funding Source	% Internal Funding	Projected Outcomes		
												Individual	Institutional	Community
Venice Family Clinic Teen Clinic	NHC	25	4 mos.	Academic Inst. (F, G) Venice & Santa Monica HS (I) LA Reg. HP Council (I)	3 PT & 7 MDs (V)	Improve Teen Health/train MDs	Improve Teen Health Improve access to HC Reduce Adol. Pregnancy Reduce STDs	11-25	Venice Santa Monica	LA Reg. HP Council LA Women's PDN Roth Fam. PDN	Over 50%	Teen Preg. Substance Abuse STDs Suicide	Access to IHC	Peer Education
El Nido Family Centers South Central LA CTR	Sw-Base CBO	60	4	Neighb. CBO (F) Neighb. Assoc. (G) Citywide NP (F) County H & SS (F) Ethnic & Interest Advocacy (I) City or County Non H & SS (F)	24 (F) 15 (V)	Enhance potential of adol. w/ children	Psychosocial functioning Health Status Improve Education Improve parenting skills Reduce racism, risk	100+	SE LA	DRIS United Way	NA	Healthy Preg. Immunization HS Grad Pre. 2nd Preg.	Maintain # cases Increase linkages	Decrease preg. abn. Decrease drug use
Planned Parenthood of Pasadena Teen Peer Counseling Program	Sw-Base CBO	61	4+	Neighb. CBO (I) Citywide NP (I) County H & SS (I) Ethnic & Interest Advocacy (I) City or County Non H & SS (I)	2 PT (I) 4-12 (V)	Prevent unplanned teen pregnancies & STDs	Birth Control & Repro H STD education Refusal skills Pregnancy options Related teen problems	100+	N. San Gabriel V	Private fundraising	All	Reduce # of unplanned preg. Reduce STDs Reduce HIV Complete school	NR	NR
Mission City Comm. Network Tobacco Education Program	Sw-Base CBO	4	1-2	Neighb. Assoc. (I) Reg. NP (Am. Cancer Soc.) (G) County H & SS (F) Ethnic advocacy org. (I) Interest Advocacy (I) Local private hospital (F) Citywide NP (I)	NHC (I) Church (I) MH Agency (F)	Reduce tobacco use by teens through health education strategies	Phys/social comp. of use Tobacco cessation Cancer ed.	100+	San Fernando V. Sepulveda, Van Nuys North Hills, Pasadena Pasadena City	DRIS Tobacco Control Program	None	# of Participants 75% correct resp in post test (F) 75% incr. in knowl. between pre & post	Incr. inter-ag. collab. Incr. use of other agency services	Decrease use of tobacco by youth. Decrease access to tobacco
Mission City Comm. Network Perinatal Outreach, Educ., and Case Mgmt.	Sw-Base CBO	4	7m-1 yr	Reg. NP (Am. Cancer Soc.) (G) Neighb. Assoc. (I) Ethnic-based advocacy org. (I) Interest-based Advocacy (I) Local private hospital (F) City or County Non H & SS (I)	NHC (I) Church (I) MH Agency (I)	To conduct outreach, health ed., and case mgmt. regarding impact of preg. care to women and fam. members	Educ. on importance of early prenatal care ID gaps in needs of preg. Referrals to supp. svcs. Tracking of referrals.	26-50 (teen cohort)	San Fernando V. Sepulveda, Van Nuys North Hills, Pasadena Pasadena City	DRIS Tobacco Control & Medi-Cal reimbursement	None	# part. preg. ed. svcs. # preg. teen case mgt. % + birth outcomes % recg. approx. ref.	% incr. in case mgmt. at Mission City Clinic Incr. inter-ag. collab.	Incr. % of LA Co. residents accessing early prenatal care Incr. access to community resources
Poothill Family Service Teen Families Program	Sw-Base CBO	60	4+	Neighb. CBO (I) Neighb. Assoc. (I) Citywide NP (I) County H & SS (I) Ethnic-based advocacy org. (I) City or County Non H & SS (I) Public School District (F, I) Violence Prevention Coalition (I, V)	NHC (I) Church (I) MH Agency (I)	To promote positive health, education, parenting & self-sufficiency for teen parents and their families	Healthy baby/H. mother/ School completion Parenting skills Life skills Reduce repeat preg.	100+	NW Pasadena, Altadena, Rising Heights, Rosewood, San Gabriel	State DRIS United Way Foundation (I) Individual donors	13% United Way PDN (unspecified) Remainder from Ind. donations	Healthy births School completion Child abuse prev. Self-suff. skills emotional blth	Cohesive network of agencies Incr. access to IHC Decr. gaps in svcs.	Incr. quality of school teen prog. Incr. cultural comp. of providers Incr. appreciation of ethnic and cultural diversity
Pasadena Community Partnership "Day One"	Community Action-Based CBO	7	4+	Neighb. CBO (G, I) Neighb. Assoc. (I) County H & SS (I, F) Ethnic-based advocacy org. (G) City or County Non H & SS (G, I) Community People (V, I)	NHC (I) Church (I) Citywide NP (I)	To empower Latina/Latino youth to become accountable for their own lives by creating cult. relevant linkages with community resources.	Relation. building; Recreational actv./events Summer youth empl. Youth advocacy I & R. Case mgmt.	51-100	Vista Park area of Pasadena, schools in Pasadena and Altadena	CSAP	None	# of contacts # of referrals # of agency collab.	School institutionalization of prev. as priority. Creation of more job support for youth. City, city govt. all toward youth.	Reduce fear-based stereotypes Incr. comm. prob. solving ability
Phobos Salud Community Empowerment Project	Community Action-Based CBO	6 (check)	1-2	NHC (I) Neighb. CBO (G) Neighb. Assoc. (G) County H & SS (F) Ethnic-based advocacy org. (I) City or County Non H & SS (F)	NHC (I) Church (I) MH Agency (I)	To educate the community to make better informed decisions regarding the use, sale, and promotion of alcohol in their community.	Environmental strategies	50	Pasadena San Fernando Sylmar	County Supervisor Ed. Feliciano, Jrd D. Fundraising	NA	350 Youth in Arms Billboard/Act. Counsel	NR	City of SF Adoptive Billboard Alcohol Ban Ordinance
Alta Med Health Services Adolescent Family Life Program	NHC	11	4+	Neighb. CBO (I) Neighb. Assoc. (I) Citywide NP (G) County H & SS (F) Ethnic advocacy org. (I) Interest Advocacy (I) City or County Non H & SS (I)	NHC (I) Church (I) MH Agency (I)	To use case mgmt. svcs. to enhance the health, educational potential, economic opportunity, and self-sufficiency of adolescents during pregnancy and parenthood and of their children	Networks of support svcs. Case mgmt. support Self-esteem focus Ed./vocational support Strat. for prev. preg.	100+	E. LA, incl. Montebello, Whittier, Downey, Bell Gardens, S. Gate, & Pico Rivera	State DRIS, MCH	None	Decr. Low BW Incr. Birth control Impt. ed. outcomes Incr. support svcs.	NR	Some part. join community boards Some serve as spokespersons in local media

TYPOLOGICAL MATRIX – TABLE 14

TIER ONE LATINA/LATINO YOUTH HEALTH PROMOTION PROGRAM FINDINGS															
ORANGE COUNTY															
Lead Organization	Org. Type	Org. Size	Proj. Sites	Inter-organizational	Linkages	Staff Pd/V	Primary Goal	Content Areas	Curr. Vol.	Geographic Service Area	Funding Source	% Internal Funding	Projected Outcomes		
Project Name													Individual	Institutional	Community
City of Anaheim Parks and Rec. Project SAT (SAVE A YOUTH)	City Sponsored Coalition	10+	4+	Neighb. Assoc. (I) Citywide NP (I) County H & SS (I) Ethnic-based advoc. (I) Interest-based advoc. (I) City or Co. Non H & SS (F)	NHC (I) Church (I) MH Agency (I) Neighb. CBO (I)	31/30	Prevent gang and drug involvement	School-based activities Neighb.-based activities Home visit/conflict res. Recreation activities Self-esteem classes Parenting classes	100+	Low income, high risk, high crime neighborhoods	City General Fund	90%	Reduce truancy Reduce dropouts Improve acad. per Reduce recidivism	NR	Incr. gang activity Incr. drug activity
Coalition for Children, Adolescents, and Parents ENABL	Svc-Based CBO	15	3-4	NHHC (I) Neighb. CBO (I) County H & SS (I) Ethnic-based advocacy org. (I) Dept. of Education (F)		11	Postpone sexual involvement	Basics peer/media press Develop refusal skills ID reasons to postpone Understand risks	100+	Orange Co.	State DHS/Office of Business sponsors United Way of OC Individual donors	Approx. 7%	Postpone sexual involvement	Institutional ENABL (O)	Increase parent involvement
Girls Incep. of OC Preventing Adolescent Pregnancy	Svc-Based CBO	45	4+	Neighb. CBO (I) Neighb. Assoc. (I) County H & SS (I) Interest Advocacy (I) City or Co. Non H & SS (I) Public School District (I)	Citywide NP (I) Church (I) MH Agency (I)	12	Prevent teen pregnancy; postpone sexual involvement	Assertiveness skills Decision-making skills Sexuality, pregnancy ed. Birth control education STD, HIV education	100+ (2ppw/8-12 ea)	Prim. Costa Mesa Newport Beach (Plan to expand)	Private Foundations Fundraising United Way City appropriations	NR	Reduce teen preg. Incr. Birth Control Incr. self-esteem Improve skills	Teen leadership Media advocacy Birth satellite sites Re-seeds self-esteem	Complete HS Reduce child abuse Reduce poverty
OC Health Care Agency Adolescent Family Life Program	County HHS	NR	4+	Neighb. Assoc. (I) County H & SS (I) Ethnic Advocacy (I) City or Co. Non H & SS (I) Public School District (I) MH Agency (I)	Citywide NP (I) NHC (I) Church (I) Neighb. CBO (I)	22	Improve the health and lives preg./parenting adult and children	Prenatal & pediatric care Family planning School attendance Parenting skills Psychosocial issues	100+	Orange Co.	State DHS Donations	70% Co. Funded	Incr. low BW rate Incr. immunization Incr. repeat preg. Incr. # clients in school	Foster positive community identity Help to meet broad goals Help to meet State goals	Improve community awareness
Santa Ana USD Children's Hospital Co. SSA "Healthy Tomorrow"	School District	NR	3-3	Citywide NP (I) County H & SS (I) Interest-based Advocacy (I) City or Co. Non H & SS (I)	Neighb. CBO (I) NHC (I) Hospital (I)	14	Improve the health status and lives preg./parenting adult and children	HS to teens and child SS to teens and child Empower teens as caregivers	100+	3 area elementary schools	In-kind State Healthy Start Federal MCH Local donations	90%	Improve parenting skills Improve academic performance	NR	NR
Fullerton/Union Joint Unified School District Teen Pregnancy and Parenting Program	School District	100	4+	County H & SS (I) Public School District (F,I) Local Business (V) Interest-based Advocacy (V,I) City or Co. Non H & SS (V,I)	Citywide NP (I,I) Church (F,I)	44	Completion of high school	Academic support Parenting skills Sexual responsibility Healthy lifestyle Plan for the future	100+	Cities of Buena Park, Fullerton, La Habra, Yorba Linda	State of CA (Avg. daily attendance) Carl Perkins Voc. Ed. Fed. Bk. Cr. - Child C PTA CBO donations Business donations	30%	Incr. # of teen parents w/HS diploma Incr. teen preg. rate Impr. academic performance	All grants in compliance	Teen parents make + contributions to society
Huntington Beach Community Clinic Expanded Teen Counseling Program	NHC	25	2-3	Neighb. Assoc. (I) County H & SS (I) Ethnic advocacy (I) Interest Advocacy (I) City or Co. Non H & SS (I) Other teen svc agencies (F)	Citywide NP (I) Church (I) MH Agency (I)	10	Reduce teen pregnancy	Provide contraceptive Pregnancy prevention education STD prevention education Support wv referrals	11-25	Oakview area of Huntington Beach	State DHS Fam. F.	None	Incr. use of contra ID and equated high-risk teens Incr. medical sv support	NR	Expand outreach to teens Increase teen access to support services
Blossoms Community Clinic Healthy Start Program	NHC	3	2-3	Neighb. CBO (I) Neighb. Assoc. (V) County H & SS (I) City or Co. Non H & SS (I) Church (I) MH Agency (F)		6	To facilitate the development of a safe, healthy, nurturing environment, in school, home, and community, so that children may develop in a positive manner.	Pre/Pre-HC & MH sv Sub. abuse/gang prev. Incr. parental involv.	100+	Oakview Neigh.	State DHS	In-kind sv	Incr. school attend. Incr. ID child abuse Incr. parent involv.	Formal collaboration after funding period Use of Med/Cal funds to support program activities	Increase parent access to support services
Community Service Programs, Inc. Gang Prevention Program	Svc-Based CBO	22	4+	Neighb. CBO (I) Neighb. Assoc. (V) County H & SS (I) Ethnic advocacy (I) Interest Advocacy (I) City or Co. Non H & SS (I)	Citywide NP (I) NHC (V) MH Agency (I) Church (V)	15	To provide prevention and intervention services to "at risk" youth and offer positive alternatives to youth through outreach and education, and reduce recidivism	Individual and family counseling Group education Parenting, anger mgmt., self-esteem trainings	100+	Huntington B., La Habra, San Clemente, Dana Pt., S.J. Capistrano	State DHS Federal (unspecified) City general funds Police Probation	None	Incr. recreational opportunities Incr. counseling services Improve parenting skills	NR	NR
Latino Family Alcoholism Services Center Canadros Alcohol Prevention Program	Svc-Based CBO	10+	NR	Neighb. CBO (I) Neighb. Assoc. (I) County H & SS (I) Ethnic advocacy (I) Interest Advocacy (I) City or Co. Non H & SS (I)	NHC (I) Citywide NP (I) Church (I) MH Agency (I)	3	To help prevent alcohol use by Latino using cultural means	Cultural awareness Alcohol/Drug education Sibling role models Recreational activities Fundraisers	11-25	Lattino in Orange County	State DHS Federal (unspecified)	NR	Prevent alcohol use	NR	Increase awareness of the dangers of alcohol use



TYPOLOGICAL MATRIX – TABLE 15

TIER ONE LATINAMATINO YOUTH HEALTH PROMOTION PROGRAM FINDINGS														
SAN DIEGO COUNTY														
Lead Organization / Project Name	Org. Type	Org. Level	Line-Organization	Language	Staff/PAY	Primary Goal	Content Areas	Cur. Yr.	Geographic Service Area	Funding Source	% Internal Funding	Individual	Projected Outcome / Institutional	Community
San Diego Co. 101st SD Adul. Preg. and Parenting Program	County/IBS	MA	4	City or County Non H & SSQ	NR	Improve preg. outcomes & adult period	Perinatal care, Educational support, Parenting skills	100%	Countywide	State MCH, 502 County IID	None	State MCH exp.	State MCH exp.	State MCH exp.
H. Clinton C.A.S.A. Community & Youth Substance Abuse	Community Action-Based CBO	NR	3-4	NR	4/5	Prevent substance abuse	Individual case management, Peer education, Parenting, Drug free week prog.	11-25	City of B. City	State MCH, Individual donations	Outreach	State MCH exp.	Improve literacy, reduce substance use	Knowledge of ATO, improved exp. for others, awareness
Child Youth Youth Coalition	City Sponsored Coalition	3-5	1-2	Neighborhood (N), County (C), Citywide (CW), City or County Non H & SSQ (CN)	NR	Coordination of services, maximize resources	Supervise after school activities, Information sharing & education	100%	City of Childs, VA	Individual agency resources, City Central Funds, CA Healthy Cities, Proprietary, Tech. Asses. Grant	75-80% City General Fund	Too soon	Improve literacy, reduce substance use	Knowledge of ATO, improved exp. for others, awareness
Benedito Community Health Center Healthy Living Care for Kids	NHIC	21	2 mos	Neighborhood (N), County (C), Citywide (CW), City or County Non H & SSQ (CN)	5	Improve nutrition & increase physical activity of Latino/Latino youth	Homework education, Recreational activities, Family activities	11-25	St. Island SD Co.	San Diego State Fund	25% to fund	50-75 families, 200-500 youth	Improve literacy, reduce substance use	Knowledge of ATO, improved exp. for others, awareness
Logan Heights Family Health Center, Flushing Club, Inclusive	NHIC	25+	1-2	Neighborhood (N), County (C), Citywide (CW), City or County Non H & SSQ (CN)	5/25	Prevention of sexually active youth	Community surveys, Adult community liability, Sexuality education, Peer education, Lect. then access to HS	60 been surveys, 500 exp, 200 event attendees	Barrio Logan	Armed E. Camp FDN, Co. D & A, Private DFN	In-kind	Impr. comm. skills, Impr. exp. knowledge, Impr. access to HIC, Impr. exp. prof.	Impr. exp. knowledge, Impr. access to HIC, Impr. exp. prof.	Impr. exp. knowledge, Impr. access to HIC, Impr. exp. prof.
Prudenz Valley Hospital, Partners for Prevention	Sw. Based CBO	30	3-4	Neighborhood (N), County (C), Citywide (CW), City or County Non H & SSQ (CN)	3	To improve community health status in our community, with a particular focus on multi-faceted violence prevention.	Mentoring programs, Parent ed. & support, Violence Prev. Network	6-10	National City, San Diego	Hospital, Co. D & A, Private DFN	In-kind, exp. supplies, exp. staff	Impr. exp. knowledge, Impr. access to HIC, Impr. exp. prof.	Impr. exp. knowledge, Impr. access to HIC, Impr. exp. prof.	Impr. exp. knowledge, Impr. access to HIC, Impr. exp. prof.
San Ysidro Health Center, Teen Clinic	NHIC	25	6 mos	Neighborhood (N), County (C), Citywide (CW), City or County Non H & SSQ (CN)	3/7	To provide educational presentations that will have a positive impact upon our teens. To provide various types of interventions based upon individual needs	Individual case management, Health services, Health education, Motivational activities	11-25	San Ysidro, National City, Childs, VA, Imperial, B. City, and San Ysidro	State MCH, 502 County IID, Individual donations	In-kind, staff	Provide parental services, Health Education, Info. and referral, Material awareness	Impr. exp. knowledge, Impr. access to HIC, Impr. exp. prof.	Impr. exp. knowledge, Impr. access to HIC, Impr. exp. prof.

TYPOLICAL MATRIX -- TABLE 16

TIER ONE LATINA/LATINO YOUTH HEALTH PROMOTION PROGRAM FINDINGS														
SANTA CLARA COUNTY														
Lead Organization Project Name	Org. Type	Org. F. Part Type	Inter-organizational Linkages	Staff Pd/V	Primary Goal	Content Area	Curr. Vol.	Geographic Service Area	Funding Source	% Internal Funding	Projected Outcomes			
											Individual	Institutional	Community	
Bill Wilson Center	Svc Based CBO	20	NR	NHC Neigh. CBO County HS Agency Ethnic-based org. City/County non-H & SS	10	Part of overall evs for homeless and runaway youth	HIV/Drug education physical exams TB test	76-80	Santa Clara Valley	Alviso Family Health Foundation	not clear	complete physical	NR	BWC becomes a leader & advocate in community for youth services
Mexican American Community Services Agency (MACSA) Project Access AIDS/HIV Awareness	Svc Based CBO	30	1-2	Neighb. Assoc. (F) Citywide NP (G) County H & SS (F) Ethnic-based advocacy org. (G) Interest-based Advocacy (G) City or County Non H & SS (F) Neighb. CBO (F)	3	Educate Latino youth on health risks and strategies for protection.	HIV Education	100+	Southern Santa Clara County, pockets of S. Jose	Santa Clara HSA, AIDS office	NR	Incr. teen AIDS awareness. Reduce transmission rate.	NR	Incr. awareness of cause and prev. of AIDS
Mexican American Community Services Agency (MACSA) Project Crossroads	Svc Based CBO	30	4+	Neighb. Assoc. (I) Citywide NP (I) County H & SS (F) Ethnic-based advocacy org. (I) Interest-based Advocacy (I) City or County Non H & SS (F) Neighb. CBO (I)	7	Assist teen mothers in development of job skills and personal health habits.	Life skills development Employment skills Phys/Mental HC	11-25	Santa Clara Co. San Jose	Federal (TFA)	NA	Reduce # teens on ARDC. Reduce teen pregnancy. Incr. dropout rate Incr. work skills	NR	NR
Co. Public Health Dept. Adolescent Family Life Program	County HHS	50+	4+	NHC (I) Neighb. CBO (I) County H & SS (I) Ethnic-based advocacy org. (I) Interest-based Advocacy (I) City or County Non H & SS (I) MH Agency (I)	11-25	Case mgmt of pregnant and parenting teens.	Prenatal/well baby care Dropout prevention Nutrition/related ed. Parenting/child devel. Crisis & legal counseling	25	Santa Clara Co.	State DHS, MCH	NA	Prevent repeat pregnancies	Cal Learn Program	NR
City of San Jose Gang Prevention Task Force	City Sponsored Coalition	NA	< 1yr	Neighb. CBO (F) County H & SS (F) Ethnic-based advocacy org. (F) Interest-based Advocacy (I) City or County Non H & SS (F) Neigh. Assoc. (G)	4	To aid Latinos involved with gangs and to offer alternatives	Behavior modification Gang awareness MH counseling Health education	51-100	San Jose	City of San Jose	NA	Reduce recidivism Improve academic performance.		Reduce gang activity Reduce juvenile delinquency.
Alam Rock Counseling CTR Crisis Intervention Program	Svc Based CBO	22	4+	Neighb. CBO (I) Citywide NP (I) County H & SS (I) Interest-based Advocacy (I) Church (I) City or County Non H & SS (F)	42	Demotivation of youth & families. Focus upon lower income, culturally diverse families	Substance abuse Adolescent Pregnancy Gang/Violence Prev Runaway Prevention Truancy prevention	100+	E. Santa Clara Co.	United Way of SCC City of San Jose City of Milpitas SCC Service fees	Unknown	NR (Don't understand the question)	NR	NR
South Valley Counseling Center HUGS Program Teen Parenting Program	Svc Based CBO	17	4+	Neighb. CBO (F) County H & SS (F) MH Agency (I) School District (F - Healthy 5.)	13	To enable L/L youth to be productive, healthy lives encourage and provide opportunities to exist in school and business.	Alcohol/drug education Coping, life, communication skills Tutoring & job skills Parenting skills	100+	S. Santa Cl. V. mostly Gilroy	Ch. Dept. A/D City of Gilroy United Way Kaiser	NR	5-6k/yr attend rec 4 part in 7-10 parenting sess 4 events per year Impr. grades Impr. parenting skills.	NR	Reduce gang activities. Keep youth off streets. Improve school attendance and performance.