YOUTH ASSET STUDY

Research about the Relationships between Youth Assets and Health Risk Reduction

Youth Development and Risk Reduction

Youth development has been defined by Karen Pittman, Director of the Forum for Youth Investment, as "... the ongoing growth process in which all youth are engaged in attempting to meet their basic personal and social needs to be safe, feel cared for, be valued, be useful and be spiritually grounded — and build skills and competencies that allow them to function and contribute in their daily lives."

Youth development is an approach to working with all young people that nurtures and supports the full range of their growth and development needs – physical, intellectual, emotional and social – from childhood into young adulthood. Prevention programs designed to reduce adolescent risk-taking behaviors can be strengthened by incorporating youth development strategies that focus on helping young people achieve these positive, developmental goals. A youth development approach views youth as *potential to be nurtured*, not problems to be fixed.

Youth Assets

The attitudes, knowledge, values, skills and relationships that strengthen the ability of youth to become healthy, capable and responsible adults

Oklahoma Institute for Child Advocacy

1 Pittman K., O'Brien R. & Kimball M. (1993). Youth Development and Resiliency Research: Making Connections to Substance Abuse Prevention. Washington, DC: Academy for Educational Development, Center for Youth Development and Policy Research.

Youth Asset Study

Today, program providers and researchers are looking with increased interest at ways to blend youth development strategies with prevention programs to strengthen both efforts and improve health outcomes. For the past decade, the Oklahoma Institute for Child Advocacy has partnered with the University of Oklahoma Health Sciences Center to design and conduct a special research project that explored the relationships between a core set of youth assets (protective factors) and major adolescent health risk behaviors.



SHARING WHAT WE'VE LEARNED -

ASPIRATIONS FOR THE FUTURE

Compared to youth who do not have this asset, young people who had the *Aspirations for the Future* asset were:

- 2 times more likely to be drug free
- 2 times more likely to not use tobacco
- About 2 times more likely to never have had sexual intercourse
- 2 times more likely not to carry a weapon
- 1 ½ times more likely not to be involved in alcohol use

COMMUNITY INVOLVEMENT

Compared to youth without the asset, youth who had the Community Involvement asset were:

- 2 ½ times more likely to report not using alcohol
- 2 times more likely to be drug free
- 2 times more likely not to carry a weapon
- Over 1 ½ times more likely to never have had sexual intercourse
- 1 ½ times more likely to be tobacco free

USE OF TIME (RELIGIOUS ACTIVITIES)

Youth with the Use of Time (Religious Activities) asset, compared to those without the asset, were:

- Approximately 4 times more likely to be alcohol free if female; male adolescents with this asset were 1 ½ times more likely to be alcohol free
- Over 2 ½ times more likely to be drug free
- 2 ½ times more likely to be tobacco free
- Over 2 ½ times more likely to never have had sexual intercourse

USE OF TIME (GROUPS/SPORTS)

Youth with the Use of Time (Groups/Sports) asset, compared to those without the asset, were:

- 2 times more likely to be tobacco free
- Over 1 ½ times more likely to be drug free



9 KEY ASSETS

- Aspirations for the Future
- Community Involvement
- Use of Time (Religious Activities)
- Use of Time (Groups/Sports)

FINDINGS SHOW THAT THE PRESENCE OF EVEN ONE OF THE KEY ASSETS INDICATES A PROTECTIVE EFFECT

GOOD HEALTH PRACTICES (EXERCISE/NUTRITION)

Compared to youth without the asset, young people with the Good Health Practices (Exercise/Nutrition) asset were:

- 1 ½ times more likely to be tobacco free
- Over 1 ½ times more likely to be drug free
- 1 ½ times more likely to be alcohol free

POSITIVE PEER ROLE MODELS

Compared to youth without the asset, youth who had the Positive Peer Role Models asset were:

- About 3 times more likely to be drug free
- 2 ½ times more likely to be tobacco free
- Nearly 2 ½ times more likely to not use alcohol
- · Over 2 times more likely to have never had sexual intercourse

FAMILY COMMUNICATION

Youth who had the Family Communication asset, compared to those who did not, were:

- Over 2 times more likely to be drug free
- Approximately 2 times more likely to report not using alcohol
- Over 1 ½ times more likely not to carry a weapon
- More than 1 ½ times more likely to be tobacco free
- Almost 1 ½ times more likely to have never had sexual intercourse

POSITIVE ADULT ROLE MODELS (OTHER THAN PARENT)

Compared to youth without the asset, youth who had the Positive Adult Role Models (other than parent) asset, were:

- Over 2 times more likely not to have had sexual intercourse
- 2 times more likely to be tobacco free
- 2 times more likely to not use drugs
- Over 1 ½ times more likely not to carry a weapon

RESPONSIBLE CHOICES

Youth with the Responsible Choices asset, compared to those without the asset, were:

- 4 times more likely to not be engaged in alcohol use if female
- 2 ½ times more likely not to use drugs
- Over 2 times more likely to be tobacco free
- Over 1 ½ times more likely not to carry a weapon
- 1 ½ times more likely to never have had sexual intercourse
- Good Health Practices (Exercise / Nutrition)
- PEER ROLE MODELS
- Family Communication
- Adult Role Models (Other than Parent)
- Responsible Choices



Using Research to Improve Programs

Effective, research-based prevention programs have clear health goals that relate to the risk behavior(s) to be changed. They identify risk and protective factors that 1) directly influence those particular behaviors and 2) are amenable to being changed. These programs include activities and experiences that are designed to reduce the risk factors and/or strengthen the protective factors. Youth development strategies can help strengthen prevention programs by increasing protective factors – *youth assets* – that relate to the specific health risk behaviors to be changed.

The Youth Asset Study is a very important research project that helps us better understand the relationship between risk behaviors and the specific youth assets that appear to have a protective effect. This research will improve outcomes for youth, however, only if we apply what we've learned in real settings with real young people.

To increase youth assets in programs, look for ways to...

- Offer experiences that expand aspirations for the future by talking with youth about their future plans, asking them about their interests and what they want to learn, then providing opportunities for young people to pursue their goals
- Provide positive peer role models who talk with young people about negative media messages and how to handle difficult peer and societal pressures
- Ensure young people have opportunities to build relationships with caring adults who nurture their talents and interests, provide stable role models and help young people learn and grow in positive, healthy ways
- **Engage youth in volunteer service activities** where the young people are responsible for planning and directing the activities and be sure to recognize their efforts

Youth Asset Study Research Online Resources

http://www.oica.org/projects_and_issues/Youth%20Asset%20Study.pdf

www.healthyteensok.org

www.coph.ouhsc.edu/coph/hps/YAS.htm

For more information:

Sharon Rodine, Youth Initiatives Director LaDonna Marshall, Youth Asset Study Research Team Oklahoma Institute for Child Advocacy 420 N.W. 13th St., #101

Oklahoma City, OK 73103 Phone: 405-236-5437 x 108

Email: srodine@oica.org or lmarshall@oica.org

Youth Asset Study Research Team

Dr. Roy Oman, Principal Investigator Dr. Cheryl Aspy Janene Fluhr

LaDonna Marshall Sharon Rodine

Dr. Eleni Tolma

Dr. Sara Vesely

The Youth Asset Study research presented in this publication was supported under Cooperative Agreement U88/CCU612534 awarded to the Oklahoma Institute for Child Advocacy by the Centers for Disease Control and Prevention (CDC) and directed by the University of Oklahoma Health Sciences Center.

