

# Commentary

## Youth Development and Prevention

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Youth development and public health sometimes overlap so far as to be indistinguishable from each other. Many programs labeled “youth development” attempt to reduce health-threatening behaviors, such as smoking, alcohol consumption, and unsafe sex, and to promote healthier behavior, such as regular exercise and good nutrition, all of which are aspects of public health. The two approaches are not, however, identical. Immunization, water purification, and other staples of public health have no obvious analogues in youth development. Likewise, youth organizations, after-school programs, and other common youth development structures look very different from public health enterprises.

Public health and youth development share an emphasis on prevention, rather than on treatment, and on populations more than on individuals. Indeed, some youth development advocates, like their public health cousins, refer pejoratively to “the medical model” of treating illnesses one by one.<sup>1</sup> One of the central insights underlying youth development is that separate systems of theory, research, funding, and programs have grown up around various youth problems—drug abuse, violence, teen pregnancy, school failure. This state of affairs is sometimes called the “silo effect” to indicate that these problems are considered as isolated and unrelated issues. Yet, different problems often result from the same conditions and respond to the same treatments.<sup>2</sup> Moreover, behaviors tend to co-occur within a given individual; a youth with one problem is at higher risk of having multiple problems.<sup>3</sup> Thus, even if a pregnant teenager who is expelled from school because of fighting can find the time to participate in three separate programs, she may not be well served by one program for pregnant teens, another for violence reduction, and another for school dropouts.

In addition to challenging the “silo” approach, youth development advocates also stress asset building rather than problem amelioration.<sup>4</sup> Elsewhere in this journal supplement, Bernat and Resnick<sup>5</sup> trace this dichotomy

to the contributions of research on resilience to youth development. They point out that programs may be designed to reduce risk factors, or to enhance protective factors, or both. The Committee on Community-level Programs for Youth of the National Research Council and Institute of Medicine<sup>6</sup> rejected the distinction between positive youth development and problem-centered approaches. They argued that the distinction is blurred in actual programs, where practices tend to look alike, regardless of whether the program is designed for prevention or for youth development. The tension between these two approaches probably is rooted more in competition for categorical funding opportunities addressing specific problems or populations (in “silos”), rather than incompatible goals and practices.<sup>7</sup>

However, for practitioners seeking those scarce funds, the tension is real. Federal and state agencies continue to be organized primarily around problems: delinquency, drug abuse, school dropouts, unemployment, or teen pregnancy. Funding flows from these agencies to local agencies and programs devoted to preventing and treating these problems. The New York State youth development initiative, Assets Coming Together for Youth, described in greater detail in articles by Carter and colleagues<sup>8</sup> and Riser and colleagues<sup>9</sup> in this supplement, exemplifies the tensions that may result from employing youth development to address violence and risky sexual behavior. Articles by Surko and colleagues<sup>10,11</sup> demonstrate that the tension can be productive rather than debilitating, however. One of the most influential national prevention planning processes promoting youth development, Communities That Care, systematically identifies a community’s most pressing youth problems, and then recommends

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programs tailored to those problems.<sup>12</sup> With a compelling record of effectiveness, it appears to conflict with one of the basic principles of youth development because it tends to be identified as a substance abuse prevention system. In 2005, Communities That Care was acquired by the federal Substance Abuse and Mental Health Administration's Center for Substance Abuse Prevention, and now offers Communities That Care products and materials to all states, all of the Center for Substance Abuse Prevention's 800 Drug-Free Community Coalition grantees, and community coalitions across America that do not receive federal funding but have concerns about community substance abuse and other problem behaviors.<sup>13</sup>

In public health, prevention is differentiated as primary, secondary, and tertiary. In youth work, prevention usually refers to primary prevention. According to an influential report of the Institute of Medicine,<sup>14</sup> primary prevention may be aimed at the general population ("universal preventive interventions"), at especially susceptible populations ("selective preventive interventions"), or at individuals with specific identifiable risk characteristics who do not yet have the condition ("indicated preventive interventions"). Generalized anti-tobacco campaigns are an example of a universal approach. Anti-smoking campaigns aimed at teenagers exemplify a selective intervention, because most smokers start using tobacco products in their teens. A program for teens whose parents smoke would be an example of the third type of primary prevention because they are known to be at higher risk of starting to smoke. Universal primary prevention is most consistent with youth development: one principle of youth development is universality, addressing all youth, not just those judged to be at risk.<sup>15</sup>

Recent redefinitions of prevention appear to be bringing public health and youth development even closer together. An American Psychological Association Task Force on Prevention: Promoting Strength, Resilience, and Health in Young People, defined "primary prevention for young people as involving the dual goals of reducing the incidence of psychological and physical health problems and of enhancing social competence and health."<sup>16</sup> Related theoretical perspectives and approaches to practice cited by the task force include prevention science, positive psychology, applied developmental science, competence enhancement, health promotion, resilience, wellness, and positive youth development.<sup>16</sup> In other words, many on the cutting edge of prevention science view youth development as an associated field and rely on theories and approaches that are compatible with and contribute to youth development. To the extent that prevention scientists and public health practitioners adopt this new definition of prevention as including enhance-

ment, they are speaking the same language and promoting the same goals as youth development practitioners.

A principle of youth development that distinguishes it from prevention, at least as conventionally defined and practiced, is that youth should have as much choice and as much control as possible over the activities in which they engage, as described by Schulman<sup>17</sup> in this journal supplement. With "terms of engagement" including participation, voice, infusion, empowerment, collaboration, and partnership, this principle is based both on fundamental democratic values and on a view of human beings as active shapers of their own development.<sup>15</sup> Youth should have a say both as a right and as an essential part of the positive developmental experience. This principle does not necessarily conflict with either the theory or the practice of prevention, but it is not prominent in that field as it is in youth development. That said, it remains more of an aspiration than an achievement in many youth development organizations and programs. Peake and colleagues<sup>18</sup> acknowledge the difficulty of giving youth a voice in bureaucratic healthcare organizations in their article in this supplement. If youth development practitioners are to claim youth voice as a distinctive feature of youth development, then they must become even more skilled at making it a reality.

Pittman's aphorism, "problem-free is not fully prepared,"<sup>19</sup> justly quoted multiple times in this supplement, and elsewhere, calls attention to the inadequacy of prevention as a solitary goal. Happily, for the present purpose of bringing youth development and public health closer together, a parallel movement in public health, articulated in the National Initiative to Improve Adolescent Health by the Year 2010, stresses wellness rather than simply the prevention of poor health.<sup>20</sup> In mental health, positive psychology provides the parallel.<sup>21</sup>

What do youth development practitioners have to learn from public health? Public health is a far older and far better established field, with prestigious graduate programs and recognized credentials, all based on a large and growing body of research and theory. Many of the forces promoting youth development as a field come from the perceived need to professionalize youth work. The body of research and theory brought together by the National Research Council Committee<sup>6</sup> represents substantial progress toward identifying the knowledge base of the field. More aggressive borrowing from public health, including mental health, would strengthen the field of youth development,<sup>14</sup> as would the kind of rigorous research advocated and supported by the William T. Grant Foundation and others. As this body of knowledge grows, youth development professionals will have to build a new professional culture in which expert knowledge of underlying principles

and of the research identifying effective practices takes precedence over the creativity to invent new programs and the personal charisma and “street cred” that enable some adults to work effectively with youth, both necessary qualities in youth workers but insufficient to ground the field of youth development.

What can public health practitioners learn from youth development? Despite all of the progress remaining to be made in realizing the principle of youth participation, some youth development practitioners have demonstrated the value of working with youth rather than working on them and have developed strategies for this purpose.<sup>22</sup> An especially powerful and relevant example is programs that engage youth in criticizing and countering the negative public health messages portrayed in the media.<sup>23</sup>

Enabling all youth to thrive is too ambitious a goal to be achieved by any agency, movement, or profession. With this goal in common, youth development and public health can seek new ways to combine knowledge and action. The articles in this issue provide both evidence that this can be done and guidance on how to do it.

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