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Place and Social Networks:
Informing Strengths-based Intervention to Promote Latino Adolescent Health

By

Evan vanDommelen-Gonzalez

A dissertation submitted in partial satisfaction of the
requirements for the degree of
Doctor of Public Health
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of the
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Committee in charge:

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Assistant Adjunct Professor Alexandra Minnis, Co-Chair
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Abstract

Place and Social Networks: Informing Strengths-based Intervention to Promote Latino Adolescent Health

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Doctor of Public Health

University of California, Berkeley

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Latino youth represent a growing population in urban centers across the United States, yet face substantial socioeconomic barriers to future opportunity tied to poverty, immigrant status, and social exclusion. These negative aspects of the social environment contribute to a disproportionate distribution of adolescent childbearing, substance use, and gang involvement among Latino youth. To reverse these trends of health and socioeconomic inequity, public health practitioners must consider innovative research approaches and intervention designs that address upstream and contextual exposures. Such approaches carry the potential to impact a range of individual and community health outcomes. This dissertation will explore avenues to promote Latino adolescent health and a shift from a conventional public health focus on an individual-level and risk-reduction approach to a focus on a contextual-level and asset-promoting approach.

This dissertation is composed of three papers that explore protective social ties, neighborhood norms and structural barriers associated with Latino adolescent health. The data for each paper come from two studies conducted as part of a community-based research program in the Mission District in San Francisco. The first paper is a qualitative analysis of in-depth interviews and explores how youth articulate ideal childbearing expectations and the alignment of individual expectations with those that dominate their social environment. Findings from this analysis suggest that while youth aspire to fulfill post-secondary goals prior to starting a family and that these goals are aligned with family and partner childbearing expectations, they face barriers tied to poverty, immigration status, and community violence. Implications for strengths-based sexual health and adolescent pregnancy prevention are discussed. The second paper is a quantitative assessment of baseline data from a feasibility study of a sexual health intervention and examines the presence of positive peer network ties among gang-affiliated youth and how such ties are associated with frequent alcohol and marijuana use. Findings from this analysis suggest that having close friends with college plans has a protective association against frequent substance use. Intervention implications are

discussed, including opportunities for leveraging positive peer ties among gang-affiliated youth. The third paper is a community report and is a translational research effort to provide community partners with key findings from the first two papers and an analysis of the intervention outcomes. This paper details next steps to inform programming and local policy that promotes adolescent health. In combination, these three papers underscore that protective factors in the social environment can inform strengths- and community-based interventions to support and enable adolescents to proactively engage in healthy behaviors, pursue future opportunities, and contribute to community well-being.

For my extraordinary family and in loving memory of those who have passed for providing the support, the love, and the inspiration that made this journey possible.

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I. Introduction

The social ecology of a community is the foundation for local social life, the soil out of which social networks grow and develop, or alternatively wither and devolve.

-E. Klinenberg (2003)¹

In an effort to tackle health disparities and improve the well-being of communities, a comprehensive approach to public health includes attention to the relationship between the social environment and individual health outcomes. This dissertation is about the public health importance of context and how social network ties and place-based, neighborhood features affect Latino adolescent health in San Francisco. Specifically, this dissertation explores how protective family, partner and peer ties and neighborhood norms affect adolescent pregnancy, with a focus on childbearing expectations, and substance use among gang-affiliated youth. Building on social network assets carries the potential to promote individual and community health by countering risk in the social environment, such as poverty and community violence.

Klinenberg's (2003) assessment of heat wave mortality in Chicago offers a poignant illustration of the public health relevance of neighborhood context, social protection, and health. In the summer of 1995, epidemiologists from the Centers for Disease Control and Prevention descended upon smoldering Chicago streets to investigate risk factors associated with heat wave mortality. Their research uncovered a series of risk factors such as, having a medical problem, not leaving home, living alone, being bed-ridden, and lacking air conditioning and proximal social contacts.¹ Building on the CDC's case-control design and quantitative assessment, sociologist, Eric Klinenberg, conducted a qualitative and historical assessment of "matched" *neighborhoods* (North Lawndale and Little Village) with similar demographic characteristics, but starkly different heat wave mortality rates. His work highlighted not only the physical context, i.e., the spatial patterns of mortality, driving the CDC findings, but also illuminated the "social environmental conditions that elevate[d] or reduce[d] the probability that residents would survive the heat."¹ Klinenberg uncovered place-specific risk factors related to both the "social morphology" of the neighborhoods (e.g., quality of public spaces, vigor of street-level activity, centralization of support networks and institutions) as well as population-level concerns (e.g., loss of residents, prevalence of seniors living alone). Klinenberg concluded:

The tale of the neighborhoods suggest a key reason that African Americans had the highest death rates in the Chicago heat wave is that they are the only group in the city segregated and ghettoized in community areas with high levels of abandoned housing stock, empty lots...population decline, degraded sidewalks...violent crime and active street-level drug markets [facilitated] by these ecological conditions...There is little evidence that during the heat wave the most isolated and vulnerable residents like North Lawndale suffered because members of their communities did not care about them. Yet there is good reason to believe that residents of the most impoverished, abandoned, and dangerous places in Chicago died alone because they lived in social environments that

discouraged departure from the safe houses where they had burrowed, and created obstacles to social protection... (p. 127)

The CDC identified key risk factors for heat wave mortality that would inform intervention, but overlooked the contextual conditions tied to networks and place that led to differential heat wave death in Chicago's South and West Sides. Klinenberg's data collection journey and methodological approach asked different questions, utilized different tools, and located the "risk factors" within the history and context that gave rise to health inequity. Like with the CDC findings, Klinenberg's work also highlighted the health importance of social networks and of fostering protective network norms and linkages to promote community health. Though Klinenberg's work has since been challenged with respect to the casual relationships between social support factors and actual heat wave deaths, his findings have been used to develop an urban heat wave vulnerability index that takes into account the risk of social isolation.^{2,3} His work has also encouraged critical discussion of the relationship between neighborhood and social context and health.

Broadly, *context* encompasses the social determinants of health: the conditions in which people are born, grow and live.⁴ Corburn (2009) maintains this approach is a departure from standard models of public health: "context and features of the built and social environments are understood as key drivers of well-being, not merely the background for other mechanisms driving morbidity and mortality to take place."⁵ Galea et al. (2005) highlight the role of social networks, a characteristic of the social environment that can be considered as a target for public health intervention.⁶ Further, adolescent development research has emphasized the importance of the social environment, including neighborhood conditions, in shaping the transition to adulthood and individual values and behaviors.⁷ Building on individual-level assessments, through exploring the role of social networks and the environment in which they form, can help achieve a more comprehensive and balanced understanding of factors influencing adolescent health. This is particularly important for concurrent health outcomes that share common pathways, such as adverse sexual health and substance use outcomes among adolescents. To this end, addressing upstream exposures in the social environment may have a profound health impact on a range of individual outcomes.

Utilizing a mixed-methods approach, this dissertation is composed of three papers. The data for each paper come from two studies conducted with Latino youth as part of a community-based research program spanning the last decade and composed of an academic and community agency partnership in the Mission District of San Francisco. This research program is focused on exploring the relationship between the social environment and sexual health. Implications for strengths-based community intervention are discussed as a central theme of each paper.

The first paper is a qualitative analysis of 33 in-depth interviews from the *Mi Cuento* (My Story) Study that explores the relationship between protective social network ties, neighborhood features, and individual childbearing expectations with Latino youth in partnerships. This paper poses two research questions:

1. How do Latino youth articulate childbearing expectations in terms of timing, goals, and future orientation?
2. Are individuals' childbearing expectations aligned with those that dominate their social environment?

To assess social environment and individual childbearing expectations, we examined partner and family expectations as well as neighborhood norms that may facilitate or impede attainment of pre-parenting goals.

The second paper is a quantitative assessment of baseline data from *Yo Puedo* (I Can): Future Opportunities for Youth, a feasibility study of a sexual health intervention. This analysis examines the presence of positive peer network ties among gang-affiliated youth and how such ties are associated with frequent alcohol and marijuana use. This analysis stands to question dominant perceptions of the composition of the close friend network of gang-affiliated youth and the potential intervention leverage offered by positive peer ties. Specifically, this paper explores two questions:

1. What are the asset and risk features of the close friend network of gang-affiliated youth?
2. How are risk and positive close friend network characteristics associated with frequent substance use among gang-affiliated youth?

The assets assessed include having network members with post-secondary educational aspirations and engagement. The risk characteristics include truancy, adolescent pregnancy, and having spent time in detention.

The third paper is a community report and is a translational research effort to provide *Mi Cuento* and *Yo Puedo* community partners with key findings from the first two papers as well as an analysis of *Yo Puedo* intervention outcomes. In addition to a medium for data sharing and dissemination, the community report serves as a forum for considering tailored programming, informing youth agency funders, community mobilization, and communicating with local policymakers.

The public health significance of this dissertation research is premised on:

- a disproportionate distribution of adolescent births, substance use, and gang-involvement among Latino youth;
- a growing Latino youth population, both U.S.- and foreign-born, whose full potential is truncated by significant structural barriers tied to poverty, immigration status, and ethnic marginalization; and
- a need for innovative public health approaches, including a shift from an individual-level focus to a contextual-level focus and from a deficit-based approach to an asset-based approach, that can inform community engagement in strengths-based intervention design.

Adolescent Pregnancy and Births

The United States has the highest teen pregnancy and birth rates in the industrialized world with half of all pregnancies unplanned.⁸⁻¹⁰ Despite these trends, over the last twenty years, the country has achieved a substantial drop in adolescent pregnancy and births. Between 1990 and 2009, the teen pregnancy rate in the U.S. declined by 44% and from 1991 to 2012 the teen birth rate declined 52%.¹¹ However, declines have not occurred equally across all ethnic groups, and the proportion of pregnancies that are unintended has increased. Latinas have the slowest decline and the highest teen birth rate of any major ethnic group.¹¹⁻¹³ Of particular concern are persistently elevated rates of unintended pregnancy among adolescents and young adults.¹⁴ Between 2001 and 2008 the rates of unintended pregnancy increased for women 20-24 years of age with a total of 3.4 million unintended pregnancies reported in 2008.¹⁰

Latinos constitute the largest ethnic minority group in the United States.¹⁵ In the last decade, Latino population growth rates exceeded 75% in states across the South and Midwest.¹⁶ Identifying and promoting factors that may be contributing to overall pregnancy and birth rate declines among Latino youth may offer a promising approach to prevent unintended pregnancy.¹⁷ This is particularly true for states with significant Latino populations. In California, for instance, Latinas account for the majority of childbearing youth and teen births in the state.¹⁸ Teen births are associated with socioeconomic disparity, including the long-term impacts of a lower likelihood compared to non-parenting youth of high school graduation by age 22.¹⁹ National and local public health efforts to decrease adolescent pregnancy and improve sexual health stand to benefit from building on existing interventions as well as developing innovative approaches and designs.

Adolescent Substance Use and Gang-affiliated Youth

Substance use also plays a prominent role in health risk among U.S. adolescents. By the time U.S. adolescents are seniors in high school, 70% have tried alcohol and 36% use marijuana.²⁰ Compared to white and African American students, Latino students have the highest reported rates of alcohol use in 8th and 10th grade and of marijuana in 12th grade.²⁰ In addition to implications for adult substance abuse, frequent marijuana and alcohol use during adolescence has been associated with high-risk sexual behavior (unprotected sex and multiple sexual partners), and disengagement from school, including lower odds of degree attainment and lower income in adulthood.²¹⁻²⁵

Between 2002 and 2011, the number of youth gangs nationally increased 37%, from 21,800 to 29,900.^{26,27} Most of this increase occurred in metropolitan areas. California, Illinois and Arizona account for the highest number of gang members in the country, with Latino youth comprising the greatest percentage, 46.2%, of the membership base nationwide.^{28,29} Substance use is associated with youth gang-involvement, and substance abuse treatment is often a key component in comprehensive gang intervention programs.^{26,27,30-32} For gang-involved youth, engaging in high-risk health

behavior during adolescence that contributes to low educational attainment can threaten familial and financial stability as well as desistance from criminal activity in adulthood.³³ Innovative intervention approaches to address these public health challenges entail asking unconventional questions, engaging communities, and challenging assumptions about youth and neighborhoods.

An Asset-based, Contextual-Level Approach

This dissertation will explore avenues to promote Latino adolescent health and a shift from a conventional public health focus on an individual-level and risk-reduction approach to a focus on a contextual-level and asset-promoting approach. This dissertation also contributes to the growing demand for research that identifies protective factors to promote healthy behavior among young adults.³⁴ Kirby and Lenore (2007), for instance, define protective factors that influence an adolescent's decisions about sexual behavior as “ [factors] that discourage behavior that could lead to a pregnancy or STD or that encourage behavior that can help prevent them.”¹⁷ Protective factors can include elements that can help youth avoid, moderate, and/or reduce the negative effects of risks and may be either individual assets (e.g., competence, coping skills, ethnic pride, and self-efficacy) and/or resources (social environment: e.g., parental support, adult mentoring, or community organizations).

This dissertation draws on two conceptual frameworks, Social Network Theory and Resiliency, and Positive Deviance, which question a risk-based approach to intervention design and promote research that builds on protective social network norms to counter risk behaviors and structural adversity, such as poverty, racism, community violence, and limited educational and livelihood opportunities.³⁵⁻³⁹ In addition, moving away from a deficit and risk-based approach stands to reduce further stigmatization of underserved youth and communities by reframing the public health focus on assets.⁴⁰ Protective social network factors can inform strengths- and community-based interventions designed to support and enable adolescents to proactively engage in healthy behaviors, pursue future opportunities, and contribute to community well-being.

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II. “You got to get that paper.” Diplomas, Childbearing Expectations, and the Social Environment: Implications for Strengths-based Sexual Health Interventions for Latino Youth

Context: Adolescent sexual health promotion, including preventing unplanned pregnancy, remains a challenge in the United States. Teen childbearing is disproportionately higher among Latino youth, a rapidly growing population also facing substantial social exclusion. Exploring the relationship between the social environment, including protective network and neighborhood norms, and individual sexual health outcomes among Latino youth may offer insights into the development of novel community interventions.

Methods: Thirty-three Latino youth (16-22 years old) in partnerships and with foreign-born parents participated in semi-structured, in-depth interviews in 2010. Youth were recruited from neighborhood street and community partner venues in San Francisco. Transcripts were analyzed using a modified grounded-approach to elucidate core themes and concepts tied to childbearing expectations.

Results: Overall, youth reported a desire to complete higher education goals prior to starting a family to improve future opportunities and to further personal development. Youth stated that immediate social network members, family and partners, were generally supportive of their individual childbearing expectations. Social environment barriers tied to poverty, immigration status, and neighborhood gang violence hindered higher education access and attainment. Some differences were noted by gender and immigrant generation.

Conclusions: Creating avenues for Latino youth to fully access educational opportunities may counter early childbearing and improve sexual health. A contextual and asset-focused approach to address individual sexual health carries the potential to foster opportunities for youth and build community in poor, urban neighborhoods in the United States.

Introduction

Latino youth in the United States feature prominently in the future of urban centers across the country. Among youth under 18 years old, in states such as California, Texas, and New Mexico Latinos constitute the ethnic majority.¹ In the last decade, Latino population growth rates exceeded 75% in states across the South and Midwest.² However, more Latino children are living in poverty (6.1 million in 2010) than any other racial or ethnic group, 30.1% of whom are 13-17 years old.³ Nurturing positive youth development and a healthy transition to adulthood requires countering structural inequities and linking youth to existing and new opportunities. Teen pregnancy and parenting among Latinos are associated with poverty and other barriers to opportunity and continue to present a complex public health challenge in the United States.

Over the last decade teen pregnancy and birth rates have declined in the United States overall, yet the U.S. sustains the highest teen birth rates among comparable countries.⁴ The birth rate for 15 to 19 year old females is highest among Latinas (46.3/ 1000) and is

more than double the rate of non-Latina white teens (20.5/1000).⁵ In states with large Latino populations, disparities are particularly pronounced. In California, 74% (73.8) of teen births are to Latinas, yet Latinas constitute 50% of the population.⁶ Culturally-based childbearing norms, such as the importance placed on motherhood in Latino culture, may contribute to the difference in teen birth rates by ethnicity.⁷ However, these norms evolve in neighborhood environments shaped by limited socioeconomic opportunities.^{8,9}

Among adolescents in the United States, socioeconomic disparities and poverty at the individual and household levels are associated with teen pregnancy and childbearing.^{10,11} National studies suggest that Latinas living below the poverty line have double the rate of unintended pregnancy compared to non-Latina white women.^{12,13} Previous research has also documented the inverse relationship between educational aspirations and attainment and adolescent pregnancy and parenting.¹⁴⁻¹⁷ Compared to non-parenting youth, teen parents are almost 40% less likely to earn a high school diploma or GED, particularly Latina teen parents.¹⁸ There is a growing demand for comprehensive interventions that incorporate approaches that tackle the structural and economic factors associated with teen pregnancy, acknowledging that improved contraceptive access alone will not eliminate barriers to educational, job, and health resources that impact poor and immigrant youth in the United States.^{19,20}

Promoting protective social network ties is one asset-based approach to encouraging healthy sexual behavior among young adults.^{21,22} Drawing on a Resiliency framework, protective factors include elements that can help youth avoid and/or moderate the negative effects of risks and cope successfully with adversity.²³⁻²⁵ Protective factors may be individual assets (e.g., competence, coping skills, ethnic pride) and resources in the social environment (e.g., parental support, stability, community organizations).^{24,26} The role of social network ties has been explored both as a phenomenon of normative behavior as well as a target for leveraging intervention effectiveness.²⁷ Christakis and Fowler (2009) suggest that the interaction of social network ties is greater than the sum of its parts and can affect individual behavior related to, for example, happiness, weight gain, and partner choice.²⁸ However, relationship ties do not develop in isolation: the physical and social environments in which they form shape the network norms.²⁹ A strengths-based and contextual level approach to intervention design fosters community building and offers a departure from a conventional public health focus on deficits and individual risk behaviors, which has been shown to fall short in terms of promoting change in youths' sexual behaviors.^{30,31}

To examine the relationship between protective social network ties, neighborhood features, and individual childbearing expectations, we conducted a qualitative study with Latino youth in partnerships. This paper poses two research questions. First, how do Latino youth articulate childbearing expectations in terms of timing, goals, and future orientation? Second, are individuals' childbearing expectations aligned with those that dominate their social environment? To assess social environment and individual childbearing expectations, we examined partner and family expectations as well as neighborhood norms that may facilitate or impede attainment of pre-parenting goals.

Methods

Study Design and Community

Mi Cuento (My Story) was a qualitative study conducted with young Latino women and men, 16-22 years old, in San Francisco, California. This study was part of a joint academic and community partner research program initiated in 2001 in the Mission District to examine social environmental influences on adolescent sexual health. Like other urban neighborhoods, the Mission District has been undergoing gentrification for decades and subsequent displacement of local businesses and low-income families leading to an increase in health and socioeconomic disparities, and, in particular, the social exclusion of non-white youth.³²⁻³⁴ Home to the largest Latino community in San Francisco, with dozens of active youth agencies, the Mission continues to serve as cultural center for families with ties predominately to Mexico and Central America.³⁵ The majority of underperforming schools in the city are also located in the Mission, where students are prohibited from wearing blue or red clothing to discourage visible markers of gang affiliation.³⁶

Recruitment. Within this context, and in collaboration with our community partners, youth were recruited from street venues (e.g., parks, alleys) as well as through referrals from youth agencies. Youth were approached and screened by trained, bilingual study staff. We stopped recruiting youth when a preliminary review of transcripts indicated we had reached saturation of key concepts of interest. Of the 33 youth who participated, 18 were recruited from venues near a neighborhood high school, and 15 were recruited from community agencies via referrals and study presentations to youth groups. Inclusion criteria included to self-identify as Latino, to spend at least four days a week in the Mission, to have a parent born outside the U.S., and at least one romantic partner of the opposite sex. Being sexually active was not required. Youth provided verbal consent as part of the audio-recorded interview. All youth were recruited and interviewed between June and November of 2010.

In-depth interviews. The interview guide was designed to explore how migration, time in the U.S., local and transnational social ties, and neighborhood norms are associated with sexual health, gender role norms, and partnership and childbearing expectations. The primary social network members of interest included partner(s) and family, though peer norms were also explored. The interview guide was piloted and modified following a set of initial interviews with youth who met study eligibility. The guide began with closed-ended questions to collect demographic data, followed by open-ended questions with probes. To develop rapport, the initial open-ended questions asked about how neighborhood youth meet partners followed by questions tied to relationship dynamics and community violence. Then, youth were presented with a series of statements expressing neighborhood norms about pregnancy, gang-affiliation, and educational aspirations. These statements were gleaned from previous research activities with youth participants. Youth were asked whether they agreed or disagreed with each norms statement and to provide rationale for their opinion.

We conducted interviews in Spanish or English per participant request at a community partner site that was safe and convenient for the youth. Names used in this paper are pseudonyms. Professional services transcribed and translated all recordings. We reviewed audio-recordings and transcripts after completion to assure quality and identify necessary modifications to the interview or data collection process. The Institutional Review Board at RTI International and the UCB Office of Human Protections approved the study and granted reliance on the RTI IRB for the research presented in this paper.

Analysis

Using a modified grounded approach, for the first stage of qualitative analysis we created a codebook reflecting interview guide questions (e.g., how partners met) and emergent themes (e.g., family gender dynamics) that was applied in reviewing all transcripts in Atlas.ti.³⁷⁻³⁹ Two researchers coded transcripts and made comparisons for a subset to assess consistency in coding. Study staff completed written memos and held meetings to discuss coding and synthesis of findings. For this analysis, we returned to hard copy transcripts to ensure rigor in exploring the research questions.

First transcripts were analyzed for dominant themes identified via repetition (reoccurring topics or concepts), indigenous typologies (“local” terms used by youth), metaphors and analogies (to assess underlying themes), and linguistic connectors (e.g., “as a result” suggesting associations).⁴⁰ This process consisted of open coding to assess similarities and variations in the narrative, constant comparisons of text until concepts were theoretically saturated, and the creation of categories (e.g., partner’s childbearing expectations) of concepts (e.g., partner wants to wait to have a baby until after graduation).³⁹ Second, axial coding consisted of examining relationships between the categories to explore dimensions of the categories (e.g., variations in partner and family childbearing expectations related to educational goals).³⁹ This occurred within and across narratives. Finally, selective coding served to identify core categories that tied the various categories together to “tell the story”.³⁹ For the community norms analysis, responses were each examined as “norms categories” to allow for axial and selective coding within and across narratives. Field notes accompanied each interview, which were reviewed in conjunction with transcripts, particularly to assess neighborhood and gang-related exposures. Six participants were pregnant and/or parenting at the time of the interview (four female and two male). Though their narratives were analyzed, their interview responses were included only in assessing community norms.

Results

For nearly all youth (Table 1), “the right time” to start a family centered on the attainment of two goals: completion of college and financial stability. While the rationale for and pathways to achieve these goals differed by gender and nativity, attainment of post-high school opportunities was considered most important by all youth. Youth reported that partners and family members generally shared these expectations and offered verbal and, to a lesser extent, active support to help youth access opportunities. Though individual, family, and partner childbearing expectations were well aligned with

one another, youth responses to community norms statements about college indicated that there were significant barriers to higher education, including poverty, community violence, and immigration status.

Individual Childbearing Expectations

College completion. Of the 27 non-parenting or pregnant youth, 23 explicitly identified college completion as a desired prerequisite before starting a family. In turn, college was viewed as necessary to obtain a desirable career. As 17 year-old Carla, who came to the U.S. from Teculután, Guatemala at 13.5 years old, stated, “I don’t want to get pregnant until after I graduate [from college] because I want to be a lawyer...and have everything in order. Somewhere around 32 years old is when I want to have a baby.” Similarly, Juan, 17 years old, migrated to the U.S. at 13 years old from San Salvador, El Salvador. He described his childbearing expectations, “I think after you’ve finished college and you have—a certain good level of education...I think you can get better work. You at least will have a degree and you could defend yourself in life.”

Personal development. In addition to a pathway to professionalism, U.S.-born youth also identified college as an opportunity for personal development and exploration before assuming the responsibility of raising a family. Sixteen year-old Elena explained that she hoped to go to college in Los Angeles to “try something different”: “I’m trying to live my life first...I wanna go party...go to one of those college parties.” Pedro, 16 years old, shared his desire to become a teacher, but stated he wanted to start a family “around the age of 30” primarily to allow time to “[d]o as many little adventures as I can possibly do.”

Early childbearing: a barrier to goals. Over half of the youth explicitly stated that having a baby as a teenager would be a burden and interfere with their post-high school plans. Twenty year-old Erica, a community college student, was born in Mexico City, Mexico and came to the U.S. at three years old. She explained, “I don’t know if I want to do law school, but—it’s kind of unspoken, we’re not going to go to law school with a kid.” Similarly, Julio, 16 years old who migrated from La Ciudad, Guatemala at 15 years old, stated, “[If we had a baby] now, I’d have to get a job, and I wouldn’t be able to continue my education. And that’s no future.” Youth also described how early childbearing posed a significant barrier to reaching education goals for family members and peers. Sixteen year-old, U.S.-born, Hector commented on Facebook friends’ posts about teen parenting, “Yeah, you can have kids...but what you going to do? You can’t bring your kid into the classroom. Who’s going to watch your kid from 8 to 3:30? Are you going to stop your project and help your kid? It’s not going to happen.”

Acquisition of resources. Young women, both U.S. and foreign-born, were three times more likely than young men to emphasize obtaining resources, such as a house, as an important prerequisite before starting a family. Assets could be purchased through the better paying job one could obtain with a college degree. Liliana, 16 years old, migrated from Acapulco, Mexico at two years old and listed the steps she planned to take before starting a family, “Get a job. Get a career. Get a place, a good house.” Sandra, 16

years old and born in the U.S., despite barriers tied to missing school credits and gang affiliation, alluded to the time needed to acquire assets, “I think the right time [to start a family] is when you’re done with college...Not right when you’re done but like, be done with college then decide what to do...save up money to get...a car and, you know, a little apartment.” Yadira, 16 years old who came at 13 years old from San Pedro Sula, Honduras, highlighted the relationship between, education, resource acquisition and emotional preparedness, “she needs to at least have a house, and a car...money for the child’s medications, for food for everything...A child isn’t a toy...And that’s why you have to be very prepared and mature.”

Coping with barriers. Despite nearly uniform aspirations among participants to complete college before starting a family, preparedness to attain goals varied significantly due to a number of obstacles experienced by some participants. Lack of preparedness was largely attributed to social environment barriers including gang involvement and documentation status. Before parenthood, Hector hoped to complete “college, definitely my shots at football, baseball and acting.” However, he acknowledged, “I’m not the best student...I used to be into all that gang stuff. I don’t have a good academic record.” Miguel, 16 years old and gang-involved, migrated to the U.S. at seven years old from Lima, Peru. He was working to improve his grades and considering becoming an engineer before starting a family, but believed that criminal justice involvement carries a stigma impacting academic success: “if you get caught by the police, it just messes with you a lot. You get paperwork...You can’t go back to school and just start doing good ‘cause they’ll look at you different...You feel marked.” Foreign-born youth also stated that documentation status impeded youth from making headway on attaining post-high school opportunities. Twenty year-old José, who migrated to the U.S. from La Ceiba, Honduras at 17 years old, insisted that finishing college was necessary for him prior to starting a family. However, because of state guidelines for aid and entry into a University of California institution for undocumented students, he remained in high school: “they say that to go to a U.C., it’s four years [for me to apply]...I have three...last year I went to apply...I couldn’t do it last year, which is why I’m here.”

Social Network: Family

Shared childbearing expectations. Of the 27 non-parenting youth, 22 had discussed their educational and career goals with family, including parents, siblings, and extended family members often sharing the same home. Youth indicated that their individual childbearing expectations tied to education goals were aligned with those expressed by their family members. Elena, who wanted to go to college in part to “live [her] life” before having children, explained, “[my mother tells me] you always have to be safe...If you need birth control, you know, you can tell me...you’re still young. You have to go to college [and] like...do things like travel.” Ideals expressed by family generally reflected a desire to encourage their children or younger family members to strive for “a better life” for themselves and for their future family. Julio stated his parents told him “the best way [to prevent pregnancy] is abstinence [*aguantarse*]” but if “we can’t abstain, then to use condoms or pills.” He then explained, “my mom only finished high school, and the same for my dad...since he lived in small town [and] since he was little they put him to work

after school, and then he wasn't able to continue his education. Yes [I agree with my parents' ideas], because first I need to have a solid foundation and a basic plan for the future." Family members also encouraged youth to consider pursuing higher education prior to parenting, even when adolescent pregnancy was normative. As Sandra explained, "my whole family, like my siblings and stuff, it's normal to have babies at a young age, you know. So, I'm here 16, like I don't have babies, so my mom is like happy...She's just like finish school...Go to a university, college, you know. Whatever you want to be... Don't give up...She wants me to finish school and that's what I want too."

Breaking the barriers cycle. Despite support for higher education, some youth were confronted with conflicting messages from family members about the pathway to take, suggestive of the barriers to opportunities parents had faced. U.S.-born Sara, 16 years old, stated her mother, currently unemployed, supported her "going away to a four year college," while her father, a cab driver, thought she should go to City College. With aspirations to be a nurse practitioner, Sara explained, "my dad feels that ...nobody should be too good for City...I think City College is fine...it's affordable, I guess...I just wanna do everything all at once at one school...seeing my parents like work extra hard...I wanna like work hard to get a career where I don't have to worry."

Partner selection advice. With family members, ideal childbearing timing was often connected with partner selection advice: find someone who is "gonna do something with their life." Family members of first-generation youth (11 of 18) were more likely than family of U.S.-born youth (3 of 9) to offer partner selection advice. Miguel, for example, reported that his mother preferred that he date a "good girl" and explained, "The girl has to go to school. [She] [d]oes her work. Doesn't drink or smoke...talks nice." In some cases, family advice also included seeking a partner with citizenship status.

Social Network: Partners

Goals and contraception. Of the 27 non-parenting youth, 24 had discussed their future goals with their partners. These conversations, in some cases, directly prompted discussions about contraception. Eighteen year-old Victor who migrated to the U.S. from Tegucigalpa, Honduras at 16 years old aspired to go to the Marines. He reported that he and his partner use both condoms and oral contraception and had gone together to the clinic, "We always talk about it [birth control]...I always ask her whether she's been taking her pills, or if there's been anything, she'll tell me...we're not in a good financial situation because first of all, neither of us has finished high school... That's why we're trying to prevent [pregnancy] and always use protection."

Friends first. The connection between pregnancy prevention to protect educational goals was also present in narratives of youth who were not sexually active with their current partner. Seventeen year-old Damaris came to the U.S. from Guanajuato, Mexico at 10 years old, "talked for a year" with her boyfriend, now in college, before becoming romantic partners. She shared about their conversations, "if we want something serious that we need to wait, because it's too early to have kids...because I'm still in school,

and I want things for me, like you know...Like college...he also wants his college thing to get done...[but]...we're not that close yet...like, not having sex." Like Damaris, 21 of the 27 youth described their relationship evolving from "friends first" to romantic partnerships, which created the temporal and emotional space to discuss future aspirations.

Interplay of Partner and Family Factors

Protective partner and family ties. The interplay of family and partner ties related to completing educational goals prior to starting a family may create a protective environment for youth who are considering early childbearing. This relationship is illustrated by 19 year-old, Brenda, born in the U.S., who explained, "you can say we [my partner and me] have the same goals, because we both want to better ourselves...we've discussed it... you need to have money and an education and a job before having children...When I was 14, all my sisters had babies; one when she was 14, another at age 18, and the other one at 17...So when I turned 14, I wanted to have child too...I was working, but only occasionally at night cleaning an office...But then I really started to think about it, and my sisters have also really supported me. They say, 'Look if you have child now, what are you going to do? Where are you going to get money? You need to stay in school... If he really loves you, you will take precautions to avoid having children and you'll wait.'" Brenda and her partner have gone together to the neighborhood clinic: "When I got birth control and everything, he was there with me." Overall, sexually active youth in this study reported using condoms as the primary method to protect against pregnancy and sexually transmitted infections.

Opportunity linkages. Despite verbal support to accomplish post-high school education and social development prior to parenthood, very few partners or family members provided linkages to educational opportunities tied to formal programs or services. In one case, the partner of 16 year-old, U.S.-born Abel linked him to an afterschool program designed to introduce youth to careers in medicine. Abel also identified his partner, as his motivation to focus on school, "at that point, I didn't really care much for school... But then I got to know her, she kinda changed my life around into me actually wanting to go to college." For Erica, though her parents faced language barriers, they attended all parent-teacher conferences, which led to private school scholarships. She elaborated, "when I had to get a computer, like even though it was really hard for them to like, pool the money to get it, like they managed to do it." In addition to few network linkages to educational opportunities, participant perceptions of neighborhood education norms did not reflect the high aspirations shared by youth, their partners, and their families.

Community Norms: Educational Aspirations and Violence

All 33 youth participants were asked whether they agreed or disagreed with the statement, "Most Mission youth plan to go to college." Thirteen agreed, 11 disagreed, and nine were unsure. Despite this range, participants provided nearly uniform rationale for their responses centered on three structural barriers: poverty, immigration

status and the negative demands of gang affiliation. In addition, though some youth described positive peer norms related to both post-high school aspirations and adolescent pregnancy prevention, of the 27 non-parenting youth, nine of 13 females and 12 of 14 males reported having at least one friend that had been pregnant.

Poverty and documentation status. For foreign-born youth, a college degree without U.S. citizenship was regarded as providing little career advantage. Sixteen year-old Jessica, who came from Nogales, Mexico at 12 years old, disagreed with the college norms statement saying, “they can’t go [to college] because they don’t have the money, because they’re undocumented...they don’t see a future. If you are undocumented, why the hell would you go to college?” In addition, familial fragmentation due to migration depleted financial and emotional support for higher education. Julio also disagreed with the norms statement and said, “most of them would like to [go to college], but there are always barriers...some people don’t live with their parents and everything and some are undocumented. So they say, ‘It won’t help me here because I won’t be able to get a job in the field I’m interested in.’” José was undecided about the norms statement and believed that recently arrived youth were more motivated to pursue higher education than their U.S.-born peers: “the ones who plan to go [to college] are the ‘wetbacks’ as they’re called...they [U.S.-born youth] say, ‘I already know English...’ graduate and then go work at McDonald’s.” José believed youth born in the U.S. might also be less likely to access academic support or be recruited by high school college counselors.

Poverty and gang life. Gang affiliation offered strong peer ties, particularly for some males in this study. Such allegiance often, but not always, conflicted with education goals and aspirations. Twenty-two year-old Leo came to the U.S. from San Salvador, El Salvador at eight years old and had been, like his sister, gang involved, including transnational affiliations through family. He was undecided about the college norms statement: “I hope they do. I want all the youth to, to plan to go to college, but...I know a lot of Mission youth, they planning on shooting somebody or they’re planning getting shot or they’re planning how the f--- they gonna eat....So going to school is not on the list, let alone going to college.” Leo explained that when he was younger his “list” was to “get money, stay out of jail, stay out of the cemetery.” Nonetheless, he acknowledged, that despite having “homies” that are dead or “doing life,” “I got homies that are doing it. I got homies in college, I got homies like me working, you know, living cool.” Leo’s girlfriend was training to become a medical assistant. They agreed she should complete her training and gain work experience before having children, though these plans were contingent on Leo’s stipulation, “unless I get killed.” Pedro, whose brother was stabbed, was also undecided about the norms statement and highlighted the role of individual motivation “if it’s somebody that has more goals for the future then yeah, but if it’s somebody that just wants to die in the hood...then probably not.” Yet, like with Leo’s friends in college, Pedro’s peer network included older gang members (“O.G.’s”) teaching “game” (the art of “persuasion”) to younger members with positive messaging: “I was out late and this O.G. dude... He’s like, ‘You got to get that paper.’ I was like, ‘What paper?’ He’s like, ‘That diploma’...And then he started rapping, and at the end of all his sentences, ‘Got to get that paper.’”

Future uncertainty. For youth born in the U.S., their foreign-born family members manifested the daily reality of limited access to opportunity. Family members employed in low-wage work with long hours coupled with the fatalism endemic to gang life led some youth to question the tangibility of their future goals and the odds of waiting “too long” to have children. Eighteen year-old Alberto, born in the U.S., had applied to “barber school” and planned to save money by working a side job as a truck driver for Pepsi Cola with his cousin. He had also experienced and witnessed substantial gang-related violence. Alberto reasoned, “You don’t want to have [a baby] when you’re 30, because then you’re just too old to have a kid. You might be too tired to do anything. And when you’re young, you’re energetic and ready to go.” If necessary, Alberto believed that he and his partner, who had also applied to college, could alternate day and night classes to care for a baby. Abel, who had lost friends to gang-related homicides and whose parents worked opposite shifts as janitors, also felt like waiting until his 30s to start family was “gonna be too far off.” He explained, “it’s just the fact that like maybe there won’t be enough time, ‘cause like anything could happen...you wouldn’t want to leave the kid by himself...like if someone were to die.”

Discussion

Overall, the youth in the study expressed individual aspirations to complete higher education prior to starting a family. Family and partners generally supported these aspirations. However, neighborhood norms and structural barriers posed significant roadblocks to meeting childbearing expectations. These narratives illustrate the resilience of youth given the disconcerting paradox between individual childbearing expectations and the social environment in which youth attempt to pursue their goals. Most youth not only expressed the importance of fulfilling educational milestones as intrinsic to their childbearing expectations, they explicitly articulated early childbearing as an obstacle to goal attainment. Previous research has identified this connection as a distinguishing characteristic of youth with risk profiles for teen pregnancy and suggests that pregnancy prevention efforts shift the focus from addressing unprotected sexual behavior to encouraging youth to directly examine how early childbearing presents challenges to fulfilling long-term educational goals.⁴¹ Future research should also further examine the nuances of the relationship between immigrant generation and childbearing expectations to include, for example, emphasis on also protecting time for personal discovery as voiced by U.S.- born youth in this study.

Our findings also suggest the role family members can play in supporting youth to avoid pregnancy as a means to reach educational goals. Family support can contribute to resilience by buffering the effects of structural inequities in the social environment. Previous studies with Latino youth have found protective associations between parental monitoring, ethnic pride, and communication of clear sanctions against teenage childbearing and adolescent sexual intentions and behavior.⁴²⁻⁴⁷ Protective family ties can be vital in offering support for youth at a crossroads in their future planning which may be exceptionally complicated in families with teen parents.

Few studies have examined the potential of protective influences of partners. Non-parenting youth in this study reported having conversations about educational aspirations with partners, including how early childbearing would negatively impact their ability to reach goals, and indicated that these conversations were helpful in terms of avoiding pregnancy. Previous research has identified the role partners play in contraceptive decision-making and pregnancy timing, including protective aspects of joint communication about contraception.^{48,49} Our findings suggest that promoting partner discussion that clearly connects future goals with post-adolescent childbearing, particularly during the friendship phase of romantic partnerships, may be a promising component of unplanned pregnancy prevention efforts. These findings also contribute to the development of a healthy relationship framework to inform adolescent sexual health programming.⁵⁰ Verbal social support should not be underestimated. Yet, if partners and family members could also readily link youth to resources to improve their academic preparedness and realize their goals, the potential impact of protective social ties on sexual health may be more sustainable and far-reaching. Such linkages were not common in the youth narratives presented here. Again this finding raises questions about the social environment and the barriers youth identified to reaching education goals. We encourage researchers, youth providers, and policymakers committed to preventing unplanned pregnancy among Latino youth to consider structural interventions that ultimately challenge the status quo and break the cycle of an inequitable distribution of access and opportunity.

The youth in this study are not representative of urban Latino youth across the country, though their narratives can inform local programming and intervention design. Thus, we cannot generalize these findings. To further explore the relationship between aspirations and childbearing, a comparison of parenting and non-parenting youth or a longitudinal qualitative study of non-parenting youth would be informative. This study did not have a sufficient number of parenting youth for this comparison. Though the diversity of youth in this study speaks to the diversity of Latino youth in the Bay Area, nuances tied to country of origin and discrete levels of gang involvement could not be assessed in detail. Peer norms were explored, including protective aspects, but not to the extent of partner and family norms. A closer exploration of peer influences on individual childbearing expectations could yield important findings for interventions targeting peer networks.

The President's Teen Pregnancy Prevention Initiative for 2010-2015 centers on reducing pregnancy and births among target communities through evidenced-based programming and community mobilization and sustainability including accessing resources and public and private collaboration.⁵¹ This vision is promising for Latino youth in the U.S. First, a focus on mobilizing and building local communities respects the diversity in youth experience. While large numbers of Latino youth live in poverty, Latino youth also arrive to the U.S. at different times in their lives from different countries. Unique translational ties to culture and life histories can impact adaptation to urban life in the U.S. Second, a multi-sectoral approach encourages schools, criminal justice, and community agencies to work together with families and youth to mount a response to adolescent pregnancy prevention. Specifically, such an approach could

include mechanisms to support linkages to educational resources. In cities with significant gentrification, to increase the likelihood of successful mobilization, it will also mean creating spaces for dialogue between neighbors that may co-exist but have not come together to create a collective vision for local youth development. Structural interventions during mid to late adolescence can also affect social cognitive maturation related to the weighing of risks and rewards, controlling impulses, and social relationships.⁵² Thus, it is vital to consider opportunities to help insulate youth by building on assets - including positive family, peer, and partner relationships - to offset deficits created by factors such as poverty or community violence that may offer competing and potentially harmful normative behavior expectations.

A social environment that fosters truly tangible future opportunities for urban, Latino youth can create pathways to attain higher education and meet post-adolescent childbearing expectations. To this end, neighborhoods will also need to organize beyond their communities to effectively demand inclusive local and national policy that facilitates sustained and comprehensive higher education access. In 2012, national enrollment rates of Latinos in higher education surpassed that of white high school graduates.⁵³ However, compared to white youth, Latino youth are less likely to enroll in a four-year college, be enrolled fulltime and obtain a bachelor's degree.⁵³ Furthermore, citizenship status impacts eligibility for higher education and vocational programs. The federal Development, Relief, and Education for Alien Minors (DREAM) Act introduced in 2001 would allow undocumented youth, who meet certain eligibility requirements, to apply for U.S. citizenship on a conditional basis, including enrollment in higher education.⁵⁴ Though at the federal level the DREAM Act has not passed into law, individual states have passed their own Dream Acts, which, in addition to offering a pathway to citizenship also include college financial aid benefits. A multi-sectoral approach at the local level coupled with national immigration reform comprises key aspects of community mobilization as a means to address teen pregnancy. In conclusion, we highlight implications for social action and strengths-based community intervention to promote sexual health and prevent adolescent pregnancy among Latino youth in the United States by supporting youth to fully participate in educational attainment options and contribute to building the assets of the communities in which we live.

Table 1: Background Characteristics of <i>Mi Cuento</i> Study Participants		
	N	%
	N=33	100
Age in years (median and range)	17	(16-22)
Male	16	48
Female	17	52
U.S. Born	15	45
Born in Mexico	6	18
Born in Central America*	11	33
Born in Peru	1	3
Age first immigrated to U.S. in years (median and range)	13	(2.5-18)
Currently lives with mother	24	73%
Currently lives with father	15	45%
Currently lives with other family member(s)	28	85%
Foreign-born friends (some)**	16	48%
Foreign-born friends (most)	12	36%
Partner foreign-born	10	30%
Relationship length with romantic partner 1+ years	19	58%
*Guatemala, Honduras, Nicaragua, El Salvador		
** Scale: <i>None, Some, Most, All</i>		

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III. Homies with Aspirations and Positive Peer Network Ties: Intervention and Participatory Research Directions to Reduce Frequent Substance Use among Gang-Affiliated Latino Youth

Abstract

In marginalized urban neighborhoods across the United States, Latino youth are disproportionately represented among the growing number of youth gangs. Substance use among gang-involved youth poses both immediate and long-term health risks and can threaten educational engagement, future socioeconomic stability, and desistance. Conventional assessments of gang-affiliated youth and their peer network overlook the possibility that positive peer ties may exist and can foster health promoting behavior norms. Drawing on a positive deviance framework, in this study we examine the relationship between positive peer network characteristics tied to post-secondary educational aspirations and frequent alcohol and marijuana use among Latino, gang-affiliated youth from a neighborhood in San Francisco. Using GEE regression models, across 72 peer network clusters (162 youth), we found that having close friends who plan to go to a four-year college was associated with a lower odds of frequent marijuana and alcohol use (OR: 0.27, $p = 0.02$; OR: 0.29, $p = 0.14$, respectively) and that this association persisted when adjusting for risk characteristics (OR: 0.19, $p < 0.01$; OR: 0.25, $p = 0.12$). Public health can advance gang intervention efforts by identifying protective and risk factors associated with non-criminal health outcomes to inform participatory research approaches and asset-based interventions that contribute to building healthy communities.

Introduction

Youth gangs in the United States are a prominent feature of the urban social landscape. Between 2002 and 2011, the number of youth gangs nationally increased 37%, from 21,800 to 29,900.^{1,2} Most of this increase occurred in metropolitan areas. California, Illinois and Arizona account for the highest number of gang members in the country, with Latino youth comprising the greatest percentage, 46.2%, of the membership base nationwide.^{3,4}

The association between youth gangs and violent and delinquent behavior is widely documented. It drives criminal justice and, more recently, public health efforts to prevent gang membership and devise suppressive measures, such as civil gang injunctions, that target individual gang members.^{2,3,5} A primary focus on punitive approaches to address criminal behavior can inhibit a broader understanding of the gang peer network and mask the marginalization and health disparities gang-involved youth face.⁶ Alcohol and illicit substance use has been associated with gang-involved youth and is correlated with other high-risk health behaviors among Latino adolescents.⁷⁻⁹ Public health researchers can contribute to gang intervention efforts by identifying risk and protective

factors in the social environment and taking a non-criminal approach to addressing health outcomes, such as alcohol and drug use.¹⁰

Substance use plays a prominent role in health risk among U.S. adolescents. By the time U.S. adolescents are seniors in high school, 70% have tried alcohol and 36% use marijuana.¹¹ Compared to white and African American students, Latino students have the highest reported rates of alcohol use in 8th and 10th grade and of marijuana use in 12th grade.¹¹ In addition to implications for adult substance abuse, frequent marijuana and alcohol use during adolescence has been associated with high-risk sexual behavior (unprotected sex and multiple sexual partners) and disengagement from school, including lower odds of degree attainment and lower income in adulthood.^{8,12-15} Conversely, having high educational aspirations with plans to go to college has been found to be associated with lower adolescent alcohol and illicit drug use.^{11,16}

Various features of the social environment have been associated with the etiology of substance use among Latino youth in the United States. The interaction of family dynamics and culture conflict processes, for instance, have been explored with an emphasis on substance use risk increasing as Latino youth drift from protective family cultural values tied to a sense of responsibility and respect for family that may mediate peer group selection and substance use norms, particularly strong predictors of adolescent substance use.^{17,18} However, immigrant families whose social supports may not exist in the U.S. coupled with livelihood demands that impede time for parent-child involvement may lead to isolation and stress increasing the likelihood of strained family ties and for youth to associate with peers who engage in high-risk health behaviors, including alcohol and drug use.¹⁹ Further, Fagan et al. (2013) found that peer substance use was a stronger predictor of individual substance use among Latino youth than neighborhood socioeconomic disadvantage, though other neighborhood features, such as community norms related to use and availability of substances may mediate this relationship.²⁰ For Latino, gang-involved youth, contextual factors related to family conflict, peer and community norms tied to frequent substance use may be particularly pronounced.

Substance use is associated with youth gang-involvement, and substance abuse treatment is often a key component of comprehensive gang intervention programs.^{2,21-23} Amidst the proliferation of alcohol outlets in poor, urban neighborhoods, alcohol and drug use, including public consumption, is also a component of gang-culture.²⁴ For gang-involved youth, engaging in high-risk health behavior during adolescence that contributes to low educational attainment can threaten familial and financial stability as well as desistance from crime in adulthood.²⁵

A public health approach can provide guidance in developing innovative ways to address concurrent adverse health outcomes among gang-involved youth, particularly outcomes that share common social environmental exposures. An important step in this process is reexamining dominant risk-based and penal approaches to assessing gang-involved youth and their peer networks. Positive deviance is a framework, and a public health participatory research method, that can help shape a broader understanding,

including the potential for gang-involved youth to be agents of change. A positive deviance (PD) approach involves community mobilization to collect and analyze data to inform interventions. PD interventions build on the actions of individuals in the community, whom have better outcomes than their peers given the same resource deficit.²⁶ PD directs attention to what is “right” rather than what is “wrong” to address social and behavioral change where there has been marginal success. While addressing health disparities may require extensive socioeconomic transformation, a PD approach emphasizes immediate solutions to improving health outcomes utilizing techniques that can lead to sustainable change overtime.²⁷ PD is best suited to situations in which there is a concentration of individuals with adverse health outcomes which can create an impetus for program planners and tailored interventions for vulnerable groups.^{27,28} In essence, gang-involved youth who are also positive deviants may be able to facilitate the diffusion of protective behavioral norms across and within their peer networks that result in improved health outcomes.

Gang interventions are generally designed to help gang-involved youth break peer ties, particularly among former gang members who are hired as interventionists.^{23,29,30} A defining characteristic of a youth gang is the very cohesion of the peer network. However, the implicit assumption that network ties must be broken for interventions to be successful may overlook an opportunity to identify positive aspects of peer ties that may serve as an intervention pathway to alter harmful normative behaviors and adverse health outcomes. Multiple disciplines have highlighted the potential role of social networks to enhance the spread of normative health behaviors, including among adolescents, and to serve as targets for neighborhood intervention.^{31–34}

Drawing on a positive deviance framework, we explore two questions using data from a study with youth from an urban neighborhood with substantial gang presence. First, what are the asset and risk features of the close friend network of gang-affiliated youth? Second, how are risk and positive close friend network characteristics associated with frequent substance use among gang-affiliated youth? The assets include having network members with post-secondary educational aspirations and engagement. The risk characteristics include truancy, detention, and adolescent pregnancy.

Methods

We analyzed baseline data from a randomized feasibility study of a sexual health intervention, *Yo Puedo*: Future Opportunities for Youth, conducted with Latino youth in San Francisco, California.³⁵ *Yo Puedo* was delivered to small peer networks and is part of a community-based research program, spanning the last ten years, with Latino youth, community agencies, and high school wellness centers in San Francisco’s Mission District.

In the last decade, the Mission District has experienced stark gentrification driving residential upheaval, local business turnover, and an increase in health inequity and social exclusion.³⁶ Home to the largest Latino community in the City, the Mission District is also home to rival street gangs, *Norteños* and *Sureños*, that stem from Mexican

American prison gangs. At the end of 2006, the City Attorney initiated a controversial civil gang injunction creating “safety zones” against five of San Francisco’s street gangs.³⁷ The “*Norteño* Safety Zone” encompasses a large section of the southeast portion of the Mission and includes several public schools and parks.

Participants

Latino youth, 16 to 21 years old, were recruited by bilingual study team members from street-based venues, such as parks, alleyways, and street corners, through community partner agency presentations and referrals, and from the two neighborhood high schools. For street-based recruitment, community partners assisted in the recruitment of out-of-school, gang-involved youth and their peers. Individuals who self-identified as Latino, spoke English or Spanish, were non-parenting, lived in San Francisco, and spent at least four days a week in the Mission District were eligible to participate and invite up to two same-gender friends (of any ethnicity) to join the study. Youth and their peers were screened for eligibility and written informed consent/assent was obtained prior to enrollment. Between June 2011 and January of 2012, we enrolled 162 youth, comprising 72 peer networks. The Institutional Review Board at RTI International and the UCB Office of Human Protections approved the study and the analysis presented here.

Measures

The measures used in this analysis have been piloted and validated through previous research activities as part of the community-based research program in the Mission.^{7,38}

Gang-affiliation. Gang-affiliation was defined as a self-reported “Yes” to current gang membership (*Do you currently belong to a gang [claim or wear a color]?*) and/or current affiliation in their social network (*Do you currently hang out with people who are associated with a gang or color but don’t claim?/Do you currently hang out with people who bang or claim a color?*). This definition captures youth whose peer network is comprised of gang members and affiliates but who may not identify as a gang member because they have not formally been “jumped” (or initiated) into the gang. Second, this designation incorporates the peer group aspect of gang identity. Though we did assess familial gang affiliation, we chose not to incorporate that measure in our definition of gang-affiliation to better isolate both current gang involvement and youth selection of their social group.

Primary Dependent Variables: Frequent Alcohol and Marijuana Use. Frequent alcohol and marijuana use were assessed using the following questions: *In the last six months, how often did you drink more than a few sips of alcohol?/Over the past six months, how often did you use marijuana?* Response items included *every day, at least once a week, at least once a month, and less than once month.* “Alcohol” included beer, wine, hard liquor and any mixed drinks containing alcohol. The six-month time period was aligned with the follow-up period for the study. Frequent alcohol and marijuana use

were assessed separately and coded as dichotomous variables (*at least once a week or more vs. at least once a month or less*).

Primary Independent Variables: Close Friend Network Characteristics. To assess close friend network characteristics, youth were asked a series of questions focused on various positive and risk behaviors of their peer network. “Close friends” were defined as “people you spend time with or kick it with more than others or trust more than others” and could include “blood relatives.” Questions used in these analyses to assess network assets included positive behaviors tied to education (e.g., *How many of your close friends plan to go to a 4-year college?/ How many of your close friends are currently enrolled in a 4-year college?*) and three risk characteristics tied to criminal justice involvement, educational disengagement, and sexual behavior (*How many of your close friends have spent a night in juvenile detention or prison?/ How many of your close friends skip or cut class about once a week or more?/ How many of your close friends have been pregnant or gotten someone pregnant?*). Response items included *none, some, most, and all*. Each response item of interest was coded as a dichotomous variable (*at least some of them or more vs. none of them*).

Covariates. Sociodemographic covariates included age (continuous), gender, socioeconomic status (based on use of social service benefits by someone in the participant’s home in the last six months), and in what country the participant attended middle school. Where youth attended middle school (coded as *in the U.S. vs. not in the U.S.*) was used as proxy for time spent in the U.S. This measure captures both U.S.-born youth and youth that immigrated to the U.S. prior to adolescence and remained in the U.S. during the early years of puberty, including the peak years for joining gangs.^{25,39} Social service benefits included WIC, Medi-Cal, unemployment benefits, and food stamps. Because youth are often uncertain of family income, family social service benefits use served as a proxy for socioeconomic status (ACS/Income measures, 2010).⁴⁰

Analysis

All analyses were conducted using STATA version 12. First, we used chi-square tests and t-tests by gang-affiliation to examine variations in distributions of sociodemographic characteristics (e.g., age, social, economic, migration) and distributions of educational norms, aspirations and barriers, substance use, and sexual health. Second, we examined peer social environmental factors based on close friend network composition characteristics, by gang-affiliation. We assessed missing values with each test to assess any systematic differences by gang-affiliation.

Finally, we used generalized estimating equations (GEE) with a logit function (xtgee) for binary outcomes (frequent alcohol and marijuana use). GEE was chosen for all regression models to account for the effects of clustering introduced through the peer network recruitment approach. Using GEE logistic regression, we assessed marginal or population-averaged associations across peer networks using robust estimates that

take into account correlations between individuals within networks to estimate the regression parameters and standard errors.^{41,42}

To assess the relationship between network assets and frequent substance use we used main effects models. Assets are referred to as promotive or compensatory factors in main effects models when such factors operate in the opposite direction of risk factors.⁴³ Main effect models can inform asset-based intervention strategies focused on strengthening assets to counterbalance risk in the social environment.⁴⁴ First, for each individual substance use outcome, we examined each close friend characteristic separately to assess the direction of the association. For significant associations ($p < 0.05$), we then paired characteristics in opposition two at a time (e.g. *having close friends who have been/gotten someone pregnant* and *having close friends who plan to go to a 4-year college*) to assess shifts in the direction of the association. Specifically, we wanted to examine if adjusting for a particular risk factor would increase the protective association ($OR < 1.0$) of the positive characteristic. Finally, we examined a full model based on the initial set of significant friend characteristics (positive and risk) to assess any difference in protective associations. Based on the distributions of the main parameters of interest, the GEE models were run with the entire sample (162 participants, 72 networks). For each model, we conducted a sensitivity analysis with gang-affiliated youth (78 participants, 50 networks) to assure that associations assessed across the whole sample persisted when examining only gang-affiliated youth.

Results

Participant Characteristics by Gang Affiliation. Of the 162 youth enrolled in *Yo Puedo*, nearly half (48.1%) were gang-affiliated (Table 1). Compared to non-affiliated youth, gang-affiliated youth were slightly older (mean age, 17.2 years vs. 16.6 years; $p = 0.01$) and more likely to be living in a home where a family member was receiving social service benefits (64.1% vs. 50.0%, $p = 0.02$). Though there were no significant differences by gender, nativity, or other sociodemographic variables, distributions suggest gang-affiliated youth to be more heavily represented for nearly every proxy of low socioeconomic status. With respect to sexual health, gang-affiliated youth were more likely to have ever been sexually active and have accessed reproductive health services in the last six months.

Though most youth overall were currently enrolled in school, gang-affiliated youth were less likely than non-affiliated youth to be in school (84.6% vs. 95.2%, $p = 0.02$) and more likely to be truant (34.6% vs. 3.1%, $p < 0.01$). There were no significant differences by gang-affiliation with respect to educational aspirations or barriers to reaching educational expectations. Most youth, nearly two-thirds, aspired to graduate from a four-year college and nearly 50% identified an inability to pay for their education as the most significant barrier to getting as far as they would like in school. Gang-affiliated youth were more than twice as likely to report weekly alcohol use (30.8% vs. 11.9%, $p = 0.01$) and weekly marijuana use (46.2% vs. 17.9%, $p < 0.01$). Of note, compared to non-affiliated youth, gang-affiliated youth were also significantly more likely to have affiliated family members (73.1% vs. 33.3%, $p < 0.01$) (data not shown).

Close Friend Characteristics by Gang Affiliation. Compared to non-affiliated youth, gang-affiliated youth were more likely to report that their close friends lived in their neighborhood (75.6% vs. 51.2%, $p = 0.01$) (Table 2). There were no significant differences between gang-affiliated and non-affiliated youth with respect to having close friends in school, currently enrolled in a two-year or four-year college or vocational training program. Furthermore, about 90% of both groups reported having at least some close friends who aspired to go to a four-year college. Compared to non-affiliated youth, gang-affiliated youth were more likely to have truant close friends (71.8% vs. 44.1%, $p < 0.01$), have close friends who have spent a night in juvenile detention or prison (73.1% vs. 28.6%, $p < 0.01$), and have close friends that have been or gotten someone pregnant (56.4% vs. 22.6%, $p < 0.01$).

Associations between Close Friend Characteristics and Frequent Substance Use. Across the 72 peer networks enrolled in *Yo Puedo*, the only significant positive characteristic associated with a lower odds of frequent substance use was having close friends who plan to go to a four-year college (Table 3, Model 1). This characteristic was not significant for frequent alcohol use, but was significantly associated with a lower odds of frequent marijuana use (OR, 0.27; $p = 0.02$). With respect to close friend risk characteristics, there was an increased odds of frequent marijuana use associated with having truant close friends (OR, 3.58; $p < 0.01$), having close friends who have spent time in detention (OR, 4.77; $p < 0.01$), and having close friends who have been/gotten someone pregnant (OR, 4.45; $p < 0.01$). Having close friends who have spent time in detention (OR, 7.37; $p = 0.01$) and who have been/gotten someone pregnant (OR, 2.74; $p = 0.03$) were significantly associated with an increased odds of frequent alcohol use.

For the second series of GEE models (Table 3, Models 2-4), each of the three risk characteristics was examined paired with having close friends who plan to go to college as the primary exposure of interest. Overall, there was evidence for modest shifts in the protective association of having close friends with college plans when adjusting for risk behaviors. The lowest odds of frequent marijuana use associated with having close friends who plan to go to college was found when adjusting for having close friends who have been/gotten someone pregnant (OR, 0.16; $p < 0.01$) (Model 2). Adjusting for close friends who have spent time in detention also resulted in a lower odds of frequent marijuana use (Model 4). Controlling for truant close friends rendered the protective association with having close friends who plan to go to college insignificant (Model 3). This finding is likely due to having a large number of close friends who are both truant and plan to go to college.

Finally, for the fully adjusted model (Model 5), which included the risk characteristics and the covariates, having close friends with higher education aspirations had a protective association in terms of frequent marijuana use (OR, 0.19; $p < 0.01$). The association between having close friends who plan to go to college and frequent alcohol use was marginal and in the expected direction (OR, 0.26; $p = 0.12$). Of note, despite shifts in the protective association of having close friends who plan to go to college and frequent marijuana use, there were overlapping confidence intervals with all models. In

addition, there was a consistent association between age and alcohol use in almost every model: a one-year increase in age was associated with a 1.5-fold increased odds of frequent alcohol use.

Discussion

Drawing on a positive deviance framework, this study examined whether urban, primarily Latino, gang-affiliated youth and their close friend networks exhibited positive behaviors and how such assets were related to individual frequent marijuana and alcohol use. Nationally, about one in five (19%) large cities report having 1,000 or more youth gang members with a small percentage (about 8%) of youth actually ever joining gangs.^{4,45} Our findings suggest that gang-affiliated youth and the composition of their close friend network are more heterogeneous with respect to distributions of risk and positive behaviors than conventional assessments might suggest. Lustig & Sung (2013) encourage a “reframing of risk” and suggest that diverse peer networks may offer beneficial ties that can serve as bridges for resources for youth living in low-income communities.⁴⁶ Such ties may also counterbalance and offer protection against harmful behavior norms such as substance use that can lead to adverse health outcomes and, ultimately, compromise future opportunity for gang-involved youth and the well-being of the communities in which they live.

A large proportion of participants in this study reported gang affiliation. Despite significant differences by gang-affiliation in substance use, there were no differences by gang-affiliation in post-secondary educational aspirations. Nearly two-thirds (63%) of gang-affiliated youth aspired to have, and thought they would attain, a college or advanced degree. Longitudinal data has demonstrated lower educational attainment of individuals who have been in a gang compared to those who have not attributed, in part, to minimal exposure to a pro-social and future-oriented peer network.⁴⁵ A positive deviance approach would entail asking gang-involved youth about the presence of future-oriented peers in their social network and seeking those that have accessed post-high school opportunities to help others in their network to replicate their steps to educational attainment. In this study, one in three gang-affiliated youth reported having close friends currently enrolled in a four-year college with 42% enrolled in a vocational training program. Though these findings tied to post-secondary educational engagement did not produce significant results associated with substance use, tapping into the peer network may offer an opportunity for bridging resources and acquiring future-oriented behavior norms through such friend ties. Specifically, gang-involved positive deviants may offer insights into pursuing pathways to educational attainment. To this end, the PD process entails engaging, untangling, and transforming the ways in which the social system of a community “holds intractable problems in place...to allow new behaviors and mind-sets to evolve.”²⁶

Our results suggest that having close friends who plan to go to a four-college has a protective association against frequent marijuana and alcohol use. Seventy-six percent of gang-affiliated youth in this study reported that their close friends lived in their neighborhood with 88% reporting having close friends who plan to go to a four-year

college. A further understanding of how such ties, between friends and across gang-affiliated individuals within the same neighborhood, might function to reduce substance use may offer a promising intervention strategy. Research on how to capitalize on adolescent peer ties to enhance intervention uptake suggests that networks in which members have direct connections to many individuals may prove more fruitful for intervention diffusion than a clustered network in which individuals have fewer friends outside of their own group.³³ Given that the structure of gangs encompasses a unique social organization and place-based dimensions, it may be essential to involve gang-affiliated youth as both partners and participants in research efforts to uncover these pathways.

Another finding of interest that emerged was the relative strength of association of having close friends who have been or have gotten someone pregnant with an increased odds of frequent substance use. Adjusting for this peer characteristic also increased the protective association of having close friends with college plans. This finding suggests that there may be an inverse relationship between future orientation, including educational aspirations, and adolescent pregnancy.⁴⁷ This finding also highlights the importance of unplanned pregnancy prevention efforts with gang-involved youth to address both young women and young men and their partners. Though nationally young women constitute about one-fourth to one-third of gang members, many more may be affiliated and exposed to early childbearing peer network norms.⁴⁸ In this study, for instance, 45% of gang-affiliated youth were female. Building youths' ties to future-oriented, goal-motivated peers may help to both prevent unintended pregnancy and reduce substance use. Likewise, preventing adolescent pregnancy may improve the educational aspirations of the peer network as a whole and, in turn, reduce substance use among gang-affiliated youth. Further research is needed to explore the mechanisms underlying the connections between future-oriented peers and positive health outcomes among gang-involved youth.

There were several limitations to this study. First, this was a cross-sectional analysis and, thus, the results do not permit causal inference. In addition, the relatively small and clustered sample size provided insufficient statistical power to examine interaction effects, which would have offered an exploration of moderated associations between the various close friend characteristics (risk and protective factors), gang-affiliation and substance use. The non-random sample is from one neighborhood in one city that is predominantly Latino and, thus, may not be generalizable to other urban populations. However, a study involving a hidden and vulnerable population often requires a distinct understanding of the social fabric unique to a community and, thus, entails recruitment and participation of a non-representative sample. With respect to bias, gang members may decline individual gang membership due to social desirability bias during face-to-face interviews. We expanded our criteria for gang-affiliation designation in order to ameliorate such bias. Frequent marijuana and alcohol use were relatively common (31% and 21%, respectively for the entire sample), so the magnitude of the odds ratios cannot be interpreted as relative risks.

Categorizing gang-involved youth as criminals can mask the social environmental factors that draw youth to gangs initially, the health inequities they face, and the potential for gang-involved youth to be partners in research and intervention design to improve their own lives and participate in building healthy communities. Youth gangs often emerge from neighborhoods with entrenched poverty and racial and health disparities, conditions that also shape access to present and future socioeconomic prospects. Drawing on Vigil's (2003) *multiple marginality* framework, sociologists and criminologists have examined the relationships between place (neighborhood poverty), socioeconomic stressors, limited educational opportunities, and cultural change processes, including ethnic marginalization, for immigrant Latino youth that result in alienation from family, school, and law enforcement and foster "street socialization" and gang membership.^{6,49-52} These same contextual factors, particularly culture conflict, alienation from family and racial and ethnic discrimination, have also been associated with alcohol and drug use among Latino youth and adults.^{17,53} The value of conceptualizing Latino youth gang involvement through the lens of multiple marginality is that gang-affiliation is not defined solely as a criminal classification but rather a peer system that stems from and reflects an adaptation to social, racial and economic exclusion. There is a need for novel intervention approaches that address structural exposures that can better tackle multiple health outcomes with common pathways. Having college plans may offer protection against adverse health outcomes, such as frequent substance use, but does not guarantee the potential for socioeconomic stability obtained through post-secondary educational attainment.

Sharkey et al. (2010) pose a compelling question about the degree to which school-based interventions can compete with the appeal of gangs such as filling safety, security, and self-esteem and belonging needs that are met through gang group identity and respect from peers.⁵⁴ Perhaps, rather than competing, we may need to ask gang-involved youth how some of their peers have excelled. A positive deviance approach can aid in reframing risk, in asking the non-intuitive questions, and in seeking to make the unconventional observations of what gang-affiliated youth are doing right. Positive deviance has been used to inform interventions almost exclusively outside the United States, primarily in nutrition and maternal-child health programs. Nonetheless, findings have highlighted ways to support positive deviants in becoming leaders to affect social network norms, including condom use uptake among Rwandan youth with high rates of HIV sero-prevalence and early sexual debut, increased responsibility for condom and contraceptive use among gang-affiliated youth in Rio de Janeiro, and strategies to stay HIV-negative among injection drug users in New York.⁵⁵⁻⁵⁷

Intervention designs that consider novel approaches, including participatory methods, to address structural and place-based inequities can impact a range of factors affecting the health and well-being of adolescents. To this end, building on positive social network ties that may lead to increased educational aspirations to decrease substance use may also, for instance, protect against unplanned pregnancy among gang-affiliated youth. To take a fresh approach to gang intervention requires unconventional efforts to reverse the toll of marginality and embrace the possibility that gang-affiliated youth, deviating from the norm, can be research partners in uncovering pathways to

strengthen peer network assets that improve health outcomes and, in the process, build neighborhood and community capacity.

Table 1. Background Characteristics of Yo Puedo Participants by Gang Affiliation

	Gang- Affiliated N= 78 N(%)	Non- Affiliated N= 84 N(%)	p- value
<i>Sociodemographic Characteristics</i>			
Mean age	17.2	16.6	0.01
Female	35 (44.87)	48 (57.14)	0.12
Latino/a	71 (91.03)	68 (80.95)	0.07
Foreign-born	26 (33.33)	31 (36.90)	0.63
Attended middle school in the U.S.	63 (80.77)	58 (69.05)	0.10
Maternal education < high school	39 (50.00)	30 (35.61)	0.11
Crowded housing conditions [^]	42 (53.85)	35 (41.67)	0.12
Maternal first birth <=18 years	25 (32.05)	24 (28.57)	0.54
Social services benefits use	50 (64.10)	42 (50.00)	0.02
<i>School and Education</i>			
In school now	66 (84.62)	80 (95.24)	0.02
Skipped school > 4 days in past month ^ψ	27 (34.62)	11 (3.10)	**
Educational Aspirations			0.65
High School or Equivalent	7 (8.97)	7 (8.33)	
Trade School, Vocational School or Some College	21 (26.92)	19 (22.62)	
College Graduate or Advanced Degree	49 (62.82)	58 (69.05)	
Educational Barriers			
Don't know how to pay for it	37 (47.44)	47 (55.95)	0.28
Don't know requirements to apply	3 (3.85)	1 (1.19)	0.28
Don't have credits or grades	13 (16.67)	11 (13.10)	0.52
Motivation	17 (21.79)	16 (19.05)	0.66
<i>Sexual Health and History</i>			
Sexually active (ever)	64 (82.05)	54 (64.29)	0.02
Mean age at first sex	14.36	14.57	0.42
Unprotected sex in the past 6 months [*]	18 (33.96)	17 (38.64)	0.66
Pregnancy Intentions			
Definitely do not want to get pregnant in the next 6 months	73 (93.59)	79 (94.09)	0.90
Ideal age for a first child	25.44	25.58	0.84
Accessed reproductive health services in the past 6 months	50 (64.10)	35 (41.67)	**
<i>Substance Use</i>			
Frequent alcohol use	24 (30.77)	10 (11.90)	0.01
Frequent marijuana use	36 (46.15)	15 (17.86)	**

[^]More than one person per/room, U.S. Census

^ψAmong those currently in school

^{*}Among those who have had sex in the past 6 months

^{**} p < 0.01

Table 2. Close Friend* Network Characteristics by Gang Affiliation

	Gang- Affiliated N= 78 N(%)	Non- Affiliated N= 84 N(%)	p-value
Mean number of close friends (SD: 3.79 - 5.57)	7	5	0.02
Foreign-born	59 (75.64)	57 (67.86)	0.43
Live in your neighborhood	59 (75.64)	43 (51.19)	0.01
<i>Positive Characteristics</i>			
Currently in school	73 (93.59)	82 (97.62)	0.14
Currently in a 2-year college	30 (38.46)	21 (25.00)	0.14
Currently in a 4-year college	26 (33.33)	18 (21.43)	0.22
Currently in a job-training program	33 (42.31)	29 (34.52)	0.50
Plan to go to a 4-year college	69 (88.46)	76 (90.48)	0.20
<i>Risk Characteristics</i>			
Skip or cut class at least once a week	56 (71.79)	37 (44.05)	**
Have spent a night in juvenile detention or prison	57 (73.08)	24 (28.57)	**
Have been pregnant/gotten someone pregnant	44 (56.41)	19 (22.62)	**

*"people you spend time with or kick it with more than others or trust more than others and can include blood relatives"

** p < 0.01

Table 3. Odds of Frequent Substance Use Across Participant Networks by Close Friend Group Characteristics (N=162, 72 networks)

Close Friends Characteristics	Weekly Marijuana Use			Weekly Alcohol Use		
	OR	95% CI	p-value	OR	95% CI	p-value
Model 1*						
Plan to go to a 4-year college	0.27	(0.09-0.79)	0.02	0.29	(0.06-1.53)	0.14
Currently in a 2-year college	1.45	(0.75-2.79)	0.27	1.51	(0.58-3.92)	0.40
Currently in a 4-year college	0.95	(0.49-1.86)	0.88	0.52	(0.18-1.49)	0.22
Currently in a job-training program	1.48	(0.72-3.06)	0.29	1.03	(0.48-2.21)	0.93
Skip or cut class at least once a week	3.58	(1.63-7.88)	**	1.7	(0.58-4.99)	0.34
Spent a night in detention	4.77	(2.43-9.35)	**	7.37	(1.73-31.4)	0.01
Been pregnant/gotten someone pregnant	4.45	(2.23-8.90)	**	2.74	(1.10-6.83)	0.03
Model 2*						
<i>Adjusting for pregnant close friends:</i>						
Plan to go to a 4-year college	0.16	(0.05-0.47)	**	0.26	(0.48-1.40)	0.12
Model 3*						
<i>Adjusting for close friends that skip/cut class:</i>						
Plan to go to a 4-year college	0.32	(0.08-1.24)	0.10	0.24	(0.04-1.20)	0.08
Model 4*						
<i>Adjusting for close friends in detention:</i>						
Plan to go to a 4-year college	0.32	(0.13-0.83)	0.02	0.38	(0.05-2.57)	0.32
Model 5*						
<i>Adjusting for all close friend risk characteristics:</i>						
Plan to go to a 4-year college	0.19	(0.06-0.58)	**	0.25	(0.04-1.47)	0.12

*Covariates: age, female, social services, U.S. middle school

** p < 0.01

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III. *Mi Cuento* and *Yo Puedo* Community Report

Inviting Mission District youth
to join with friends



Mi Cuento and Yo Puedo
Community Report

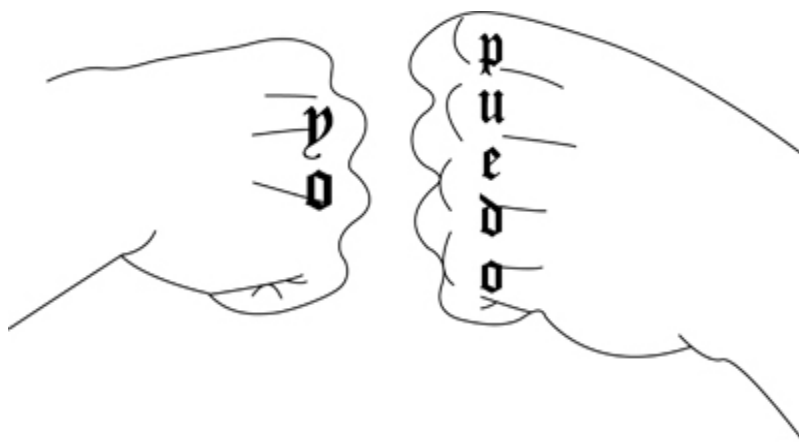


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References

Preface

As part of a community and academic partnership, we have worked together since 2001 to better understand how the social environment influences the sexual health of adolescents living, working, hanging out, and attending school in the Mission District of San Francisco. The first study of this community research program was the Mission Teen Health Project (MTHP). Between September 2001 and November 2004, 555 youth between 14 and 19 years old participated in MTHP. At the conclusion of MTHP, a smaller study, the Migrant Youth Project, was conducted to assess the reproductive health needs of migrant and recently arrived youth. The findings from MTHP and the Migrant Youth Project were presented in the Mission Teen Health Project Community Report in 2006. Building on the MTHP findings, we conducted *Mi Cuento* in 2010 and tested the feasibility of an intervention, *Yo Puedo: Future Opportunities for Youth*, from June 2011 through January of 2012. This report presents key findings from *Mi Cuento* and *Yo Puedo*.

Mi Cuento was a qualitative study and involved 33 in-depth interviews (Spanish/English) with Latino/a youth 16-22 years old. The interview guide was designed to explore how migration, increased time in the U.S., neighborhood norms, and social ties influence partnership formation, relationship and childbearing expectations, and sexual health. The *Mi Cuento* findings in this report will focus on individual childbearing expectations, protective family and partner influences, and neighborhood norms that facilitate or impede attainment of pre-parenting goals.

Yo Puedo was a study to test a project designed to promote sexual health and improve future opportunities related to health and education among 162 youth 16-21 years old. The intervention was comprised of two key components: (1) eight life skills sessions and (2) conditional cash transfers (CCT), small cash payments paid upon completion and documentation of health and educational goals. Youth enrolled as part of two to three friend social network groups. This report will include key findings from the evaluation of the *Yo Puedo* intervention as well as additional analyses focused on gang-affiliated youth who joined the study.

The contents of the *Mi Cuento* and *Yo Puedo* Community Report reflect data sharing and interpretation during community partner meetings and dissertation analyses conducted by the primary author. In addition to the community research partners, this report is intended for youth services providers, public health planners and policy makers, reproductive health researchers and others interested in the relationship between social environment, sexual health, substance use, and future opportunities as well as implications for strengths-based community intervention and programming for youth in San Francisco's Mission District.



**Digital Mural Project, Galería de la Raza.
Artists: Jessica Sabogal, CARECEN Youth Leadership Cohort, and Yolanda Lopez**

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Precita Center, Mission Neighborhood Centers, Inc.

Background and Purpose

The purpose of *Mi Cuento* (MC) and *Yo Puedo* (YP) was to gather data to inform novel approaches to addressing adolescent pregnancy and sexual health. While access to reproductive health services and effective use of contraception are essential to prevent unplanned pregnancy and test and treat sexually transmitted infections (STIs), we recognize that a range of social and socioeconomic factors influences adolescent sexual health, from partner dynamics and peer norms to poverty and educational aspirations and opportunities. *Population health* emphasizes the distribution of health inequities across groups and focuses on the social determinants of health, the conditions in which people are born, grow, and live.¹ In short, context matters. If we move away from a focus on individual behaviors, like condom use, we can explore upstream exposures tied, for instance, to neighborhood socioeconomic disparity that travel downstream and impact individual health outcomes. Equally important, we can shift a discussion of individual risk behaviors, to a discussion about improving community assets with the potential for addressing various health outcomes, such as youth substance use, in the process. We will describe these concepts in further detail below and throughout the report.

Reproductive Health and Justice among Latino Youth

Latino youth in the United States feature prominently in the future of urban centers across the country. Among youth under 18 years old, in states such as California, Texas, and New Mexico, Latinos constitute the ethnic majority.² In the last decade, Latino population growth rates exceeded 75% in states across the South and Midwest.³ However, in 2011, the Pew Hispanic Center released a report on childhood poverty in the U.S. that showed that more Latino children were living in poverty (6.1 million in 2010) than any other racial or ethnic group. Of these Latino youth, 30.1% were 13-17 years old.⁴ Nurturing positive youth development and a healthy transition to adulthood requires countering socioeconomic inequities and linking youth to existing and new opportunities.

Teen pregnancy and parenting among Latinos are associated with poverty and other barriers to opportunity and continue to present a complex public health challenge in the United States. Over the last decade teen pregnancy and birth rates have declined in the United States overall, yet the U.S. sustains the highest teen birth rates among comparable countries.⁵ The birth rate for 15 to 19 year old females is highest among Latinas (46.3/ 1000) and more than double the rate of non-Latina white teens (20.5/1000).⁶ In states with large Latino populations, disparities are particularly pronounced. In California, 74% (73.8) of teen births are to Latinas, yet Latinas constitute 50% of the population.⁷

Among adolescents in the United States, socioeconomic disparities and poverty at the individual and household levels are associated with teen pregnancy and childbearing.^{8,9} Adolescent girls with low educational aspirations and attainment have greater risk of

pregnancy and childbearing than girls with high expectations.^{10–13} Furthermore, just over half (51%) of teen mothers, and only 38% of young teen mothers (under 18 years old) receive a high school diploma by the age of 22, which impacts job prospects and future economic stability.¹⁴ There is a growing demand for comprehensive intervention designs that incorporate components to tackle the social and economic factors correlated with teen pregnancy acknowledging that simply preventing unplanned pregnancy will not eliminate barriers to educational, job, and health resources that impact poor youth in the United States.^{15,16}

The President’s Teen Pregnancy Prevention Initiative for 2010-2015 centers on reducing pregnancy and births among target communities through not only evidenced-based programming, but also community mobilization and sustainability.¹⁷ Building on protective influences of social networks within neighborhoods to prevent adolescent pregnancy supports community engagement. While it is important to develop comprehensive and culturally-sensitive interventions, it is also imperative to examine the assumptions embedded in definitions of “culture” and health “risk” associated with a particular ethnic or racial group.¹⁸

Interventions designed to *target* a specific population run the risk of labeling, blaming, and perpetuating a single narrative or story about a community. This is particularly true for populations that are consistently excluded from full civic participation due to poverty, racism, and immigration status. Raising awareness around these issues, California Latinas for Reproductive Justice challenges policymakers, researchers, advocates and media to consider how the dominant frame of adolescent pregnancy prevention programming for Latino youth drives ethnic stereotypes of “hypersexuality,” irresponsibility, and economic burden of teen births that only further stigmatize the youth for whom the programming should serve.¹⁹ Blaming youth masks the socioeconomic factors that limit access to information, resources and ultimately hinders youth agency to be proactive and engaged in *planning* their reproductive health and attaining pre-parenting goals. Furthermore, more research is needed to assess the context-specific factors, including cultural and family, partner, and peer influences, that shape Latina childbearing and pregnancy intentions.²⁰

Being mindful of the lens through which unintended pregnancy prevention is researched, portrayed and perceived is central to a resiliency approach to family planning for youth and communities. This process entails listening to the voices of young adults and supporting youth access to resources related to contraception, education, job-training and post-high school opportunities. Identifying protective social ties that support youth to prevent unplanned pregnancy and to align their childbearing expectations with other life goals promotes choice and reproductive justice.

Community and place-based influences: The Mission Context

During the last decade, poor and working-class neighborhoods in San Francisco have

undergone substantial economic and racial transformation. Among the most impacted neighborhoods, the Mission District has experienced stark gentrification driving residential upheaval, local business turnover, and an increase in health inequity and social exclusion. As a result of city politics, housing and rental policies (e.g., Ellis Act of 1986), real estate speculation, and development, thousands of Latino families have been displaced.²¹ Despite displacement, the Mission is still a home and cultural center to the largest Latino community in San Francisco, shaped by immigration from Mexico and Central America.²² The Mission Zone public schools, comprised of 60%-87% Latino followed by African American families, continue to strive to close pervasive achievement gaps and reverse the trend of underperformance.²³ Despite the recent federally-backed deferred-deportation for minors legislation, undocumented high school students that achieve college admission requirements still face financial barriers as they strive to meet requirements for financial aid for higher education under the California Dream Act.²⁴

The Mission District is also home to rival gangs, *Norteños* and *Sureños*. At the end of 2006, City Attorney Dennis Herrera initiated a controversial civil gang injunction restricting the public behavior of certain gang members and creating “safety zones” against five of San Francisco’s street gangs.²⁵ The “*Norteño* Safety Zone” encompasses a large section of the southeast portion of the Mission and includes several public schools and parks (See: *Yo Puedo* Recruitment and Community Partners Map). To support Mission families and youth, the neighborhood has many community agencies that have been active for decades, such as Mission Neighborhood Centers since 1959 and Jamestown Community Center since 1971. Agencies and schools offer services ranging from legal support for migrant/recently arrived families, gang-involved youth and youth on probation, mental health and job placement, and cultural expression and community organizing in dance, music and art/mural programs, and dual-language public education, youth leadership, and academic support. These are some of the key features of the neighborhood and social environment that shape youth development in the Mission.

Resiliency, Positive Deviance, and Social Networks: A Strengths-based Approach

The findings in this Report support a strengths-based approach to addressing adolescent and community health. To this end, three key concepts will be briefly defined below: resiliency, protective social network ties, and positive deviance.

Protective social network ties can be family, partner, or peer influences that promote healthy behavior and help counter the effects of traumatic experiences or neighborhood environments.

Promoting resiliency and protective social network ties is one strengths- or asset-based approach to encouraging healthy behavior among young adults.^{26,27} Resiliency refers to the process of overcoming and coping successfully with the negative effects of adversity and traumatic events that youth may experience in their home or in their community.²⁸⁻

³⁰ Drawing on a resiliency framework, protective factors include elements that can help youth avoid or mitigate the risk in the social environment and the negative life course trajectories associated with such risks.^{28–30} Protective factors may be individual assets (e.g., competence, coping skills, ethnic pride) and resources in the social environment (e.g., parental support, stability, community organizations).^{28,31} The role of social network ties has been explored as a target for leveraging intervention effectiveness and influencing behavior.³² Social network researchers suggest that social network norms can affect individual behavior related to, for example, happiness, weight gain, and partner choice.³³ This report focuses on considering ways to build on positive and protective social network ties to promote adolescent health. However, relationship ties do not develop in isolation: the community, or physical and social environments, in which they form shape social network behaviors.³⁴ Rather than focusing solely on individual risk behaviors, a strengths-based approach to intervention design fosters community building and promotes positive social network ties to impact health outcomes.^{35,36}

Positive deviants are individuals, who have better health outcomes than their peers, even if they are involved in or exposed to the same high-risk environments.

Another important concept related to resiliency is positive deviance (PD). PD is a particularly useful framework for thinking about ways to work with the positive peer ties that may exist among gang-involved youth. This is because gang-affiliated youth may be part of peer groups that engage in illegal or violent activities that can negatively impact their health and well-being. There are also gang-involved youth that may be doing well in school and working. To this end, taking a PD approach could begin by asking, “What are gang-affiliated youth doing *right*?”

A PD approach involves community mobilization to collect and analyze data to inform interventions that build on the actions of individuals in the community who have better outcomes than their peers given the same resource deficit.³⁷ PD directs attention to what is “right” rather than what is “wrong” to address social and behavioral change where there has been marginal success. While addressing health disparities may require extensive socioeconomic transformation, a PD approach emphasizes immediate solutions to improving health outcomes utilizing techniques that can lead to sustainable change overtime.³⁸ PD is best suited to situations in which there is a concentration of individuals with adverse health outcomes, which can create an impetus for program planners and tailored interventions for vulnerable groups.^{38,39} For example, gang-involved youth who are also positive deviants may be able to facilitate the diffusion of protective behavioral norms across and within their peer networks that result in improved health outcomes.

Using Community Report Data

The public health significance of the Community Report is that the data and findings can be used by and for the community to improve health outcomes and create opportunity for Mission youth. Community Report data can be used in a variety of ways, including:

- **Programming for Mission youth development**, including tailoring current programs, such as those tied to educational/vocational opportunities and training and for gang-involved youth in juvenile justice to include sexual health components.
- **Informing funders and other agencies about the youth you serve**, including justifying/requesting funds to improve access to higher education as a means to address adolescent pregnancy and substance use. For high schools, these data can demonstrate how Wellness Centers foster site agreements with organizations and research programs that address Balanced School Card Goals through public health interventions. *Yo Puedo* was well-aligned with BSC Goals 1-3 of Access and Equity, Student Achievement, and Accountability as well as the Wellness Initiative: to improve the health and well-being and educational outcomes of SFUSD high school students.
- **Developing an action platform**, including building neighborhood and citywide collaborative efforts to support educational and job opportunities, such as the Mission Neighborhood Centers, Inc. GED program and the Mission Peace Collaborative, Roadmap to Peace, to improve health and opportunity outcomes for Mission youth.

Further discussion of ways to use this report to support the well-being of and improve opportunities for Mission youth can be found in the implications section that concludes this report. The next section describes basic principles of community-based participatory research (CBPR) and how a CBPR approach is reflected in our research program in the Mission.



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David Campos speaks at the Mission Peace Collaborative townhall meeting at Everett Middle School, Jan. 31. Photo Justin Jach

Mission Peace Collaborative Meeting, January 31, 2013

Community Partners and Research: A Participatory and Action-Oriented Approach

When we refer to “a community-based research program” in the Mission and “a community partner/academic partnership” it is important to define what we mean by participation in research. First, we will define and highlight the basic premise of a participatory research approach. Second, we will describe one type of participatory research, participatory evaluation, and how this approach was applied to *Yo Puedo*. Ultimately, all stakeholders involved in this research program may want to consider actions to enhance participation and engagement in future research projects. This section of the report invites such reflection.

Community-based participatory research (CBPR) involves research methods centered on *equitable* engagement of all partners in the research process to address health disparities.⁴⁰ Participatory research approaches differ from conventional approaches in that defining research questions, how and what type of data will be collected, the interpretation of findings, and how findings will be used is a joint process shared by researchers, community members, and participants. A key feature of CBPR is the unique focus on practice and policy implications that reflect the interests and involvement of community members whose voice is often absent in policy decisions or data production.⁴⁰ CBPR can facilitate the translation of research into practice and social action by generating avenues for the development of “hybrid knowledge” created by academic and community stakeholders, shifting power through bidirectional learning, joint decision-making, and teaming community and research objectives that can lead to sustainable health interventions through local ownership of data, programming, and formal agreements that lead to long-term partnerships.^{41,42} CBPR also serves to reduce distrust of outside research agendas from research institutions or universities that extract data from communities and control how the data is used with little promise to improve health outcomes or redress health disparities.^{41,42} To this end, CBPR builds on community strengths and celebrates “multiple ways of knowing” and the collective construction of scientific knowledge.⁴³

There are also unique challenges with CBPR. Some of the key challenges include funder-driven research whereby the funder largely determines the research questions, time demands to develop and sustain the community partnerships, finding the balance between research and action, and successfully integrating and interpreting multiple types of data from multiple perspectives.⁴³ Another important question that may arise from challenges of the approach is the degree to which any given research project can achieve a high level of stakeholder participation. Consequently, participatory research efforts generally fall along a continuum of community engagement.

To better understand the spectrum of participation, the Ladder of Community Participation offers a framework to help evaluate the level of community engagement and to achieve shared health goals.⁴⁴ For example, in public health research, at one end of the spectrum, a health department may lead the effort and direct the community to act as in the case of an emergency response (e.g., earthquakes). At the opposite

end of the spectrum, the community leads and directs the effort, which often involves community organizing and advocacy. *Yo Puedo* and our community-based research program in the Mission “fit” midway along the Ladder. For example, some of our research efforts involve consultancy or periodic input from community partners. Other aspects of the research program involve comprehensive consultation and substantive ongoing input, as the case with our community advisory board members and agency staff at intervention sites. In addition, we engaged youth participants throughout the intervention design, implementation, and evaluation process. *Yo Puedo* also involved key elements of *participatory evaluation* to design and evaluate the intervention.

Participatory evaluation (PE) is one type of CBPR. PE is “a partnership approach to evaluation that engages those who have a stake in the project, program, or initiative in all aspects of evaluation design and implementation.”⁴⁵ PE has also been called *empowerment evaluation* and *transformative participatory evaluation* when evaluation approaches employ key features of CBPR and focus on increasing the capacity of stakeholders to improve their own programs and apply evaluation findings to promote social change across many levels, such as within an organization, through community organizing, and advocacy directed at local or regional policymakers.^{45,46} The key stakeholders interested in evaluation findings of *Yo Puedo* include the funding agency (NICHD), study team (the Principal Investigator and research staff), community partners and study participants. Community partner stakeholders include Wellness Center staff and Community School Coordinators at Mission and John O’Connell High Schools, Director, caseworkers, and Safe Haven staff at Precita Center and Mission Girls, Coordinator, Executive and Deputy Directors of Jamestown Community Center, a Board of Directors member at CARECEN and UCSF Community-Campus Partnerships for Health, and Crisis Response Network staff previously at *Arriba Juntos*. Through PE academic partners can aid in translating findings to harness policy and funding opportunities as well as build on community intervention design.⁴⁵ Translation of findings is a central purpose of this report.

Chris Coombe is a scientist from the University of Michigan School of Public Health and has been using PE to evaluate community-based interventions for over 25 years. She offers eight steps of PE that highlight how PE differs from traditional evaluation approaches.^{45,46} We will apply these steps to *Yo Puedo* and assess where we achieved stakeholder participation and how participation can be improved moving forward.

Step 1: Jointly Identify the Purpose of the Evaluation and Commit to a Participatory Approach. For *Yo Puedo*, we drew on a history of collaboration with community agencies and neighborhood high school Wellness Centers that created a forum for stakeholder dialogue at the outset. Specifically we conducted initial conversations with agency staff that had been on community advisory boards in the past to gauge interest in applying for National Institutes of Health funding to evaluate the feasibility of a sexual health intervention with Mission youth. It is important to note that the purpose of the evaluation, to test the feasibility of a sexual health intervention, was a product of the past research program phases. These early conversations were fundamental in formative design decisions and building a community partner base to

test an intervention, which involved a different type of commitment from the study designs conducted as part of the research program in the past. However, a scientific advisory board largely decided the overarching components of the *Yo Puedo* intervention, including the theories guiding intervention design (described more in Step 3). For example, theories from behavioral economics informed the conditional cash component (CCT) of *Yo Puedo*. We sought input from public health scientists and researchers with previous experience in evaluating large-scale CCT programs, such as *Oportunidades* in Mexico, to inform *Yo Puedo* evaluation design. We then engaged in several stages of joint stakeholder discussions to shape the intervention content, specifically, to identify what the CCT goals should be (e.g. the types of educational and job-training goals that would be offered for CCT payment). These discussions included community partners directly involved in the schools, outside agencies providing educational support, high school staff, and our research assistants, recent graduates from San Francisco State University. These meetings also encouraged frank discussion about distributing cash payments directly to youth. We also conducted focus groups with 40 Mission youth to gather their input on the intervention design, including enrolling with friends, and to inform the CCT payment-structure (how much participants should be paid for completing different goals). In the end, not all of the suggestions were incorporated into the final intervention design. For example, we initially considered including adult mentors as study participants. One community agency suggested incorporating an explicit emphasis on youth development intervention models. We will revisit youth-initiated approaches at the end of the report.

Step 2: Build an Evaluation Team. This step entails formally identifying who will be involved and their expected participation. The evaluation team for *Yo Puedo* consisted of core research staff, community and scientific advisory boards, community agency staff, high school wellness staff, and the youth participants. Other than the research assistants, community stakeholders were not trained in the standards or methods of evaluation research as part of this evaluation. Greater stakeholder participation could have been achieved had such training been incorporated into the evaluation. Furthermore, we should consider other agencies that should be invited to participate as part of the evaluation team, including constituting a youth advisory board. However, time and funding constraints precluded a thoughtful consideration of ways to enhance partner involvement at this level. In addition, *Yo Puedo* was not an intervention or program attached to any one agency. Moving forward it will be important to explore these possibilities. It is also important to recognize that participation of different team members may change throughout the evaluation process. In *Yo Puedo*, research staff and agency staff participated in joint street-based recruitment of youth participants to enhance our ability to engage gang-involved youth, who may be distrustful or reluctant to join an unknown program. Teaming up in this way proved to be successful and arose out of continual feedback and “check-ins” between research and community agency staff, which also led to building rapport at multiple levels. Finally, formal site agreements with the San Francisco Unified School District (SFUSD) and Mission and John O’Connell High Schools served to clearly outline expectations and the ways in which the goals and objectives of *Yo Puedo* were aligned with those of the schools and SFUSD. This will be described further in the following step.

Step 3: Clearly Articulate the Organizing (or Intervention) Effort's Goals and Objectives and Identify Indicators of Change and Progress. This step involves two key parts. The first is identifying the goals of, in this case, *Yo Puedo*, the intervention. The second part entails developing a logic model that depicts how we think change will occur for the youth participants involved in the intervention.

Shared evaluation goals, though these were discussed throughout during stakeholder meetings, were formally detailed in Site Agreements with the high schools related to meeting The San Francisco Wellness Initiative⁴⁷ and San Francisco Unified School District (SFUSD) Balance School Card (BSC) goals.⁴⁸ The mission of the Wellness Initiative is to improve the health, well-being, and educational outcomes of SFUSD high school students through school-based health education and Wellness Centers as well as programs offered through community partners (e.g. *Yo Puedo*, teen clinics for reproductive health services). The Balance School Card goals include measuring objectives of access and equity (Goal 1, BSC), student achievement (Goal 2, BSC), and accountability (Goal 3, BSC). It is important to note that *Yo Puedo* was not designed to meet specific measurement objectives set forth in the Wellness Initiative or BSC for either high school. To this end, intervention objectives ultimately reflected attainable targets for *Yo Puedo* that fall within the larger goals and objectives outlined in the Site Agreements and by community partners. This included the *reach* of the intervention, or the youth who enrolled in *Yo Puedo*: English Language Learner (ELL) Latino and non-ELL Latino youth and youth engaged in remedial academic activities (e.g., course credit recovery).

Core research staff and the scientific advisory board were the primary stakeholders involved in the development of the *Yo Puedo* logic model and theories informing the logic model. Theory-based evaluations are grounded in theories of change (TOC) that illustrate why and how a program or intervention will work and essentially should drive all of the intervention components.⁴⁹ The value of an explicit TOC informing an intervention evaluation is that it allows for careful examination of the underlying assumptions about why a program will work and to what degree findings or evidence from the evaluation reflect the underlying TOC. A clearly articulated TOC helps to define evaluation methods, goals, tease apart different pieces of the intervention and can offer evidence to debunk policies that are based heavily on assumptions.⁴⁹ The *Yo Puedo* intervention analysis section in this report includes a logic model and contains data and findings tied to issues raised in this step. Moving forward or in a scaled-up version of *Yo Puedo*, it would be beneficial to have more stakeholders present to both reexamine the existing TOC and logic model. We could also look to developing measures to assess collaborative efforts.

Step 4: Select, Develop, and Test Methods for Tracking Progress and Documenting Change. In PE, harnessing community resources, using mixed-methods, both qualitative and quantitative data-collection, training and data sharing can build community competence and intervention and program sustainability. In *Yo Puedo*, data collection was conducted by research staff. In a more participatory approach and

a longer evaluation period, community agency staff could have been involved more directly in data instrument development and collection. We did, however, use a variety of methods to collect data including focus groups, participant questionnaires, written participant evaluations, and post-intervention interviews with youth to maximize our evaluation. The results from this data collection process are provided in this report.

Step 5: Collect Data and Track Progress. Again, the objective of PE for this step would be to use a collaborative effort in data collection and tracking progress. As noted earlier, data collection was conducted by the research team. How we tracked progress involved all stakeholders at different levels of participation, particularly to address issues of recruitment, retention, and goal completion. For example, one of the CCT educational goals included enrolling in a GED program. Part way through the evaluation period, we learned, through an informal community partner check-in, that GED classes were going to be offered at their site. Rather than enroll in a GED program through the City College of San Francisco campus, youth could enroll in a neighborhood program. This became another way to build on community resources and highlighted the importance of regular stakeholder input and joint decision-making to track intervention progress.

Step 6: Analyze and Interpret Data Collectively. In PE, collective analysis and interpretation of data serve to build consensus on results and set the stage for next steps, including action steps. In *Yo Puedo*, we conducted community partner meetings to share and collectively analyze data, particularly preliminary findings. Suggestions that emerged from these meetings informed the structure and content of this report as well as future modifications of *Yo Puedo*. Moving forward it will be important to build on formal joint, regular data analysis meetings that offer ongoing insights from more community member and youth perspectives to better interpret the results within the larger social context of the neighborhood. Because the larger community-based research program is focused on better understanding how the social environment impacts sexual health, we have a wide range of questions and indicators in our data collection instruments. To this end, we can collect information that is useful for many different partners, including sociodemographic, neighborhood norms, educational, peer network, substance use, and sexual health measures. Most importantly, these findings are about Mission youth and, thus, carries a noteworthy level of relevance to community partners.

Step 7: Communicate Results to Relevant Audiences. Another way PE differs from conventional evaluation is that data and evaluation progress are communicated to stakeholders throughout the process rather than just at the end as a final product. This can help build trust and commitment to the evaluation process. With *Yo Puedo*, we shared preliminary data through both advisory board and larger community stakeholder meetings. The findings presented in this report have a strengths-based focus with attention to how to best leverage community assets. Through co-learning and stakeholder participation, a research team can develop a greater appreciation for the narrative about a community that emerges from data and how to remain accountable to not only upholding scientific rigor but also to the framing of findings.^{50,51}

Step 8: Translate Findings into Actions, Systems, or Policies. Data that are useful to communities are data that can inform action. One important outcome of PE is co-production of knowledge and building relationships. With *Yo Puedo*, the main purpose of the evaluation was to test the feasibility of the intervention. Taking “next steps” informed by evaluation findings to collectively develop a scaled-up version of the intervention is one type of action discussed in the report. If findings could support community organizing and engagement around local policy issues for Mission youth, it is possible to have a much more far-reaching impact. We will revisit participatory methods in the discussion of policy and intervention implications section that concludes this report.

Data Limitations

Who enrolls in a study and how we measure sensitive behaviors, like sexual behavior, can pose challenges to data interpretation and the ability to generalize study findings to youth other than those that participated in the research, (e.g. apply findings to “all Mission youth” or “Latino youth”). Here we highlight and describe three key limitations to the data we present in this report: participant selection, participant bias, and cross-sectional assessment.

Youth who participated in *Mi Cuento* and *Yo Puedo* were intentionally recruited using strategies to facilitate enrolling youth who met certain study eligibility criteria (See: Recruitment). This means that we did not try to achieve a random sample of Mission youth and that the data does not necessarily reflect all Mission youth. For this reason, we should be cautious about making generalizations when using and presenting the data in this report.

When we ask youth to provide self-reports of personal behavior, their responses may be biased. One type of bias is **recall bias**, which results from asking individuals to provide information about past behaviors. In YP, we asked questions about behavior “over the last six months.” Youth may not remember certain details, which may bias their responses. Recall bias is difficult to control, so we try to frame questions that allow participants to recall special events (e.g. birthdays, holidays) that might help them to remember other information from that same time or time frame. Another type of bias is **social desirability bias**, which could have occurred when youth were asked to report on sensitive behaviors, including sexual behavior, substance use and gang affiliation, and may have felt inclined to provide answers that they believed to be socially acceptable. To help address social desirability bias, we conducted all interviews for MC and YP in private settings, labeled questionnaires for YP with numbers (not names) and did not record names during the audio recording of MC or post-intervention YP interviews. In addition, prior to participating in the interviews, study staff explained all study procedures and provided time for youth to ask questions before consenting to participate. Furthermore, and perhaps most importantly, our community partnerships helped to establish rapport with youth from the outset.

Some of the data analyses in this Report come from a cross-sectional assessment. This means that the findings reflect data at one time, like taking a snapshot. When we assess data from one point in time, we **cannot infer causality**. This is true even if a participant reports on past behavior. For example, even if a participant reports no marijuana or alcohol use in the last six months and also reports using a condom the last time he had sex, we cannot infer that not using drugs “caused” him to use a condom. We can say the behaviors are **associated** with one another and run statistical tests to assess this relationship (See: Data Interpretation and Statistical Analysis Terms). For the *Yo Puedo* evaluation, data was collected over time (over six months). This allows us to assess if the intervention impacted behavior. Even so, we must still be cautious in attributing causality, as there may be additional, unmeasured factors, called **confounders** (See: Data Interpretation and Statistical Analysis Terms), that led to the

findings and outcomes we see after six months. We have applied various checks to reduce bias during data collection and statistical approaches to account for confounders. Despite the limitations, the value of a non-random sample, in this case, is that the data in this report can illuminate information about neighborhood youth often absent or masked in large-scale, national, population-based studies. In particular, the findings in this report pertain to the youth you teach and with whom you work.

Data Interpretation and Statistical Analysis Terms

The tables in this report contain statistical information about the youth that participated in the studies. A key aspect of responsible data use means that we, the creators and consumers of this report, are mindful of how we present findings and draw conclusions. All findings are presented to protect the identity of individual participants, so data are aggregated and quotes from interviews do not include participant names. It is also important to have a joint understanding of the weaknesses and strengths of the data (See: Data Limitations) and share a basic understanding of some of the statistical terms used in this report. These terms are also used when presenting data in scientific journal articles.

The statistical concepts and notation below will be useful for interpreting the different values in the tables containing participant information, particularly tables containing data about *Yo Puedo* participants. **Examples** are denoted in the shaded boxes.

N: The number of study participants.

In *Yo Puedo* we enrolled 162 youth (**N=162**).

In a table that includes more than one group (e.g. young women and young men), there will be an N for each group.

Statistical Significance: The degree to which a value or finding is not attributed to random chance alone.

*Of all the youth that came to the workshop, 35% were young women and 40% were young men, but the difference was **not statistically significant**.*

What does this mean? This means, even though more boys attended the workshop (5% more), the difference we see is likely due to chance (any number of possibilities).

How do we know this? The **p-value**, defined below, is often used to determine statistical significance.

p-value: When testing the difference between two or more values, we make an assumption called the *null hypothesis* stating that there is no difference.

Null hypothesis: There is no difference in the number of young men and young women who came to the workshop.

To test this assumption, we collect data and conduct statistical tests. A **p-value** is produced by statistical tests of data and can help us to assess if the values or numbers we are seeing in our data suggest that we can *reject* the null hypothesis that there is no difference between the number of young men and young women that attended the workshop. **A commonly used “cut-off” for a significant p-value is if the p-value is**

less than 0.05 (p-value < 0.05). This value suggests that there is only a 5% chance that our data cannot reject the null hypothesis or, conversely, 95% chance that the data can reject the null hypothesis. The less the p-value the more likely the null hypothesis can be rejected.

What about in the example above? Since we know that the difference in workshop attendance between young men and young women was **not** statistically significant, then the p-value was greater than 0.05. Scientists and statisticians can set different p-values for the tests based on the data, including values greater than 0.05. This is important when the study has a small number of participants and when we are most interested in assessing modest shifts in responses. **In this report we will indicate the following p-values: ≤ 0.1 , ≤ 0.05 , < 0.05 , and < 0.01 .**

Of note, there is debate about how much we should rely on p-values to reject a null hypothesis, but they can still be useful in guiding us in understanding associations between different variables, like gender and workshop attendance, when conducting statistical tests.⁵²

Odds Ratio: Commonly referred to as “the OR,” the odds ratio is a measure of association between an outcome and an exposure.

*We worked hard to recruit young men to the workshop. We want to know if our recruitment efforts are **associated** with workshop attendance by young men. In this example, “recruitment efforts” are the exposure and “workshop attendance” is the outcome. **The OR is the odds of workshop attendance given recruitment efforts compared to the odds of workshop attendance without recruitment efforts.***

- If there is **no association** between the exposure and outcome the OR is equal to one (**OR=1**).
- If the exposure **is associated with higher odds** of the outcome, the OR is greater than one (**OR>1**).
- If the exposure **is associated with lower odds** of the outcome, the OR is less than one (**OR<1**).

In our example, if the OR is 1.63, we would say that recruitment efforts are associated with 1.63 increased (or 63% increase in the) odds of workshop attendance.

A note on statistical significance: It is always important to keep in mind and ask yourself, are the values that I am seeing perhaps due to some other factor that was not measured or included in analyzing the data? This “other explanation” is called a **confounder**. Reviewing the scientific literature, testing questionnaires, talking with youth and community partners, and following the guidelines set forth by funders, we make many decisions about how to measure different characteristics and behaviors of youth and the social environment. Nonetheless, these measures can be problematic.

- A value or study finding that is statistically significant (e.g., $p\text{-value} < 0.05$) does not mean that we are positive that we have a finding that represents a true difference or association.
- Statistical difference does **not** mean causality: Even if the 5% difference in the example above was statistically significant, we would say that recruitment efforts were **associated with** (not caused) greater workshop attendance by young men.
- Likewise, a non-statistically significant finding does not necessarily mean there is no difference or association. It just means that given how we measured the variables, we did not find any difference that we can attribute to anything other than chance.

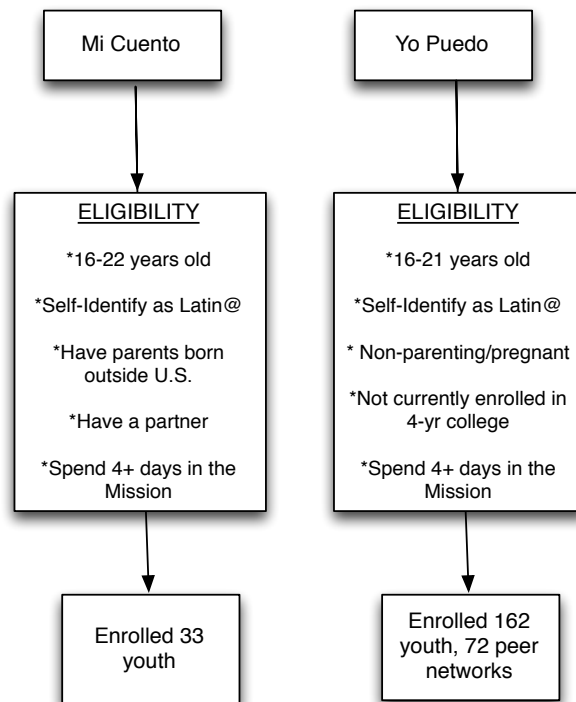


Cesar Chavez Festival, Harrison and 24th Streets, 2011

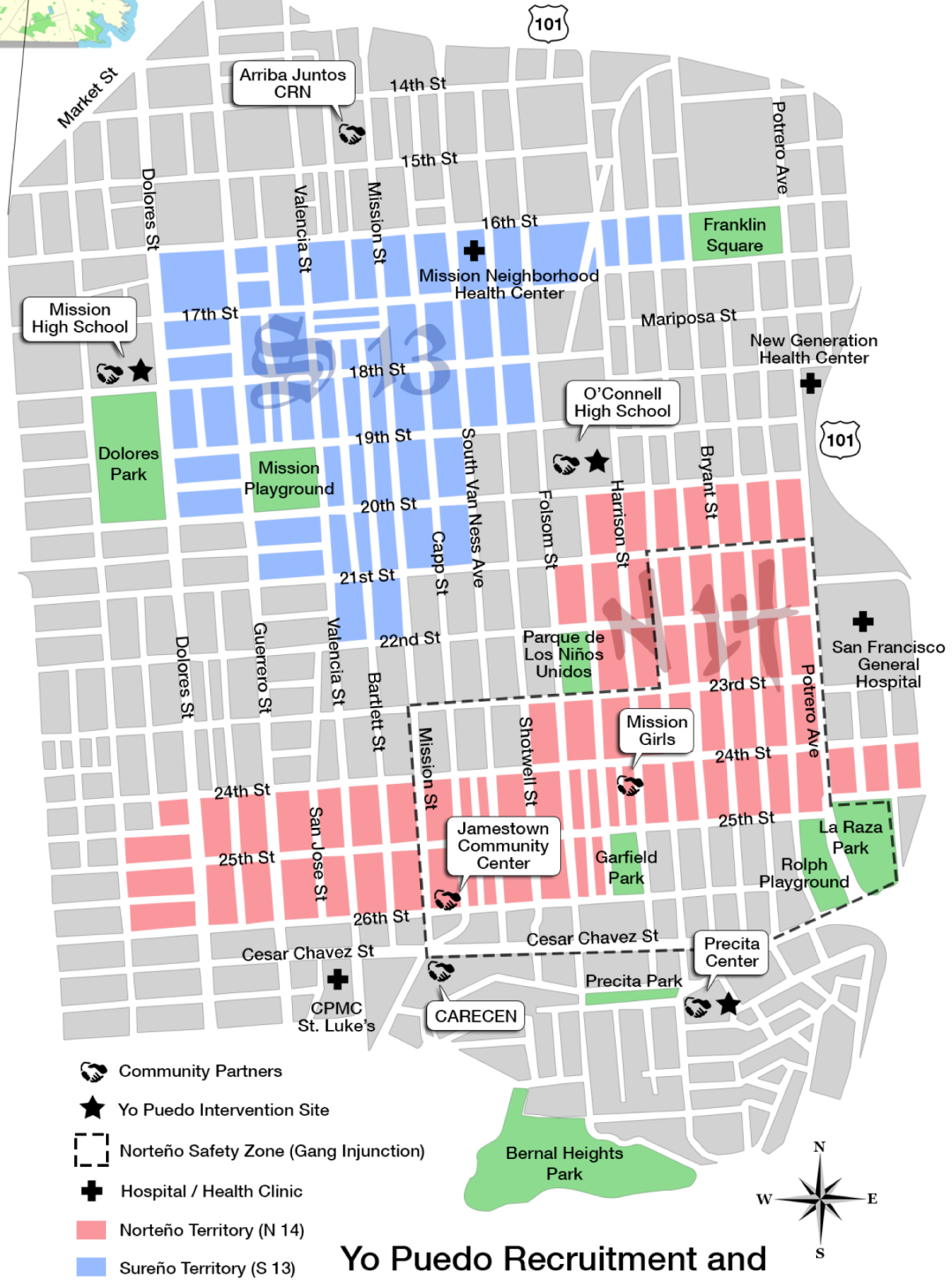
Recruitment

To invite youth to join MC and YP we employed a recruitment strategy that we have been using since the Mission Teen Health Project in 2001. We recruited youth from community venues including street-based venues, within the high schools, and through community agency presentations and referrals. For YP street-based recruitment we joined efforts with Precita Center staff. This type of recruitment, called modified venue-based recruitment, helps to ensure that we can recruit both in- and out-of-school youth with variation in gang-affiliation and nativity/immigration status. The street-based recruitment spanned the neighborhood (See: *Yo Puedo* Recruitment and Community Partners Map), including streets, allies, and parks. For YP, in Mission and O'Connell High Schools, we recruited youth during lunch and after school in the hallways, schoolyard, and cafeteria. Study staff approached youth, who appeared age-eligible, screened youth to assess eligibility and explained the study. Eligible and interested youth provided contact information to schedule a time to review study details, provide consent, and officially enroll in the study. Figure 1 below describes participant eligibility for each study. For YP, youth were asked to invite up to two friends (of any ethnicity) who met study eligibility to join the study with them as a small social network.⁵³

Figure 1: MC and YP Eligibility



Mission District San Francisco



Yo Puedo Recruitment and Community Partners

Mi Cuento: Key Findings

The qualitative analysis of the 33 *Mi Cuento* in-depth interviews with Mission youth (See: Table 1) presented in this report explores two main questions:⁵⁴

1. How do youth articulate childbearing expectations in terms of timing, goals, and future orientation?
2. Are individuals' childbearing expectations aligned with those that dominate their social environment?

To assess social environment and individual childbearing expectations, we examined partner and family expectations as well as neighborhood norms that may facilitate or impede attainment of pre-parenting goals. This analysis draws on a Resiliency framework with a focus on exploring protective family and partner characteristics (See: Background and Purpose).

Table 1: *Mi Cuento* Participant Profile

Background Characteristics of <i>Mi Cuento</i> Study Participants		
	N N=33	% 100
Age in years median (median and range)	17	(16-22)
Male	16	48
Female	17	52
U.S. Born	15	45
Born in Mexico	6	18
Born in Central America*	11	33
Born in Peru	1	3
Age first immigrated to U.S. in years (median and range)	13	(2.5-18)
Currently lives with mother	24	73%
Currently lives with father	15	45%
Currently lives with other family member(s)	28	85%
Foreign-born friends (some)**	16	48%
Foreign-born friends (most)	12	36%
Partner foreign-born	10	30%
Relationship length with romantic partner 1+ years	19	58%
*Guatemala, Honduras, Nicaragua, El Salvador		
** Scale: <i>None, Some, Most, All</i>		

Individual childbearing expectations

Among non-parenting youth, attaining **post-high school opportunities** was the most important pre-parenting goal.

College Completion. Of the 27 non-parenting or pregnant youth, 23 explicitly identified college completion as a desired prerequisite before starting a family. In turn, college was viewed as necessary to obtain a desirable career.

“I don’t want to get pregnant until after I graduate [from college] because I want to be a lawyer...and have everything in order. Somewhere around 32 years old is when I want to have a baby.” (Young woman, 17 y/o, came to the U.S. from Teculután, Guatemala at 13.5 y/o)

“I think [the right time to start a family is] after you’ve finished college and you have—a certain good level of education...I think you can get better work. You at least will have a degree and you could defend yourself in life.” (Young man, 17 y/o, migrated to the U.S. at 13 y/o from San Salvador, El Salvador)

Personal Development: In addition to a pathway to professionalism, U.S.-born youth also identified college as an opportunity for personal development and exploration before assuming the responsibility of raising a family.

“I’m trying to live my life first...I wanna go party...go to one of those college parties.” (Young woman, 16 y/o, born in U.S.)

Early childbearing: a barrier to goals. Over half of the youth explicitly stated that having a baby as a teenager would be a burden and interfere with their post-high school plans. Youth also described how early childbearing posed a significant barrier to reaching education goals for family members and peers.

“[If we had a baby] now, I’d have to get a job, and I wouldn’t be able to continue my education. And that’s no future.” (Young man, 16 y/o, migrated to U.S. from La Ciudad, Guatemala at 15 y/o)

“Yeah, you can have kids...but what you going to do? You can’t bring your kid into the classroom. Who’s going to watch your kid from 8 to 3:30? Are you going to stop your project and help your kid? It’s not going to happen.” (Young man, 16 y/o, born in U.S.)

Acquisition of resources. Young women, both U.S. and foreign-born, were three times more likely than young men to emphasize obtaining resources, such as a house, as an important prerequisite before starting a family. Assets could be purchased through the better paying job one could obtain with a college degree.

“I think the right time [to start a family] is when you’re done with college...Not right when you’re done but like, be done with college then decide what to do...save up money to get...a car and, you know, a little apartment.” (Young woman, 16 y/o, born in U.S.)

“She needs to at least have a house, and a car...money for the child’s medications, for food for everything...A child isn’t a toy...And that’s why you have to be very prepared and mature.”
(Young woman, 16 y/o, came to U.S. at 13 y/o from San Pedro Sula, Honduras)

Coping with barriers. Despite nearly uniform aspirations among participants to complete college before starting a family, preparedness to attain goals varied significantly due to a number of obstacles experienced by some participants. Lack of preparedness was largely attributed to social environment barriers including gang involvement and documentation status.

“[Before having kids I hope to complete] college, definitely my shots at football, baseball and acting, [but] I’m not the best student...I used to be into all that gang stuff. I don’t have a good academic record.” (Young man, 16 y/o, born in U.S.)

“If you get caught by the police, it just messes with you a lot. You get paperwork...You can’t go back to school and just start doing good ‘cause they’ll look at you different...You feel marked.”
(Young man, 16 y/o, migrated to the U.S. at 7 y/o from Lima, Peru)

“They say [in school] that to go to a U.C., it’s four years [for me to apply]...I have three...last year I went to apply...I couldn’t do it last year, which is why I’m here [in high school].” (Young man, 20 y/o, migrated to the U.S. from La Ceiba, Honduras at 17 y/o)

Alignment of Family, Partner, and Individual childbearing expectations

Family Childbearing Expectations:

Shared childbearing expectations. Of the 27 non-parenting youth, 22 had discussed their educational and career goals with family, including parents, siblings, and extended family members often sharing the same home. Youth indicated that their individual childbearing expectations tied to education goals were aligned with those expressed by their family members. Ideals expressed by family generally reflected a desire to encourage their children or younger family members to strive for “a better life” for themselves and for their future family.

“[My mother tells me] you always have to be safe...If you need birth control, you know, you can tell me...you’re still young. You have to go to college [and] like...do things like travel.” (Young woman, 16 y/o, born in U.S.)

“[My parents told me] the best way [to prevent pregnancy] is abstinence [aguantarse], [but if] we can’t abstain, then to use condoms or pills...my mom only finished high school, and the same for my dad...since he lived in small town [and] since he was little they put him to work after school, and then he wasn’t able to continue his education. Yes [I agree with my parents’ ideas], because first I need to have a solid foundation and a basic plan for the future.” (Young man, 16 y/o, migrated to U.S. from La Ciudad, Guatemala at 15 y/o)

“My whole family, like my siblings and stuff, it’s normal to have babies at a young age, you now. So, I’m here 16, like I don’t have babies so my mom is like happy...She’s just like finish school...Go to a university, college, you know. Whatever you want to be... Don’t give up...She wants me to finish school and that’s what I want too.” (Young woman, 16 y/o, born in U.S.)

Breaking the barriers cycle. Despite support for higher education, some youth were confronted with conflicting messages from family members about the pathway to take, suggestive of the barriers to opportunities parents had faced.

“My dad feels that ...nobody should be too good for City...I think City College is fine...it’s affordable I guess...I just wanna do everything all at once at one school...seeing my parents like work extra hard...I wanna like work hard to get a career [as a nurse practitioner] where I don’t have to worry.” (Young woman, 16 y/o, born in U.S.)

Partner selection advice. With family members, ideal childbearing timing was often connected with partner selection advice: someone who is “gonna do something with their life.” Family members of first-generation, non-parenting youth (11 of 18) were more likely than family of U.S.-born, non-parenting youth (3 of 9) to offer partner selection advice.

Partner Childbearing Expectations:

Goals and contraception. Of the 27 non-parenting youth, 24 had discussed their future goals with their partners. These conversations, in some cases, directly prompted discussions about contraception.

“We always talk about it [birth control]...I always ask her whether she’s been taking her pills, or if there’s been anything, she’ll tell me...we’re not in a good financial situation because first of all, neither of us has finished high school... That’s why we’re trying to prevent [pregnancy] and always use protection.” (Young man, 18 y/o, migrated to the U.S. from Tegucigalpa, Honduras at 16 y/o)

Friends first. The connection between pregnancy prevention to protect educational goals was also present in narratives of youth who were not sexually active with their current partner. In addition, 21 of the 27 non-parenting youth described their relationship evolving from “friends first” to romantic partnerships, which created the temporal and emotional space to discuss future aspirations.

“[Before dating] we talked for a year...if we want something serious that we need to wait, because it’s too early to have kids...because I’m still in school, and I want things for me, like you know...Like college...he also wants his college thing to get done...[but]...we’re not that close yet...like, not having sex.” (Young woman, 17 y/o, came to the U.S. from Guanajuato, Mexico at 10 y/o)

Interplay of Partner and Family Factors

Protective partner and family ties. The interplay of family and partner ties related to completing educational goals prior to starting a family may create a protective environment for youth who are considering early childbearing.

“You can say we [my partner and me] have the same goals, because we both want to better ourselves...we’ve discussed it... you need to have money and an education and a job before having children...When I was 14, all my sisters had babies; one when she was 14, another at age 18, and the other one at 17...So when I turned 14, I wanted to have child too...I was working, but only occasionally at night cleaning an office...But then I really started to think about it, and my sisters have also really supported me. They say, ‘Look if you have child now, what are you going to do? Where are you going to get money? You need to stay in school... If he really loves you, you will take precautions to avoid having children and you’ll wait’... When I got birth control and everything, he was there with me.” (Young woman, 19 y/o, born in the U.S.)

Opportunity linkages. Despite verbal support to accomplish post-high school education and social development prior to parenthood, only in a few cases did youth report that partners or family members provided linkages to educational opportunities tied to formal programs or services.

In one case, a young man’s partner linked him to an afterschool program designed to introduce youth to careers in medicine. He also identified his partner, as his motivation to focus on school, *“at that point, I didn’t really care much for school... But then I got to know her, she kinda changed my life around into me actually wanting to go to college.”* (Young man, 16 y/o, born in U.S.)

In another case, though her parents faced language barriers, one young woman explained how her parents attended all parent-teacher conferences, which led to private school scholarships and *“when I had to get a computer, like even though it was really hard for them to like, pool the money to get it, like they managed to do it.”* (Young woman, 20 y/o, came to the U.S. from Mexico City, Mexico at 3 y/o)

Community norms and individual future orientation and childbearing expectations

All 33 youth participants were asked whether they agreed or disagreed with the statement, “Most Mission youth plan to go to college.” Thirteen agreed, 11 disagreed, and nine were unsure. Despite this range, participants agreed about the major barriers: poverty, immigration status and the negative demands of gang affiliation. In addition, though some youth described positive peer norms related to both post-high school aspirations and adolescent pregnancy prevention, of the 27 non-parenting youth, nine of 13 females and 12 of 14 males reported having at least one friend that had been pregnant.

Poverty and documentation status. For foreign-born youth, a college degree without U.S. citizenship was regarded as providing little career advantage. In addition, familial fragmentation due to migration depleted financial and emotional support for higher education.

“They [Mission youth] can’t go [to college] because they don’t have the money, because they’re undocumented...they don’t see a future. If you are undocumented, why the hell would you go to college?” (Young woman, 16 y/o, came to U.S. from Nogales, Mexico at 12 y/o)

“Most of them [Mission youth] would like to [go to college], but there are always barriers...some people don’t live with their parents and everything and some are undocumented. So they say, ‘It won’t help me here because I won’t be able to get a job in the field I’m interested in.’” (Young man, 16 y/o, migrated to U.S. from La Ciudad, Guatemala at 15 y/o)

Poverty and gang life. Gang affiliation offered strong peer ties, particularly for some males who participated in *Mi Cuento*. Such allegiance often, but not always, conflicted with education goals and aspirations.

“I hope they do. I want all the youth to, to plan to go to college, but...I know a lot of Mission youth, they planning on shooting somebody or they’re planning getting shot or they’re planning how the f--- they gonna eat....So going to school is not on the list, let alone going to college...[when I was younger] my list was to get money, stay out of jail, stay out of the cemetery...[but] I got homies that are doing it. I got homies in college, I got homies like me working, you know, living cool.” (Young man, 22 y/o, came to the U.S. from San Salvador, El Salvador at 8 y/o)

“If it’s somebody that has more goals for the future then yeah, but if it’s somebody that just wants to die in the hood...then probably not...[but] I was out late and this O.G. dude... He’s like, ‘You got to get that paper.’ I was like, ‘What paper?’ He’s like, ‘That diploma’...And then he started rapping, and at the end of all his sentences, ‘Got to get that paper.’” (Young man, 16 y/o, born in U.S.)

Future uncertainty. For youth born in the U.S., their foreign-born family members manifested the daily reality of limited access to opportunity. Family members employed in low-wage work with long hours coupled with the fatalism endemic to gang life led some youth to question the tangibility of their future goals and the odds of waiting “too long” to have children.

“You don’t want to have [a baby] when you’re 30, because then you’re just too old to have a kid. You might be too tired to do anything. And when you’re young, you’re energetic and ready to go.” (Young man, 18 y/o, born in U.S.)

“It’s just the fact that like maybe there won’t be enough time, ‘cause like anything could happen...you wouldn’t want to leave the kid by himself...like if someone were to die.” (Young man, 16 y/o, born in U.S.)

Summary of Findings

For nearly all youth, “the right time” to start a family centered on the attainment of two goals: **completion of college and financial stability**. While rationale for and pathways to achieve these goals differed by gender and nativity, attainment of post-high school opportunities was considered most important by all youth. Youth reported that partners and family members generally shared these expectations. Though individual, family, and partner childbearing expectations were well aligned with one another, youth responses to community norms statements about college indicated that there were **significant barriers to higher education, including poverty, community violence, and immigration status**.

NEXT STEPS: Recommendations for Community Partners:

- Support family members and partners to facilitate educational support and **linkages** to educational and vocational opportunities. Educational support and linkages can include providing time and space for homework completion and attending informational meetings to fill out education, financial aid and job-training applications.
- Advocate for a **multi-sectoral and strengths-based approach** that encourages schools, criminal justice, and community agencies to work together with families and youth to mount a response to adolescent pregnancy prevention. This approach is further discussed in the implications section that concludes this report.
- Given significant gentrification in the Mission, to increase the likelihood of successful community mobilization, create spaces for **dialogue between neighbors** that may co-exist but have not come together to create a **collective vision for local youth development**.
- In 2012, national enrollment rates of Latinos in higher education surpassed that of white high school graduates.⁵⁵ However, compared to white youth, Latino youth are less likely to enroll in a four-year college, be enrolled fulltime and obtain a bachelor's degree.⁵⁵ Furthermore, citizenship status impacts eligibility for higher education and vocational programs. The federal Development, Relief, and Education for Alien Minors (DREAM) Act introduced in 2001 would allow undocumented youth, who meet certain eligibility requirements, to apply for U.S. citizenship on a conditional basis, including enrollment in higher education.⁵⁶ Though at the federal level the DREAM Act has not passed into law, individual states have passed their own Dream Acts, which, in addition to offering a pathway to citizenship also include college financial aid benefits. **Educate undocumented families and youth about the California Dream Act:**
http://www.csac.ca.gov/dream_act.asp

Yo Puedo Session 1: DO NOW

Age I want to have a child: 25

10 Things I Want to Accomplish before Having a Baby/Starting a Family

1. Bachelor's Degree
2. Graduate High School
3. Steady Job
4. Hubby
5. Steady/Safe Home
6. Party
7. Travel to Europe
8. Start an organization to help poor people
- 9.
- 10.

Yo Puedo: Future Opportunities for Youth, Key Findings

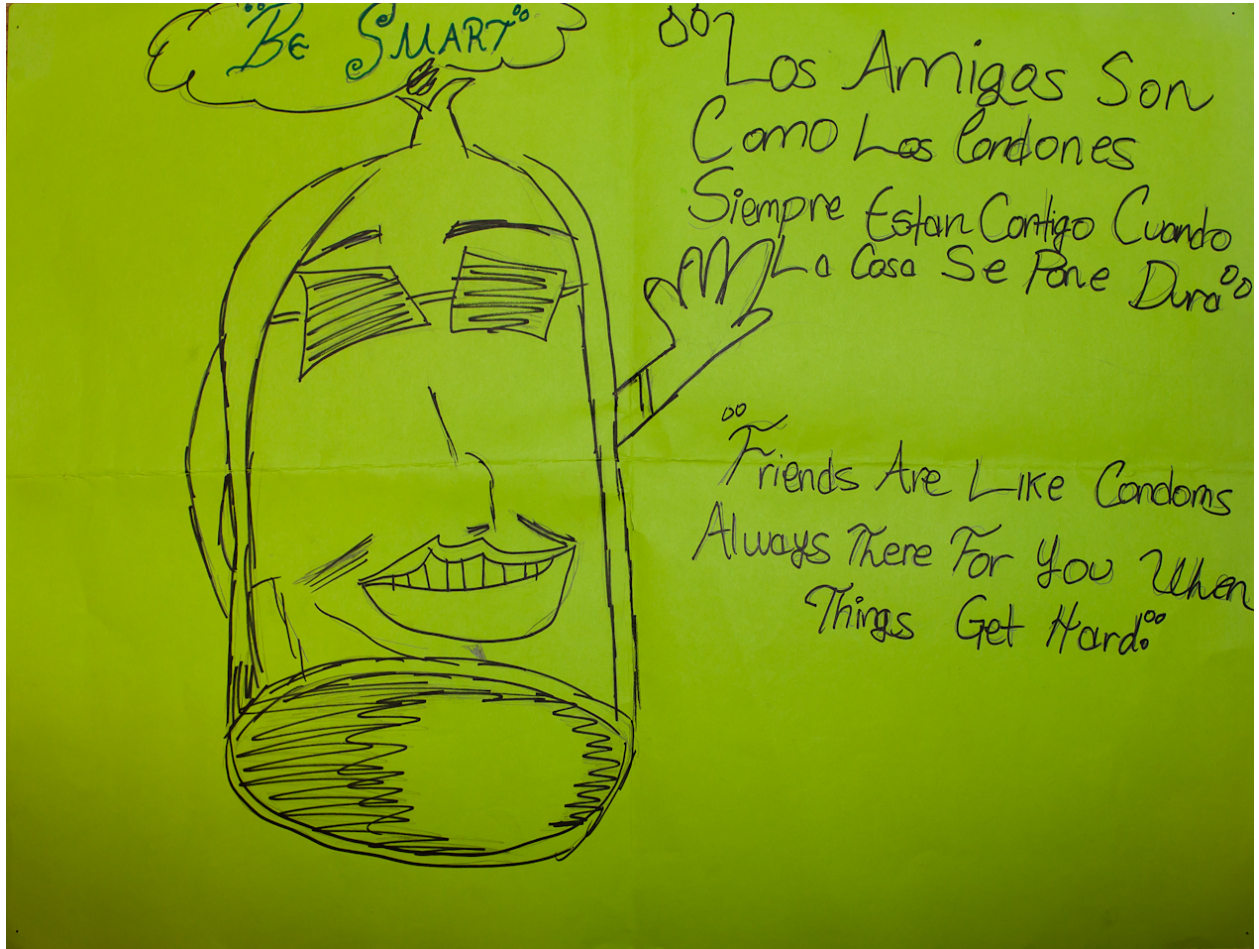
The purpose of *Yo Puedo* was to test a project designed to promote sexual health and improve future opportunities related to health and education among Mission District youth.⁵³ The intervention was comprised of two key components (See: Figures 2.1 and 2.2):

- (1) Eight life skills sessions informed by social learning theory and derived from evidenced-based unintended pregnancy prevention curricula^{57,58} that addressed norms that influence early childbearing and partnerships.
- (2) Conditional cash transfers (CCT), guided by behavioral economics,⁵⁹ small cash payments paid upon completion and documentation of health and educational goals.

The life skills sessions were given once a week after school for eight weeks at community partner sites. Youth could continue to complete and be paid for goals for six months from the date of enrollment. Participants enrolled as part of two to three friend social networks, which were then randomized to an intervention or observational control group at enrollment. The control group participated in interviews, but no intervention activities. To assess the effect of the intervention on social norms related to gang exposure and early childbearing, life skills sessions were offered to groups comprised of social networks. We delivered a total of eight intervention groups: two at Precita Center, four at Mission High School, and two at John O'Connell High School (See: *Yo Puedo* Recruitment and Community Partner Map). Two of the four groups at Mission High School were conducted in Spanish. Half of the groups were delivered to male participants.

Figure 2.1: *Yo Puedo* Intervention Components: Life Skills

<i>Yo Puedo</i> Life Skills: Session Topics
Session 1: Setting Goals, Future Orientation and Accessing Emergency Contraception
Session 2: Advocacy Skills: Speak OUT!
Session 3: Navigating the Clinic and Getting What You Want Out of Your Visit
Session 4: Assertive Communication and Refusal Skills: Should I Stay or Should I Go?
Session 5: Listening Skills: Listen Before You Speak
Session 6: Talking with Your Partner about Protection: It's My Life
Session 7: Dating Violence, Handling Your Anger and Gang-affiliated Relationships
Session 8: Next Steps: Where Do I Go From Here?



Yo Puedo, Session 2: Peer Advocacy Poster

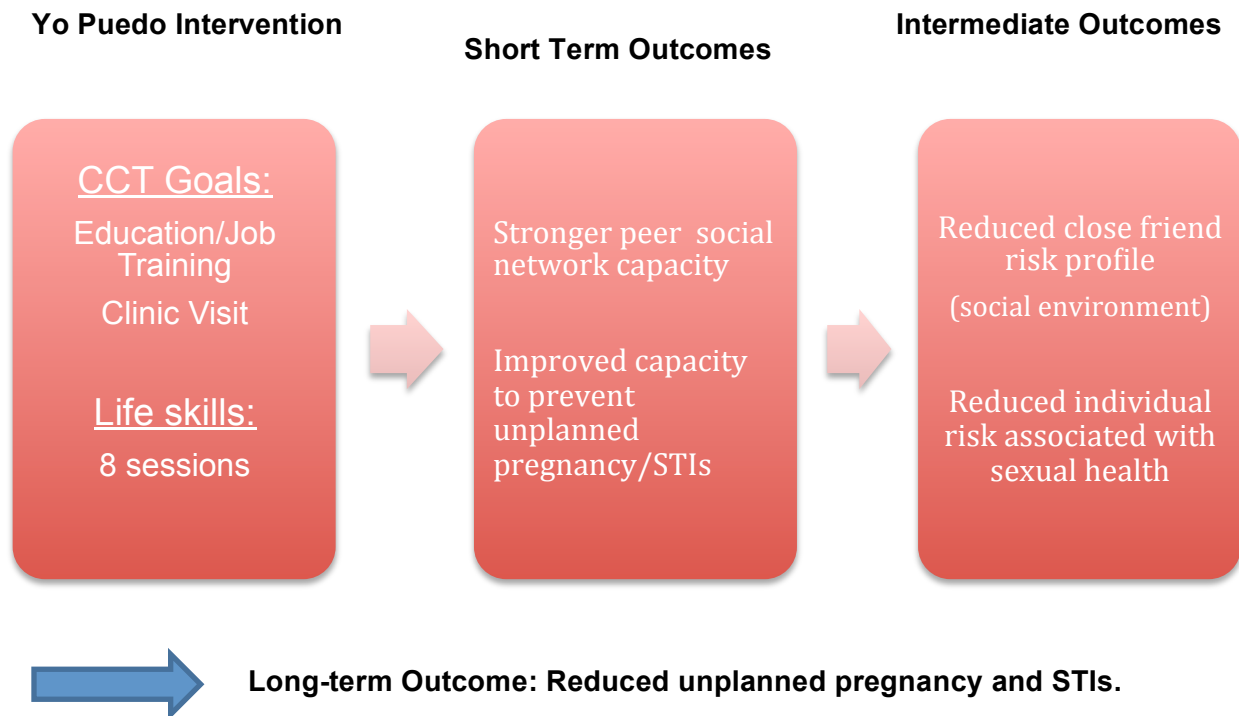
Figure 2.2 Yo Puedo Intervention Components: CCT

Conditional Cash Transfer Activities	Payment Amount (\$)
<i>High School and GED Completion*</i>	
Passing the high school exit exam (CAHSEE)	15
Academic tutoring (1 hour/week minimum for 1 month)	15
Make-up credits from dropped/failed classes	20
GED fee waiver submitted	10
GED preparation classes	20
Complete the GED exam	30
<i>Post-high school Opportunity*</i>	
Professional college/job counseling (minimum 2 sessions)	20
SAT or ACT completion	20
SAT prep classes (minimum 4-hour class)	15
College placement exams	15
2-yr college application completed	20
Enroll in 2-yr college classes	30
Personal statement	20
4-yr college application	40
Complete college financial aid application	20
Scholarship application	20
AB540 affidavit completed	15
<i>Employment Preparation and Training*</i>	
Resume	10
Work permit	15
Job orientation	10
Job interview	15
Job testing/screening	20
Enroll in job training	30
<i>Reproductive Health Wellness</i>	
Clinic visit	25

*For these categories, youth could choose an “other goal” option if the goal “fit” the goal category and was pre-approved by YP life skills facilitators.

The central theory of change (See: Figure 3, *Yo Puedo* Logic Model) that informed the evaluation of YP was that the CCT coupled with life skills education would encourage present investment in educational activities for improved future opportunities and would be enhanced through positive peer network support. Intervention activities were designed to build social network capacity. To this end, intervention activities were developed to foster peer modeling and knowledge uptake leading to higher educational expectations and increased capacity and confidence in preventing unplanned pregnancy and STIs. Social environment encompasses social network (family, partner, and peer ties) and neighborhood characteristics and norms. YP was delivered to peer social networks as a means to address risk in the social environment.

Figure 3: Yo Puedo Logic Model



Evaluation Questions

The principal YP evaluation questions centered on assessing **feasibility** (i.e., can we implement the intervention as intended?) and **intervention effects** (i.e., did we have an impact?) on **intermediate outcomes** associated with adolescent sexual health. At this stage of piloting the intervention, we did not conduct STI or pregnancy testing, though reducing STIs and unplanned pregnancy is the long-term goal.

Feasibility: *Were we able to...*

- Recruit social networks and randomly assign networks to intervention and control groups?
- Demonstrate YP intervention uptake and adherence (that youth joined and participated in YP)?
- Safely distribute cash payments for goal completion to youth directly?

Intermediate Outcomes: *Did we positively impact...*

- Individual behaviors associated with sexual health?

- Social environment risk through changes in the close friend profile?

The following sections will address these evaluation questions.

Yo Puedo Randomization and Youth Participant Profile

Of youth that we screened during recruitment, 90% of eligible youth enrolled for a total of 162 youth, comprising 72 peer networks. During the follow-up period, we had 92% retention over six months. Table 2 below describes who enrolled in YP: 79 youth in the intervention group and 89 in the control group. Because we are comparing outcomes between the intervention and control arms, we want the groups to be as similar as possible. If the groups are too different, we cannot compare outcome results. This is why we *randomly* assigned peer networks to either intervention or control groups. This means in Table 2 we assessed a range of behaviors and characteristics to assess any **significant differences** in participant characteristics (See: Data Interpretation and Statistical Analysis Terms). The only significant difference between groups ($p < 0.05$) is *ideal age for first child*, with the control group reporting a slightly older average age (26.3 vs. 24.7 years old). All other differences in percentages (the number in “()” for each characteristic) between the two groups are likely due to chance and, thus, do not represent a “significant” difference.

Table 2: YP Participant Characteristics

	Randomization Group	
	<u>Intervention</u>	<u>Control</u>
	N = 79	N = 83
N= 162	N (%)	N (%)
<i>Sociodemographic Characteristics</i>		
Age	16.8	16.9
Female	39 (49.37)	44 (53.01)
Latino/a	70 (88.61)	69 (83.13)
Foreign-born	30 (37.97)	27 (32.53)
Attended middle school in the U.S.	53 (67.09)	68 (81.93)
Maternal education <high school	37 (46.84)	32 (38.55)
Crowded housing conditions [^]	38 (48.10)	39 (46.99)
Social service benefits past 6 months	47 (59.49)	45 (54.22)
Maternal first birth <=18 years	27 (34.18)	22 (26.51)
<i>School and Education</i>		
In school now	72 (91.14)	74 (89.16)
Skipped school >4 days in past month	16 (20.25)	22 (26.51)
<i>Educational Aspirations</i>		
High School or Equivalent	10 (12.66)	4 (4.82)
Trade School, Vocational School, or Some College	22 (26.58)	19 (22.89)
College Graduate or Beyond	47 (59.49)	60 (72.29)

Relationship and Sexual History

Sexually active (ever)	54 (68.35)	64 (77.11)
Mean age at first sex	14.48	14.43
Mean lifetime sexual partners ^a	5.14	4.08
Past pregnancy ^a	8 (14.81)	7 (10.94)
Sexual relationships in the past 6 months		
None	34 (43.04)	29 (34.94)
Main only	22 (27.85)	30 (36.14)
Casual only	16 (20.25)	13 (15.66)
Both main and casual	5 (6.33)	11 (13.25)
Contraceptive use in the past 6 months ^b		
Condoms	37 (84.09)	48 (90.57)
Oral contraceptive pills	13 (29.55)	10 (18.87)
Other hormonal method	10 (22.73)	9 (16.98)
Unprotected sex in the past 6 months ^b	14 (31.82)	21 (39.62)
Used emergency contraception past 6 months ^b	13 (29.55)	12 (22.64)
Partner gang affiliated ^b	5 (11.36)	8 (15.09)
Pregnancy Intentions		
Definitely do not want pregnancy in the next 6 months	73 (92.41)	79 (95.18)
Partner definitely does not want pregnancy in next 6 months	58 (73.42)	68 (81.93)
Ideal age for a first child*	24.65	26.27
Used reproductive health services in the past 6 months	37 (46.84)	48 (57.83)

Risk Profile

Gang affiliation		
Individual	5 (6.33)	4 (4.82)
Close friends	35 (44.30)	43 (51.81)
Family	36 (45.57)	49 (59.04)
Close friend incarcerated	36 (45.57)	45 (54.22)
Close friend past pregnancy	48 (60.76)	48 (57.83)
Frequent alcohol use (at least weekly)	15 (18.99)	19 (22.89)
Frequent marijuana use (at least weekly)	23 (29.11)	28 (33.73)

[^] More than one person per/room, U.S. Census

^aAmong those who have ever had sex.

^bAmong those who had been sexually active in the past 6 months.

*p<0.05

Key YP Participant Profile Characteristics

- About 1 in 3 participants were born outside the U.S., most of whom had immigrated to the U.S. after middle school.
- Over half of participants lived in a household receiving social service benefits such as WIC, Medi-Cal, unemployment benefits, or food stamps.
- Most (90%) were currently enrolled in school.
- **Most expressed expectations to *graduate* from college.**
- 23% reported truant behavior: skipping/cutting school more than 4 days in the past month.
- Over 2 in 3 youth had ever had vaginal or anal sex.
- The mean age at first sex was 14.4 years old.
- One in three sexually-active participants reported unprotected sex in the past 6 months.
- **Over 90% of youth reported not wanting to become/get someone pregnant in the next 6 months.**
- Nearly half of participants reported having gang-affiliated friends.
- 21% or 1 in 5 youth reported alcohol use at least weekly.
- 31% smoked marijuana at least weekly.

Yo Puedo Uptake and Participation

Over six months, we assessed how many and to what extent youth in the intervention group participated in the intervention activities: completed goals for CCT payments and attended life skills sessions (See: Table 3). For youth who attended at least three group sessions, we also measured if youth reported becoming closer to the friends they enrolled with, made new friends in the group, and discussed YP topics outside of the group setting.

Table 3: Yo Puedo Participation

	Intervention Arm
	N=79
	N (%)
<i>Life Skills Sessions</i>	
Median number of sessions attended (range)	2 (0 - 8)
Attended at least one session	52 (66%)
Among participants attending 3+ sessions (N=32)	
Became closer with friends with whom enrolled	25 (78%)
Made new friends in life skills groups	15 (47%)
Discussed session topics with life skills group members outside of group	23 (72%)
Discussed session topics with friends not enrolled in <i>Yo Puedo</i>	19 (60%)
<i>Goal completion for Conditional Cash Transfer (CCT) payment</i>	
Median number of goals completed for CCT (range)	2 (0 - 14)
Completed at least one goal	42 (53%)
Educational/Job goals only	26 (33%)
Reproductive Health/ Clinic Visit goal only	1 (1%)
Both types of goals	15 (19%)
Median CCT amount earned	\$30 (\$0 - \$200)
Maximum payment amount earned	4 (5%)
<i>Participation in CCT and Life skills</i>	
Completed at least one goal and attended 1+ group	36 (46%)
Completed at least one goal and attended 3+ groups	31 (39%)

Key YP Uptake and Participation Results

- Overall 72% of youth randomized to the intervention group participated in intervention activities.
- 53% received at least one CCT payment.
- 66% or 2 in 3 youth attended at least one life skills session.
- The median amount earned from CCT rewards was \$30 and ranged from \$0 (no goals completed/could not provide goal documentation) to \$200 (maximum amount that could be rewarded in 6 months).

- Most commonly completed goals: tutoring, resume, clinic visit, college/career counseling, and course credit recovery.
- Primary reasons for not attending group: too busy (36%), other activities or sports (30%), and laziness (14%). Similar reasons were given for not completing CCT goals.

Of intervention participants that attended 3 or more life skills groups:

- 75% reported that they became closer with the friends with whom they enrolled.
- 50% made new friends in the groups.
- 75% discussed session topics with group members outside the life skills sessions.

Of note, participants who participated in more intervention sessions and activities in general reported fewer risk behaviors (i.e., having ever had sex, frequent alcohol use and having gang-affiliated friends) when they enrolled in YP than those who did not participate or participated minimally in intervention activities.

Distribution of Cash Payments for CCT Goal Completion

Overall, there was no evidence that youth used cash payments to finance high-risk behavior. Primary use of cash payments included purchasing food (56%), saving the money (53%), and spending it on shopping (23%). Only two youth reported using money to purchase alcohol or drugs. In addition, we did not receive any reports from parents/guardians, youth agencies, or from the high schools regarding youth using cash payments towards illicit activity.

Yo Puedo Intervention Effects on Intermediate Outcomes

At the six-month follow-up, there was some evidence of protective shifts in intervention participants' social group risk profile (social environment) and individual risk behaviors (See Table 4 and Data Interpretation and Statistical Analysis Terms). Analysis of intervention effects consisted of comparing two groups of participants: **Intent to Treat (ITT)** and **Per Protocol**. Both analyses compare outcomes between intervention participants with control participants to assess if the intervention had an impact. The **ITT** analysis compares the 83 control participants with all 79 youth that were randomized to the intervention group, *regardless of whether or not* they actually participated in any intervention activities. The **Per Protocol** analysis compares the 83 control participants with the 31 intervention participants that were **adherent: intervention participants that attended three or more life skills sessions and received at**

least one CCT payment. When we conduct a Per Protocol analysis, we can better understand how the intervention functioned with youth that participated in the intervention as intended or completed a certain amount of intervention activities. However, when we conduct a Per Protocol analysis, we may introduce bias into our analysis if, in this case, the 31 youth that were “adherent” were also very different from those that did not participate. As noted above, we have some evidence that adherent participants reported fewer risk behaviors at enrollment compared to non-adherent youth.

Table 4: Yo Puedo Effects on Intermediate Outcomes

	Intent to Treat ^a		Per-Protocol ^b	
	OR	p-value	OR	p-value
Friend Profile				
Close friends gang affiliated	0.71	0.31	0.40*	0.10
Close friends detained	0.60	0.12	0.37*	0.09
Individual Behavior				
Hangs out on the corner frequently	0.54*	0.10	0.46	0.15
Frequent alcohol use in past 6 months	0.76	0.50	0.16*	0.10
Frequent marijuana use in the past 6 months	0.59	0.13	0.10**	0.02
Any sex in the past 6 months	0.50**	0.04	0.57	0.35
Unprotected sex at last sex	0.42	0.12	0.24	0.21
Reproductive Health Service Use				
Used reproductive health services in the past 6 months	1.24	0.52	1.92	0.21
Enrolled in Family PACT insurance	0.69	0.31	1.74	0.53
STI test in past 6 months	0.80	0.58	1.43	0.61

*p<0.1; **p<0.05.

^aITT: Intervention N=79, Control N=83.

^bPer-Protocol: Adherent N=31, Control N=83.

Key Intermediate Outcome Results

Overall, results suggest that Yo Puedo improved individual health and behavior outcomes that we know are associated with sexual health and educational attainment.

Regardless of how much youth participated in the intervention (ITT), Youth reported...

- Lower odds (OR < 1.0) of hanging out on the street

- Lower odds of close friends who had been detained/incarcerated
- Lower odds of regular alcohol consumption
- Lower odds of having sex in the past 6 months

Youth who came to at least three groups and received at least one CCT payment for goal completion (Per-Protocol) also reported...

- Lower odds (OR < 1.0) of frequent (weekly) alcohol and marijuana use
- Lower odds of close friends who were gang-affiliated

Of note, intervention participants also reported lower contraceptive self-efficacy (ability to effectively use contraception) and motivation (desire to effectively use contraception). One possible explanation is that youth who received a “low dose” of the intervention gained a greater appreciation for the challenges of using and negotiating contraception to achieve their desire not to become pregnant. Perhaps a “higher dose” of the intervention would have built confidence to overcome such challenges. Furthermore, intervention youth also reported lower odds of being sexually active, which may have also influenced their attitudes about contraception.

What did youth have to say about *Yo Puedo*?

At the conclusion of the YP intervention trial, in addition to written participant evaluations, we conducted 12 interviews with youth to get their feedback on the intervention: what they liked, didn’t like, and what they would modify if we were to scale up the intervention. We also asked about what they thought were some of the biggest issues facing Mission youth. Below are some of the key themes that emerged from these interviews.

Cash incentives. Cash payments for group participation motivated youth to attend groups and complete goals.

At first it was just because of getting paid, then I kept going to them [groups] because the information was pretty helpful toward my life and how I could keep going through that pathway to success... I would like to go to a 4-year college. I would like to become teacher someday.

I would describe YP as an organization that will award people that have made goals and will actually encourage them more because they get paid too...money was number one motivator... you get paid for doing something that would benefit you: I could do all this and get paid for it, heck I should just do it!

I just came for the money to keep it real. [Came to the second group] because ya'll were some cool people, and for the money...ya'll are nice people because in the neighborhood, like yeah, there's not many people like you, you know what I'm say'in, like you guys are nice and came and talked to us. People don't talk to us; they mug us and s---...

To be honest, the money kind of caught my attention...it was a good thing in a way, 'cause the goals things, because I got some of that out of the way... I liked the set-up, 'cause I don't like being babied, like "hold my hand," like "let's go over here and get this done for you"...we're grown, we ain't young, that dumb...

Indirect effects of goal completion. While some youth said they would have completed certain goals, such as tutoring, regardless of the cash payments, they also described how completing goals and participation in the intervention led them to accomplishing other steps tied to educational or work opportunities.

Yo Puedo kinda helped me more with making sure that I am on the right track like...I need to work hard and keep my grades up and apply for scholarships... Like college advising, I wouldn't have done this [goal], but tutoring, yes. I chose my classes based on advising.

I made a resume and it came in handy and I used it when I went to try to look for a job at Trader Joe's and Bed, Bath and Beyond... It [Yo Puedo] actually made me really organized. Now I have a folder that I have a lot of stuff in. Like I hadn't bothered to check on my SAT scores and I found out that they are actually pretty good thanks to that...

They [teachers] asked about Yo Puedo at our school...then they started liking us even more: you guys are "good girls" now...

Relationships and sexual health. Youth thought that the topics and activities in the life skills groups would or had helped them improve their relationship dynamics. Completing the reproductive health clinic visit and learning about contraception encouraged youth to be proactive in sexual health decision-making and behavior.

Like in a relationship, I would like to make sure that we all have equal power, like not me or the boyfriend having all the power, telling you what to do, like I would want it to be equal...if there are arguments and disagreements, Yo Puedo has helped me to handle that without screaming...

During group, I realized that we, my boyfriend and I, really communicate well (de una manera bien)...My boyfriend didn't have that card [Family PACT] and we went to the clinic because of Yo Puedo. There they recommend some family planning methods, I got my Family PACT card and felt very prepared (muy preparada) when I went.

I used to be embarrassed about talking about these topics, but after [Yo Puedo] I have confidence. (Tenía pena antes de hablar de estas cosas, pero después tenía confianza.)

I first came because of my girlfriend: she was taking the girls' one...We could like get a benefit out of it. We could both learn how to protect ourselves so we don't do anything dumb.... I would always ask my girlfriend about what they were talking about...I see things more smarter 'cause like before when we first were going out, about the right time for us to have sex, but after the program all the stuff we learned...we started to take things more slower...we don't want a kid...we are keeping things smooth.

Joining with friends. Joining YP with friends encouraged study enrollment, group attendance, and goal completion.

It's good to come with friends because it motivates you. Now that I know what it's about, I would come alone...It's the first time I have participated in a program like Yo Puedo.

My friend told me about Yo Puedo—I joined because of him. I did not find interest in joining at first [and] would not have joined if my friend hadn't. We got paper work [to document goal completion] together.

I felt more comfortable joining with friends. I would probably not join on my own.

I did my clinic visit at Potrero Hill [New Gen]...I was going to do it anyway, but we felt more motivated to get it done...we were lagging, like we will do it next week, then next week... we helped each other to remember. [Joining with friends] helps motivate each other: let's go, let's do it...we've known each other for two years...we are close friends...we've helped each other, covered for each other...(have each other's back)...front, back, side to side...

Yo Puedo didn't change our friendship...maybe we got a little closer...'cause like all three of us, we'd be like let's go [to group]...There we had different conversations than we did on the street.

Changes and modifications. Youth feedback on what they thought might improve YP reflected the diversity of the participants who joined YP and included specific suggestions for working with undocumented youth and youth in the criminal justice system. In addition, many youth suggested that we incorporate a specific session on substance use.

Yo Puedo benefited me a lot. I learned many different things, but it was hard to attend groups because of soccer practice. It would be perfect if it was during Advisory.

You need more groups in Spanish, three at least, because I had a lot of friends who wanted to join... those without papers need more support with a specific session on supporting undocumented students to complete high school and college.

I would have come to group [if I hadn't had an afterschool program]. I would definitely have done that to get educated on stuff that can wreck my life. Do groups during the school day—a lot more people would have shown.

I only showed up to like 3 groups because I have tutoring. I am on contract because of my grades, but I looked forward to going to group. She [Yo Puedo group facilitator] was very nice and she always checked with me to see if I could come or not. She would joke around with us too, but at a respectful level...

There are no programs in the halls...they just took me to school...I was in there for like two months and a half...They didn't tell me s---. I was getting released... [It would be good to set people up with Yo Puedo while in detention to be able to complete goals in and outside of the halls] because they have nowhere else to go, you feel me, they are bored as f---, I wanted a place to go...I wanted somebody to come talk to me, ...If you get to them in there, when they get out they're still gonna be on probation, so they still gotta follow rules, so if ya'll follow-up, you feel me...time to get them, snatch them.

You could get more people out the neighborhood, you could probably see a change...mostly jobs, afterschool programs...have a program on 24th and Mission...closer to the neighborhood...I had stay aways...they [probation] can make an exception for attending programs...have one program for like the projects ("Army Street"), and one closer to 24th. There are barriers...if you banging, you banging...

Good behavior in jail, when you're locked up, gets you out earlier, you have a lot of time in there, where you mostly think. What are you going to do, play? Get into programs? I think Yo Puedo is pretty cool... That'd be cool for them...I feel like YGC already provides programs for when you get out...but if you keep screwing up...

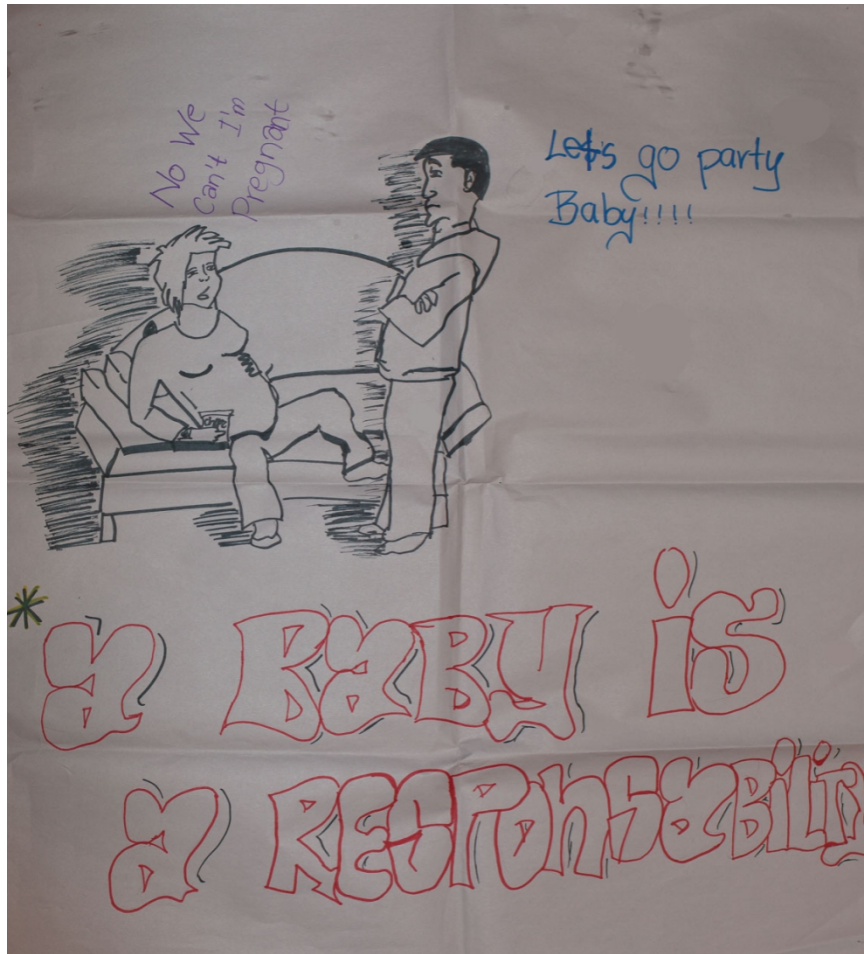
I don't like groups...Like I don't need to meet new people, for what? So they can know my business? Ya'll probably touched on important topics, but I didn't go, so I don't know. Yes, I like the idea of workshops—three times, if they would give us an outline of what we were going to do. I would rather have less groups with more hours.

I would like to have taken the SAT as part of the goals. Maybe like a little more push [from Yo Puedo], like I didn't know where to sign up for the SAT. I still don't know.

Unlocking goals, like in a video game, would be interesting...but what if you can't do the goals you have to unlock? You should be able to switch things up as long as you get everything done or like if you get four things done you get paid...

Pot...marijuana will get in the way of me getting my construction management license [future goal], probably, I don't know...'cause it just gets me lazy and I don't want to do nothing...Yo Puedo should cover drugs, drug abuse, alcohol abuse...

I think it would be good to incentivize each group to complete group goals. It would be perfect to have fewer groups and get more money for each one.



Yo Puedo, Session 2: Peer Advocacy Poster

Summary of Findings

Overall, we demonstrated that *Yo Puedo* is feasible and that we did achieve most of our intermediate outcomes. There was some evidence of positive shifts in both the individual behavior and close friend profile of intervention participants. Based on our theory of change (See: Fig. 3 *Yo Puedo* Logic Model), this may suggest that youth did not change their close friend group, but rather the social network norms and behaviors changed. Though we did not explicitly address substance use, there was decreased alcohol and marijuana use in the intervention group. This may be due to an increased focus on educational achievement and goals.⁶⁰ Overall, the results point to the potential for this type of intervention, involving peer network clusters and community partners, to improve neighborhood-level health and opportunity outcomes. At this stage, we cannot say whether positive behavior would be sustained over time and lead to improved educational attainment and sexual health outcomes. This would require, at a minimum, delivering the intervention and conducting follow-up data collection over a longer period of time.

Though there was lower participation than what we had anticipated, we recognize that this may be due to an intervention involving youth who are vulnerable, hidden, or juggling competing time demands tied to work, family and school. Our results and feedback from youth and community partners have led to considerations for a scaled-up version of YP. However, implementation and evaluation of a scaled-up version of YP (e.g., delivering the intervention to more youth and involving more partners) will require sufficient funding.

Next Steps and Design Modifications:

- Convert 8 sessions to 2 half-day workshops
- Use CCT payments to incentivize workshop attendance and goal completion by all social network members (e.g., payments to participants double if all network members complete a given goal)
- Develop of a YP mobile app to facilitate intervention communications and tracking of goal completion
- Include of a substance use component
- Combine this intervention design with an existing program in a youth agency or school

- Refine goals, including selecting goals that have been evaluated with respect to the quality of service provision, particularly for educational goals (e.g. tutoring services)
- Focus on both Latino and African American youth with a sister program in Bayview. In YP, about 15% of participants identified as African American.

Informed by youth and community partner feedback tied to both gang-involved youth and substance use as a primary health concern, we conducted a separate analysis of gang-affiliated youth who enrolled in YP.⁶¹ We provide the findings from this analysis in the next section of the report.

Yo Puedo Life Skills Session 7 Community Survey:

Community Map

Instructions: Please draw a map on the back of this paper of the Mission or the area of the Mission you pass through, live, hang out in, or attend school. Include the following: streets, alleys, businesses, schools, parks, youth agencies and other features of your neighborhood experience in the Mission. Label everything and draw stick figures to show where people live, work, play, hang out, and go to school.

Use the markers to highlight the following:

Green: Safety zones and community resources

Orange: Danger zones (places where you feel less safe)

When you are done, list 3 things (in order of importance) you would like to see *change* in the Mission. Then list 3 things (in order of importance) you think are important *resources* in or *strengths* of the Mission.

Changes we would like to see in the Mission:

1. Less violence
2. Less people using drugs
3. Less homeless people on the streets

Strengths or resources we like in the Mission:

1. Programs
2. Sports Teams
3. Schools

Yo Puedo, Session 7: Community Map

Gang- affiliated Youth and Positive Peer Network Ties

Interviewer: *What do you think are some of the biggest issues facing Mission youth?*

YP Participant: *I mean besides the gang banging, I don't know, I just feel like people who grow up in the Mission either have to gang bang or they're nothing...That's what I used to think... That's what we all think...For me [there are no benefits to being gang-affiliated], not really, but maybe for other people, maybe they need family, maybe they need money, they need something...you look for that respect when you're young...but now I respect people who don't smoke and drink, those are the cool people to me now...I used to date a gang banger, Sureño, and he got shot two years ago and that liked changed everything...I didn't change right away... I started going to school and getting good grades...I kicked it with Norteños over here...I got a job to prevent me from going to do something... working in an afterschool program...*

I don't want to say I don't believe in them...Some of them [bangers] had potential, but they were stuck...I could just tell, they were different...they're over there like talking real ass s--- and I'm just like why aren't you in school, doing something with that knowledge...

Gangs and gang-involved youth feature prominently in the social landscape of the Mission and impact both young men and young women, U.S.-born and foreign-born youth. During *Yo Puedo* group sessions, post-intervention in-depth interviews like the one above, and during community partner meetings, issues facing gang-involved youth continued to surface. These same themes were woven throughout the *Mi Cuento* interviews as well. Categorizing gang-involved youth as criminals can mask the social environmental factors that draw youth to gangs initially, the health inequities they face, and the potential for gang-involved youth to participate in building healthy communities.⁶²⁻⁶⁴ Furthermore, in addition to intervention efforts to reduce arrests and gang-related violent crime, a public health approach to gang-intervention offers a complimentary focus by addressing noncriminal health outcomes.

Drawing on a positive deviance framework (See: Background and Purpose), we compared both positive attributes and risk behaviors of gang-affiliated and non-affiliated youth and their close friends. We then explored how *positive* peer ties were associated with frequent alcohol and marijuana use.

We defined youth as “gang-affiliated” if, at baseline, youth responded YES to any of the following questions:

- Do you currently hang out with people who are associated with a gang or color, but don't claim?
- Do you currently hang out with people who bang or claim a color?

- Do you currently belong to a gang (claim or wear a color)?

This definition of “gang-affiliated” captures youth who reported gang membership as well as those who may have not been formally jumped into a gang or may have not wanted to report belonging to gang. Though we asked about familial affiliation (73.1% of gang-affiliated youth reported having at least some family members who were or are gang-affiliated compared to 33.3% of non-affiliated youth, $p < 0.01$), we did not include this in our definition so that we could better isolate current affiliation and youth selection of their peer group. Table 5 provides distributions of various sociodemographic, sexual health, substance use, and educational characteristics by gang-affiliation. Of the youth who enrolled in YP, 48% (N= 78) reported gang-affiliation at baseline.

Table 5. Background Characteristics of *Yo Puedo* Participants by Gang Affiliation

N=162	Gang- Affiliated N= 78 N (%)	Non- Affiliated N= 84 N (%)	p-value
<i>Sociodemographic Characteristics</i>			
Mean age	17.2	16.6	0.01
Female	35 (44.87)	48 (57.14)	0.12
Latino/a	71 (91.03)	68 (80.95)	0.07
Foreign-born	26 (33.33)	31 (36.90)	0.63
Attended middle school in the U.S.	63 (80.77)	58 (69.05)	0.10
Maternal education < high school	39 (50.00)	30 (35.61)	0.11
Crowded housing conditions [^]	42 (53.85)	35 (41.67)	0.12
Maternal first birth ≤18 years	25 (32.05)	24 (28.57)	0.54
Social services benefits past 6 months	50 (64.10)	42 (50.00)	0.02
<i>School and Education</i>			
In school now	66 (84.62)	80 (95.24)	0.02
Skipped school > 4 days in past month ^ψ	27 (34.62)	11 (3.10)	**
Educational Aspirations			0.65
High School or Equivalent	7 (8.97)	7 (8.33)	
Trade School, Vocational School or Some College	21 (26.92)	19 (22.62)	
College Graduate or Advanced Degree	49 (62.82)	58 (69.05)	
Educational Barriers			
Don't know how to pay for it	37 (47.44)	47 (55.95)	0.28
Don't know requirements to apply	3 (3.85)	1 (1.19)	0.28
Don't have credits or grades	13 (16.67)	11 (13.10)	0.52
Motivation	17 (21.79)	16 (19.05)	0.66
<i>Sexual Health and History</i>			

Sexually active (ever)	64 (82.05)	54 (64.29)	0.02
Mean age at first sex	14.36	14.57	0.42
Unprotected sex in the past 6 months*	18 (33.96)	17 (38.64)	0.66
Pregnancy Intentions			
Definitely do not want to get pregnant in the next 6 months	73 (93.59)	79 (94.09)	0.90
Ideal age for a first child	25.44	25.58	0.84
Accessed reproductive health services in the past 6 months	50 (64.10)	35 (41.67)	**
<i>Substance Use</i>			
Frequent alcohol use	24 (30.77)	10 (11.90)	0.01
Frequent marijuana use	36 (46.15)	15 (17.86)	**

^More than one person per/room, U.S. Census

ΨAmong those currently in school

*Among those who have had sex in the past 6 months

** p < 0.01

Key YP Characteristics, by Gang Affiliation

Compared to non-affiliated youth, **gang-affiliated youth** were **significantly MORE** likely to:

- On average, be slightly older (17.2 vs. 16.6 years old, p = 0.01)
- Live in a household receiving social service benefits such as WIC, Medi-Cal, unemployment benefits, or food stamps (64.1% vs. 50%, p = 0.02)
- To currently not be in school (84.6% vs. 95.2%, p = 0.02) and to be truant if in school (34.6% vs. 3.1%, p < 0.01)
- To have ever been sexually active (82.1% vs. 64.3%, p = 0.02)
- To have accessed reproductive health services (e.g. went to MNC Shotwell Clinic at 16th Street or New Generation on Potrero) (64.1% vs. 41.7%, p < 0.01)
- To drink alcohol at least weekly (30.8% vs. 11.9%, p < 0.01)
- To smoke marijuana at least weekly (46.2% vs. 17.9%, p < 0.01)

There were **NO significant differences** between non-affiliated youth and gang-affiliated youth for the following characteristics:

- Educational aspirations: over 60% of youth aspired to and believed they actually would graduate from college.
- Educational barriers: most youth, about 1 in 2, identified financial reasons for not being able to go as far as they would like to go in school.
- Pregnancy intentions: 94% of youth stated they definitely did not want to become or get someone pregnant in the next six months.
- Despite pregnancy intentions, about 1 in 3 sexually active youth reported unprotected sex in past six months, putting them at risk for both unplanned pregnancy and STIs.

Despite higher risk behaviors tied to truancy and substance use, **gang-affiliated youth were just as likely as non-affiliated youth to report high educational aspirations.** However, both groups are at risk for unplanned pregnancy and STIs.

Peer Network Characteristics, by Gang Affiliation

With respect to the close-friend composition by gang-affiliation, we see similar patterns as we did for individuals (See: Table 6).

Table 6. Close Friend* Network Characteristics by Gang Affiliation

(N = 162)	<u>Gang-Affiliated</u> N= 78 N(%)	<u>Non-Affiliated</u> N= 84 N(%)	<u>p-value</u>
Mean number of close friends	7	5	0.02
Foreign-born	59 (75.64)	57 (67.86)	0.43
Live in your neighborhood	59 (75.64)	43 (51.19)	0.01
<i>Positive Characteristics</i>			
Currently in school	73 (93.59)	82 (97.62)	0.14
Currently in a 2-year college	30 (38.46)	21 (25.00)	0.14
Currently in a 4-year college	26 (33.33)	18 (21.43)	0.22
Currently in a job-training program	33 (42.31)	29 (34.52)	0.50
Plan to go to a 4-year college	69 (88.46)	76 (90.48)	0.20

Risk Characteristics

Skip or cut class at least once a week	56 (71.79)	37 (44.05)	**
Have spent a night in juvenile detention or prison	57 (73.08)	24 (28.57)	**
Have been pregnant/gotten someone pregnant	44 (56.41)	19 (22.62)	**

*"people you spend time with or kick it with more than others or trust more than others and can include blood relatives"

** p < 0.01

While a greater percentage of gang-affiliated youth report having close friends who were truant, spent time in detention, and had been or had gotten someone pregnant, there was no difference by gang-affiliation for having close friends who plan to go to a four-year college or are currently enrolled in a four-year, two-year college or vocational training program. **Overall, about 90% of youth, regardless of gang-affiliation, reported having close friends who aspire to attend a four-year college.**

Given substance use is associated with youth gang-involvement and substance abuse treatment is often a key component in comprehensive gang intervention programs, we conducted a statistical test to assess how having close friends who plan to go to a four-year college might affect individual frequent marijuana and substance use (See: Data Interpretation and Statistical Analysis Terms).⁶⁵⁻⁶⁹ In addition to implications for adult substance abuse, among youth in general, frequent marijuana and alcohol use during adolescence has been associated with high-risk sexual behavior (unprotected sex and multiple sexual partners) and disengagement from school, including lower odds of degree attainment and lower income in adulthood.⁷⁰⁻⁷⁴ For gang-involved youth, engaging in high-risk health behavior during adolescence that contributes to low educational attainment can threaten familial and financial stability as well as desistance from crime in adulthood.⁷⁵

We conducted this analysis with the entire sample and found that, across all networks, **having at least some close friends who plan to go to a four-year college was associated with significant lower odds of frequent marijuana use, OR = 0.27, p = 0.02.** Though not statistically significant, **we found similar protective associations with having close friends with college aspirations for frequent alcohol use, OR = 0.29, p = 0.14.** Other researchers have also found that having high educational aspirations with plans to go to college to be associated with lower adolescent alcohol and illicit drug use.^{76,77}

We also found that the having close friends who were truant, spent time in detention, and had been or had gotten someone pregnant was associated with **significant increased odds** of frequent substance use, particularly marijuana use. We recognize that such proxies of risk speak to larger issues tied to socioeconomic inequities that Mission youth, including gang-involved youth, face and contend with on a daily basis. For instance, having close friends who have spent time in detention may not only function as a measure of having friends who engage in criminal behavior, but also for

racial profiling. For this reason, we recommend a focus on improving educational opportunities and access as a strengths-based approach to improve a range of adverse health and social outcomes.

Summary of Findings

- Gang-affiliated youth report that they and their close friends aspire to and believe that they will graduate from a four-year college.
- Despite greater social environment risk, gang-affiliated youth are no less likely to have high educational aspirations when compared to non-affiliated youth.
- Having college aspirations is associated with lower odds of substance use, particularly marijuana use in this sample.
- Having high educational aspirations has also been found to be protective against adolescent pregnancy.⁷⁸
- Working with gang-affiliated youth to identify and model positive behaviors of close friends that may be positive deviants, perhaps working toward higher education and other post-high school opportunities, may offer a promising strategy to counter not only substance use, but also unplanned adolescent pregnancy and improve the health of gang-involved youth.
- Working with gang-involved youth as partners in research and intervention design and implementation encourages youth development and can contribute to community building and well-being.

The next section discusses implications for community mobilization and collective impact using the findings from the report.



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**Community Report Implications for Collective Impact:
Health and Educational Opportunities for Mission Youth**

The key findings from *Mi Cuento* and *Yo Puedo* provide data on Mission youth that highlight the relationship between educational aspirations, positive family, partner and peer ties and health outcomes. Community partners can use this data to support health and educational opportunities for Mission youth. From *Mi Cuento* we learned:

- **Youth aspire to complete post-high school opportunities before starting a family.**
- **Partners and family members generally supported these childbearing expectations to postpone parenting until completing education goals.**

**Opening educational opportunities for
Mission youth may help to prevent unplanned adolescent pregnancy.**

From *Yo Puedo*, we learned:

- **An intervention involving life skills sessions and cash rewards for educational and reproductive health goal completion *delivered to small groups of friend networks* may improve individual and close friend risk behaviors related to substance use and sexual behavior.**
- **Gang-affiliated youth and their close friends were just as likely as non-affiliated youth and their friends to aspire to go to college.**
- **Having close friends who plan to go to college was associated with reduced frequent alcohol and marijuana use.**

**Having close friends who plan to go to college
may reduce frequent substance use among gang-affiliated youth.**

Mission youth face socioeconomic barriers related to poverty, community violence, and immigration status, but they also demonstrate resilience and express high educational aspirations. While these findings may confirm what many of us already know about neighborhood youth, data can help to inform, validate, and improve new directions in intervention design. Data, including the data offered in this report, can also be a powerful way of communicating with decision makers, such as funders, city officials, and criminal justice officers, about concrete ways to support Mission youth.

Issue Selection. Community organizing and community-based partnerships can influence the policymaking process by demonstrating “a problem” exists, presenting practicable solutions that appeal to policymakers, and assuring that community representatives are present to negotiate proposals.⁷⁹ A “good” issue has both *depth* and *breadth*. **Depth** encompasses how deeply community members feel about an issue, while **breadth** refers to how pervasive the issue is.⁸⁰ If a few community members and

perhaps one or two businesses express concerns about youth loitering at the corner of 24th and Shotwell Streets, the issue may have depth for those members, but little breadth. On the other hand, repaving Portrero Avenue from 24th to 16th Streets may receive support from many community members, but may not be as important as neighborhood violence. To create an impetus for policymakers to push agendas that improve educational opportunities for Mission youth, it will be important to define the issue in way that solicits widespread and deeply felt support. One important step in this process is to have a broad range of collaborators who band together behind a “good” issue.

A “good issue” is one that has both widespread and deeply felt support by community members.

Multi-sectoral Collaboration. Organizations, community programs, and institutions often work in silos, even on related issues. This can result in fragmentation and lead to misuse of resources, duplication of poorly aligned efforts, and missed opportunities to effectively coordinate for social change.³⁵ Multi-sectoral collaboration involves cross-sector and cross-disciplinary coalitions that facilitate communication between neighborhood residents and policymakers.³⁵ This type of coordination can broaden the scope of what constitutes a good issue and create the impetus for why it should enter the political arena.

Multi-sectoral collaboration members can pool resources and expertise to transform issues that are important, but not primary priorities for any one agency or institution, into “good” policy issues for the collaboration.

A local example of cross-disciplinary and cross-sector collaboration with a key objective of promoting educational and job-training opportunities for Mission youth is the Mission Peace Collaborative (MPC). In 2012, the MPC was formed to respond to community concerns about gang violence, health and opportunity inequities among Mission youth, and racial and class-based tensions fueled by demographic shifts in the Mission. The MPC aims to reduce neighborhood violence by improving a range of health and socioeconomic outcomes for 500 disconnected and transitional aged youth (13-25 years old).⁸¹ The MPC brings together a wide range of partners, including neighborhood residents, community agencies, public schools, the Mayor’s Office, City College of San Francisco, and the San Francisco Department of Public Health (SFDPH). Many of us are also MPC members. Multi-sectoral collaborations working across disciplines (e.g., social workers, educators, government officials, public health practitioners) and across sectors (e.g., neighborhood residents, community organizations, universities, and city government) can support initiatives through shared goals to promote educational opportunities for Mission youth.

The MPC proposes strategies, outcomes and indicators tied to educational and job-readiness goals for 500 Mission youth over five years. There is potential for organizing toward policy initiatives if careful attention is paid to how outcomes and indicators are defined at the outset and measured over the five-year period.⁸² Developing measures for indicators that can capture the various ways educational and vocational attainment can impact health and socioeconomic outcomes for Mission youth (and the

neighborhood) can improve the likelihood that a given indicator could transform into a good policy issue.⁸² Findings from this report can help inform that process. For example, *Mi Cuento* youth narratives highlighted educational barriers faced by undocumented youth despite aspirations to complete post-secondary education before starting a family. These findings speak to the need for broader provisions under the California Dream Act, including financial support for vocational training. For gang-affiliated youth, working with collaborators to suggest avenues to capitalize on positive peer ties may offer alternatives to suppression policies such as civil gang injunctions. With strong data backing key indicators, the MPC can draw on the political leverage of partners, such as District 9 (Mission District) Supervisor David Campos, running for California State Assembly in June 2014, to gain traction in influencing local and, perhaps, state policy.

Collective Impact. In addition to multi-sectoral collaboration, there are also other key elements for successful, action-oriented collaboration. In the 2011 *Stanford Social Innovation Review*, Kania and Kramer describe *collective impact* as the “commitment of a group of important actors from different sectors to a common agenda for solving a specific social problem.” Collective impact initiatives possess the following five characteristics:⁸³

- **Common agenda:** A common agenda implies that all collective impact members have a shared vision of the problem and how to solve it. This means differences or divisions about the common vision should be discussed and resolved to arrive at a primary goal for the initiative. If *Yo Puedo* was part of the MPC, we might suggest advocating for City funding initiatives to support community-based interventions like *Yo Puedo* designed to build social network capacity to access educational opportunities as a means to improve adolescent health outcomes. Other MPC members, such as the San Francisco Unified School District (SFUSD), might advocate for school-based funding initiatives. These could be mutually reinforcing activities if they are explicitly linked to a shared goal. Arriving at a common agenda is vital for measurement purposes.
- **Shared Measurement System:** Devising a means to measure and collect data on a shared list of indicators across all participating organizations and institutions allows for alignment, accountability, and a forum for learning from each others’ achievements and failures. This means, for MPC, that SFUSD, SFDPH, and Mission community agencies agree on a (short) set of indicators and agree to collect data on these indicators over time. In some cases it may be possible for questions to be added to existing data collection tools. As part of *Yo Puedo*, we conducted questionnaires with youth every six months. If we were part of the MPC, we could add questions to our existing data collection tools. Some resources will be given at the end of this section, but there are also many web-based applications to facilitate this process.
- **Mutually reinforcing activities:** Drawing on the expertise and strengths of diverse collective impact initiative participants to carry out agreed upon actions toward a common goal builds both efficiency and effectiveness. For instance, *Yo*

Puedo community partners could share data from this report and work with university MPC partners, SFDPH, and SFUSD to develop indicators.

- **Continuous Communication:** Regular in-person (e.g., monthly) meetings with key collective impact initiative staff help to build trust, commitment and a common vocabulary for measurement and the development of a good policy issue. Using this report to better understand data and statistical analysis terms and the value of both qualitative data (*Mi Cuento*) and quantitative data (*Yo Puedo*) may be of use in creating a common vocabulary for and approach to measurement. In addition, the MPC has many committees (e.g., employment, education, health, immigration, criminal justice) and managing continuous communication can be burdensome without a backbone support organization.
- **Backbone Support Organizations:** Establishing a separate organization and staff with a specialized skill set can provide the infrastructure necessary to maximize collective impact. Every participating member of the MPC is strapped with service provision and other demands. Initiatives fail, in part, because they lack organizational scaffolding to maintain them. Generally the backbone organization would serve as project manager, data manager, and facilitator with the ability to frame issues in ways that give them both depth and breadth. However, one of the biggest roadblocks to creating a backbone organization is funding. Unless an existing community organization or institution can adequately fill this role, acquiring a funding source to finance a support organization is important.

Maximizing collective impact can help multi-sectoral collaborations to more effectively and efficiently bring about social change.

This report speaks to engaging and leveraging the positive social ties of Mission youth to address health outcomes. *Yo Puedo* did not engage in youth-led initiatives. Moving forward, we may want to consider pathways for adult allies to support youth in becoming agents in improving their own lives, including opportunity access, through civic action and policy impact.^{84,85} The process of civic engagement can have a lasting impact on youth and their peer networks and encourage youth to organize beyond their own neighborhood to take active part in breaking down structural barriers to educational and health equity.

The following links provide tools that may be helpful for creating indicators, collecting data, and exploring current examples of local and regional collective impact initiatives:

Community Tool Box:

Collective Impact Form (Opportunity Youth Focus): <http://www.collectiveimpactforum.org/resources/collective-impact-opportunity-youth-report>

Sustainable Communities Index: <http://www.sustainablecommunitiesindex.org/>

For Mission District: <http://www.sustainablecommunitiesindex.org/neighborhoods/view/17>

In Closing and Moving Forward

The Mission is changing and has been changing for some time. Families and youth that have lived here for generations are feeling the push. Blog posts, community meetings, graffiti and street art speak not only about what is happening, but also about visions for moving forward. Creating educational and job opportunities for Mission youth is one of these visions. Not only can a commitment to future opportunities for youth help build a base for strengthening neighborhood networks, such commitment can also improve health outcomes for the most marginalized youth of our community. In turn, the most marginalized youth can also become leaders and, perhaps, be the ones to bridge the social gaps and foster dialogue between new and old neighbors to devise collective efforts to preserve and grow the neighborhood in ways that invite inclusivity and collective responsibility. This report illustrates how a contextual and asset-based approach to public health with a focus on sexual health supports community engagement and mobilization to improve future outcomes for youth. This report also supports the use of public health science to provide the data and rigor to explore, assess, and document findings that can be translated for use with and by community partners. In closing, we remember the youth we have lost and reaffirm our joint commitment to Mission youth moving forward.



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V. Conclusion

I walk from my home at 24th and Folsom to the men who stand at two corners only four blocks apart in the Mission District: the day laborers at South Van Ness and Cesar Chavez Street, and the gang guys at Shotwell and 24th ...When I look into the cafés, I see the hip sip liberally on Fair Trade roasts, while their laptop screens suction their brains into the ether-web. Concurrently, the other Mission residents bobble past the café windows, towing their children like cannons. –A. Camarena (2010)¹

This dissertation aimed to provide findings and invite discussion about pathways to build strengths-based community intervention informed by the relationship between neighborhood context, social protection, and adolescent health in the Mission District of San Francisco. The findings from paper one highlighted how individual and social network norms related to post-secondary educational aspirations were tied to pre-parenting goals and a desire to prevent unplanned pregnancy. Similarly, in paper two, findings suggest that having close friends who plan to go to a four-year college was protective against frequent substance use among gang-affiliated youth, despite significant risk in the social environment. These health outcomes share a common pathway: the protective potential of individual and network norms that nurture educational aspirations. However, simply desiring to go to college does not guarantee that youth possess or will complete the academic preparation to pursue post-secondary goals. Structural and social environmental barriers may negatively impact academic preparation and engagement and may prevent youth who meet requirements from fulfilling their goals and achieving future socioeconomic stability.

Creating educational opportunities in urban neighborhoods like the Mission requires interventions that target structural and environmental barriers to educational access for undocumented youth, gang-involved youth, and those that may live at a cross-roads of socially and legally constructed categories. This includes, but is not limited to, challenging conventional perceptions of gang-affiliated youth and their peers, engaging gang-involved youth as community members to participate in the intervention design process, and advocating for educational support and U.S. citizenship options for undocumented youth. Efforts to dismantle neighborhood barriers to opportunities and health will also require community organizing efforts that reach city, state, and national decision makers.

Addressing upstream exposures that impact individual adolescent health outcomes entails a deliberate effort to unite community participation and public health science to document what and how community strengths can best be leveraged. As the Community Report suggests, such interventions will require collaboration among a range of stakeholders, sharing of data and joint data interpretation, accountability, and funding. Translating research is integral to public health leadership and allows for better alignment of community health and research goals. The Community Report contains data, language and findings that can serve not only to inform community partner efforts to improve adolescent sexual health and substance use behaviors, but also to support

local efforts involving public officials and the school district to curb community youth violence and close achievement gaps using a public health approach.

This dissertation opened with Klinenberg's account of the 1995 Chicago heat wave to introduce and illustrate the importance of assessing place and social networks in community health. The youth of North Lawndale, particularly the gang members and drug dealers, were identified as a product of the social ecology of the neighborhood as well as a threat to social protection. They were also community members. To define and build a healthy place, all members will need to be at the table. This is particularly true for communities contending with displacement and increasing health and socioeconomic inequities as a result of urban development. To this end, we also acknowledge our commitment to our community partners who work daily with the youth who have shared their stories and given their time knowing that the benefits of study participation rest in how data they have helped create are used to improve the lives of Mission District youth in the future.

Reflecting on the relationship with the friends, "the network," with whom she joined *Yo Puedo*, one young woman participant stated, "*We keep each other from gettin' locked up and knocked up.*" These words remind us of other positive deviants and resilient youth that participate in our research, our programs, our schools, and work and live in our community. These words also invite us to devise innovative approaches that build on such strengths to improve adolescent health.

Reference

1. Camarena A, Solnit R. The Geography of the Unseen. In: *Infinite City: A San Francisco Atlas*. Berkeley, CA: University of California Press; 2010:91-104.